

**Denis M. Gravel & Assoc., P.C.**  
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**1-847-855-8447 –O**

**1-847-855-8497-F**

**CLIENT INFORMATION**

Client Name: \_\_\_\_\_

Client Maiden Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Client e-mail: \_\_\_\_\_

Client phone: Office: \_\_\_\_\_ ext: \_\_\_\_\_

Fax: \_\_\_\_\_ hours: \_\_\_\_\_

Employer's name: \_\_\_\_\_

Home: \_\_\_\_\_ time to call: \_\_\_\_\_

Cell: \_\_\_\_\_

Client S.S. #: \_\_\_\_\_

Client D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

Referred By: \_\_\_\_\_

**CLIENT INTERVIEW QUESTIONS**

1. Place of Birth: \_\_\_\_\_

2. Length of time a resident of Illinois: \_\_\_\_\_

3. Education completed: \_\_\_\_\_

4. Religion/Ethnicity: \_\_\_\_\_

5. Future (new) address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

6. Closest relative - Name and relationship: \_\_\_\_\_

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

Your health: \_\_\_\_\_ Physician's Name: \_\_\_\_\_

Under treatment for: \_\_\_\_\_

8. Do you want your former name restored: Yes \_\_\_\_\_ Name: \_\_\_\_\_ No \_\_\_\_\_

**MARRIAGE INFORMATION**

9. Present Marriage:

Date: \_\_\_\_\_ Married in what city, county, and state: \_\_\_\_\_

10. Were you previously married: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many times: \_\_\_\_\_

How many terminated by: Divorce: \_\_\_\_\_ Death: \_\_\_\_\_

When and where divorced: \_\_\_\_\_

11. Are you receiving or paying any money for the support of children of a former marriage:

Yes \_\_\_\_\_ No \_\_\_\_\_

12. Are you receiving or paying alimony: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the amount and how often is it paid: \_\_\_\_\_

**SPOUSE'S INFORMATION**

13. Name of Spouse: \_\_\_\_\_ Spouse Maiden Name: \_\_\_\_\_

14. Does your spouse want their former name restored? Yes \_\_\_\_\_ No \_\_\_\_\_

15. Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

16. Social Security Number: \_\_\_\_\_

17. Place of Birth: \_\_\_\_\_

18. Length of time in Illinois: \_\_\_\_\_

19. Education completed: \_\_\_\_\_

20. Religion/Ethnicity: \_\_\_\_\_

21. Present address: \_\_\_\_\_

22. Future address: \_\_\_\_\_

23. Phone: Home: \_\_\_\_\_ Office: \_\_\_\_\_

24. Name of Spouse's Mother: \_\_\_\_\_

25. Name of Spouse's Father: \_\_\_\_\_

26. Spouses health: \_\_\_\_\_ Physician's Name: \_\_\_\_\_

Under treatment for: \_\_\_\_\_

27. Was your spouse previously married: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many times: \_\_\_\_\_  
 How many terminated by: Divorce: \_\_\_\_\_ Death: \_\_\_\_\_  
 When and where divorced: \_\_\_\_\_
28. Is spouse receiving or paying any money for the support of children of a former marriage: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, number of children: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
29. Does your spouse owe any arrearage on support: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, what is the amount due? \_\_\_\_\_
30. Is your spouse receiving or paying alimony: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, what is the amount and how often is it paid: \_\_\_\_\_
31. Does your spouse owe any arrearage on alimony: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, what is the amount due? \_\_\_\_\_

**SERVICE OF PROCESS**

32. Give an accurate physical description of your spouse, (height, weight, color of hair, color of eyes, distinctive physical characteristics, nicknames, etc.) \_\_\_\_\_  
 \_\_\_\_\_
33. Give make, model, year, color and license number of car your spouse is driving: \_\_\_\_\_  
 \_\_\_\_\_
34. When and where should dissolution papers be served upon your spouse: \_\_\_\_\_  
 \_\_\_\_\_

**CHILDREN**

35. Children of this marriage:

<u>Full Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Living with: (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_ (Guardian) \_\_\_\_\_

