SPOUSAL SUPPORT (ALIMONY) CLIENT INTAKE QUESTIONNAIRE:

CONFIDENTIAL. This questionnaire covers the facts courts consider when deciding whether spousal or partner support should be paid, how much, and for how long. Please answer as completely as you can, even if the facts do not seem to help your position. If a question does not apply, write "N/A." If unknown, write "Unknown." Attach additional pages if needed and note the question number.

NAME OF THE CLIENT:

[__] Full Legal Name: _____

Syndicate Plan Member ID: _____ Plan Start Date: _____

Preferred method of contact:

[__] Phone [__] Text [__] Email

Is it safe to contact you at the phone and email listed above? [__] Yes [__] No

Safe contact method / times: _____

PART 1 — YOUR GOAL

1.1 What are you seeking? (check all that apply):

[__] Seeking to RECEIVE spousal / partner support

[__] Seeking to AVOID or LIMIT paying spousal / partner support

[__] Seeking to MODIFY an existing support order (increase or decrease)

[__] Seeking to TERMINATE an existing support order

[__] Responding to a request filed by the other party

[__] Not sure — need advice on whether support applies

1.2 Type of support involved:

[__] Temporary support (while the case is pending)

[__] Long-term / permanent support (in the judgment)

[__] Enforcement of unpaid support (arrears)

[__] Not sure

1.3 Amount of monthly support you believe is fair: $ _____ Duration: _____

1.4 In your own words, why do you believe support should (or should not) be paid? _____

_____

_____

PART 2 — CASE INFORMATION

2.1 Relationship type:

[__] Married [__] Registered Domestic Partners [__] Both

2.2 Has a divorce, legal separation, annulment, or support case already been filed? [__] Yes [__] No

If yes — Court / County / State: _____

Case Number: _____ Date Filed: _____

Who filed (Petitioner)?

[__] Me [__] The other party

Next hearing date and purpose (if any): _____

2.3 Has the other party hired a lawyer? [__] Yes [__] No

If yes — Name / Firm / Phone: _____

2.4 Is there an existing spousal support order (temporary or final)? [__] Yes [__] No

If yes — Amount: $ _____ Date of Order: _____ Ends: _____

Is the support paid in full and on time? [__] Yes [__] No

If no, estimated amount past due: $ _____

Does the order include a "Gavron" (become self-supporting) warning? [__] Yes [__] No

2.5 Is there a prenuptial, postnuptial, or marital settlement agreement? [__] Yes [__] No

If yes — date signed and whether it addresses spousal support: _____

Did each party have their own lawyer when it was signed? [__] Yes [__] No

Please attach a copy of any agreement or existing order.

PART 3 — THE PARTIES

3A You:

Last Name: _____ First: _____ Middle: _____

Other names used: _____

Date of Birth: _____ Age: _____ Phone: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Email: _____

3B Other Party (Spouse / Domestic Partner):

Last Name: _____ First: _____ Middle: _____

Other names used: _____

Date of Birth: _____ Age: _____ Phone: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Email: _____

3C Children of the Relationship:

Child's Name	Date of Birth	Lives Primarily With	Special Needs?

Is there a child custody or child support order? [__] Yes [__] No

If yes — custody schedule and child support amount: $ _____

Does caring for the children affect either party's ability to work outside the home? Explain: _____

_____

PART 4 — LENGTH OF MARRIAGE / PARTNERSHIP

4.1 Date of Marriage / Registration: _____ Place: _____

4.2 Date you began living together (if earlier): _____

4.3 Date of Separation: _____ Who moved out? _____

The date of separation is when one party made clear the marriage was over and acted consistently with that intention. It affects the length of the marriage and whether support may be ordered for an indefinite period (generally marriages of 10 years or more).

4.4 Is the date of separation disputed? [__] Yes [__] No

If yes, explain: _____

4.5 Were there prior periods of separation and reconciliation? [__] Yes [__] No

If yes, explain: _____

4.6 Was either party previously married? [__] Yes [__] No

If yes, is either party paying or receiving support from a prior marriage? _____

PART 5 — EMPLOYMENT, INCOME & EARNING CAPACITY

5A Your Employment & Income:

Current Employer / Business: _____

Job Title / Occupation: _____ Start Date: _____

Gross Monthly Income: $ _____ Hours per Week: _____

Paid by:

[__] Salary [__] Hourly [__] Commission [__] Self-employed

Bonuses, commissions, overtime, stock / RSUs (describe and estimate annual amount): _____

_____

Other income (rental, investment, pension, Social Security, disability, unemployment, gifts): $ _____

_____

Are you self-employed or an owner of a business? [__] Yes [__] No

If yes — business name, ownership %, and how income is paid: _____

Highest education / degrees / licenses / certifications: _____

Employment history during the marriage (employers, positions, dates, reasons for gaps): _____

_____

_____

Health or physical limitations affecting your ability to work: _____

_____

5B Other Party's Employment & Income (to the best of your knowledge):

