

DOMESTIC QUESTIONNAIRE

DATE: \_\_\_\_\_

Full Name of Client: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ No. of this Marriage: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Is Plaintiff resident of Richland County: \_\_\_\_\_

If so, how long: \_\_\_\_\_

Full Name of Defendant: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ No. of this Marriage: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Is Defendant resident of Richland County: \_\_\_\_\_

If so, how long: \_\_\_\_\_

Correct address of Defendant (if unknown, state last known address): \_\_\_\_\_

Wife's Maiden Name: \_\_\_\_\_

Date of Marriage (day, month, year): \_\_\_\_\_

Children of Marriage (including adopted children):

NAME

DATE OF BIRTH

PLACE OF BIRTH

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who has custody: \_\_\_\_\_

Date and Place parties last lived together as husband and wife:

\_\_\_\_\_  
\_\_\_\_\_

Jointly owned property: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does Petitioner desire: (a) Alimony \_\_\_\_\_ Amount \_\_\_\_\_

(b) Child

Support \_\_\_\_\_ Amount \_\_\_\_\_

Defendant Employed: \_\_\_\_\_ If so, where?: \_\_\_\_\_

Amount of earnings: \_\_\_\_\_

Name and address of Witnesses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
GROUNDS FOR DIVORCE: \_\_\_\_\_