Current Employer / Business: _____

Job Title / Occupation: _____ Start Date: _____

Gross Monthly Income: $ _____ Hours per Week: _____

Paid by:

[__] Salary [__] Hourly [__] Commission [__] Self-employed

Bonuses, commissions, overtime, stock / RSUs (describe and estimate annual amount): _____

_____

Other income (rental, investment, pension, Social Security, disability, unemployment, gifts): $ _____

_____

Is the other party self-employed or an owner of a business? [__] Yes [__] No

If yes — business name, ownership %, and how income is paid: _____

Highest education / degrees / licenses / certifications: _____

Employment history during the marriage (employers, positions, dates, reasons for gaps): _____

_____

_____

Health or physical limitations affecting the other party's ability to work: _____

_____

5C Earning Capacity Factors:

Did either party give up or delay a career or education for home / children? [__] Yes [__] No

If yes, explain: _____

_____

Did either party support the other's education, training, or career? [__] Yes [__] No

If yes, explain: _____

_____

Is either party unemployed, underemployed, or recently quit or cut hours? [__] Yes [__] No

If yes, explain: _____

_____

What additional education or training would the lower-earning party need to become self-supporting, and how long would it take? _____

_____

Would you want a vocational evaluation of the other party? [__] Yes [__] No

PART 6 — MARITAL STANDARD OF LIVING & MONTHLY EXPENSES

6.1 Describe the lifestyle during the marriage (home, vehicles, vacations, dining, schools, help at home, savings habits): _____

_____

_____

6.2 Estimated Monthly Expenses:

Give your best estimate. You will later complete a sworn Income and Expense Declaration, so accuracy matters.

Expense	Your Current $	During Marriage $
Rent or mortgage (incl. taxes / insurance)		
Utilities / phone / internet		
Groceries & household supplies		
Eating out		
Health insurance & uninsured medical		
Child care		
Children's education / activities		
Auto payment, insurance, gas, repairs		
Clothing		
Laundry & cleaning		

Expense	Your Current $	During Marriage $
Entertainment / gifts / vacation		
Credit card & loan payments		
Savings / retirement contributions		
Other:		

PART 7 — ASSETS & DEBTS

7.1 Major Assets (community and separate):

Asset (home, accounts, retirement, business, vehicles)	Est. Value $	Titled To	Separate or Community?

7.2 Major Debts:

Creditor / Type of Debt	Balance $	Monthly Payment $	Whose Name?

7.3 Does either party have significant separate property? [__] Yes [__] No

If yes, explain: _____

_____

7.4 Do you believe the other party is hiding income or assets? [__] Yes [__] No

If yes, explain: _____

_____

PART 8 — HEALTH, AGE & OTHER FACTORS

8.1 Your health (conditions affecting your ability to work or your expenses): _____

_____

8.2 Other party's health (to your knowledge): _____

_____

8.3 Is the supported party living with a new romantic partner? [__] Yes [__] No

If yes, explain: _____

_____

8.4 Has either party remarried or registered a new domestic partnership? [__] Yes [__] No

8.5 Any other circumstances the court should know about (hardship, tax issues, special needs, pending job changes): _____

_____

_____

Domestic Violence (answer only if safe to do so):

Documented domestic violence and criminal convictions for abuse between the parties are factors a court must consider and can bar or reduce support. If you are in immediate danger, call 911. The National Domestic Violence Hotline is 1-800-799-7233.

8.6 Has there been domestic violence by either party against the other or a child? [__] Yes [__] No

8.7 Is there a restraining order (current or past) between the parties? [__] Yes [__] No

8.8 Has either party been convicted of a crime involving abuse of the other? [__] Yes [__] No

If yes to any, describe briefly (dates, police reports, case numbers). We will discuss details privately: _____

_____

_____

PART 9 — DOCUMENT CHECKLIST

Please provide copies of the following, if available. Check each item you are including.

[__] Tax returns (last 3 years, both parties)

[__] W-2s / 1099s / K-1s

[__] Bank & retirement statements

[__] Marriage certificate / registration

[__] Existing court orders / pleadings

[__] Health insurance information

[__] Recent pay stubs (last 3 months)

[__] Business financial statements

[__] Mortgage / lease / loan statements

[__] Pre- or postnuptial agreement

[__] Proof of support paid / received

[__] Restraining orders / police reports

Syndicate Subscription Legal Plans

Certification:

I declare that the information provided in this questionnaire is true, correct, and complete to the best of my knowledge. I understand this information is provided to Syndicate Subscription Legal Plans in confidence for the purpose of evaluating my spousal support matter.

Signed and dated this ____ day of _____, 20___

Signature: _____

Print Name: _____

Please Print and Email to STEVE@STEVEMUELLERLEGAL.COM, or save this document as a PDF and email to STEVE@STEVEMUELLERLEGAL.COM,
Your information will be reviewed within one hour.