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

Physical or emotional disabilities of child(ren): \_\_\_\_\_

\_\_\_\_\_

36. Names and dates of birth of any children of prior marriages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

37. Who are they living with? \_\_\_\_\_

38. Who has legal custody of these children from the prior marriage? \_\_\_\_\_

\_\_\_\_\_

39. Do any of these children have income: Yes \_\_\_\_\_ No \_\_\_\_\_

40. Do you have a reason to believe there will be a dispute as to the custody of your minor children:

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, why: \_\_\_\_\_

\_\_\_\_\_

41. What school are the children attending, if of school age? \_\_\_\_\_

\_\_\_\_\_

#### **BASIS OF SEPARATION AND GROUNDS FOR DIVORCE**

42. Are you (or your wife) pregnant or could you (or your wife) be pregnant: Yes \_\_\_\_\_ No \_\_\_\_\_

43. Date of last sexual intercourse with spouse: \_\_\_\_\_

44. Are parties in same home: Yes \_\_\_\_\_ No \_\_\_\_\_

If no, when were you separated? \_\_\_\_\_

45. Prior separations: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when: \_\_\_\_\_

46. Previous court action: Date filed by attorney and case number (if known): \_\_\_\_\_

\_\_\_\_\_

47. What makes you feel you must institute this action? \_\_\_\_\_

\_\_\_\_\_

48. How do you feel your spouse has contributed to the marital problems? \_\_\_\_\_

\_\_\_\_\_

49. If your spouse is seeking a divorce, what makes him/her feel that he/she must commence this action? \_\_\_\_\_

\_\_\_\_\_

50. How do you feel you have contributed to the marital problems? \_\_\_\_\_

\_\_\_\_\_

What grounds do you want to use when filing this case: \_\_\_\_\_

\_\_\_\_\_

52. Do you consider your marital problems irreconcilable: Yes \_\_\_\_\_ No \_\_\_\_\_

53. Have you had marriage counseling: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when: \_\_\_\_\_

Name of Counselor: \_\_\_\_\_

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

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

54. Do you feel that further counseling, either to preserve the marriage or to aid in adjustment to a divorce, would be helpful:

Yes \_\_\_\_\_ No \_\_\_\_\_

55. Does your spouse have a girl/boy friend: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give names, ages, and addresses: \_\_\_\_\_

\_\_\_\_\_

56. Do you have a girl/boy friend: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give names, ages, and addresses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

57. Will spouse stipulate to grounds of "No Fault": Yes \_\_\_\_\_ No \_\_\_\_\_

### **INCOME INFORMATION**

58. Husband's Occupation: \_\_\_\_\_

Employed by: \_\_\_\_\_

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

\_\_\_\_\_

Gross salary: \_\_\_\_\_ per: \_\_\_\_\_

Net salary (take home): \$\_\_\_\_\_ per: \_\_\_\_\_

Bonus: \$\_\_\_\_\_ per: \_\_\_\_\_

Number of exemptions claimed for withholding purposes: \_\_\_\_\_

Commission: \_\_\_\_\_ Expense Account: \_\_\_\_\_

Profit Sharing: \_\_\_\_\_ Stock Interest: \_\_\_\_\_

Savings Plan: \_\_\_\_\_ Pension Plan: \_\_\_\_\_

What other benefits are provided by the employer: \_\_\_\_\_

\_\_\_\_\_

Does husband also do any additional part-time work: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Are there any babysitting costs incurred while working: Yes \_\_\_\_\_ No \_\_\_\_\_

Husband's previous work history and skills, including approximates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If he does not have a previous work history, what has he done or what is he capable of doing to help support himself:

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

59. Wife's Occupation: \_\_\_\_\_

Employed by: \_\_\_\_\_

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

Gross salary: \$ \_\_\_\_\_ per: \_\_\_\_\_

Net salary (take home): \$ \_\_\_\_\_ per: \_\_\_\_\_

Bonus: \$ \_\_\_\_\_ per: \_\_\_\_\_

Number of exemptions claimed for withholding purposes: \_\_\_\_\_

Commission: \_\_\_\_\_ Expense Account: \_\_\_\_\_

Profit Sharing: \_\_\_\_\_ Stock Interest: \_\_\_\_\_

Savings Plan: \_\_\_\_\_ Pension Plan: \_\_\_\_\_

What other benefits are provided by the employer: \_\_\_\_\_  
\_\_\_\_\_

Does wife do any additional part-time work: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Are there any babysitting costs incurred while working: Yes \_\_\_\_\_ No \_\_\_\_\_

Wife's previous work history and skills, including approximates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If she does not have a previous work history, what has wife done or what is she capable of doing to help support herself:

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

60. Husband and/or Wife self-employment: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Type of Business: \_\_\_\_\_

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

Service or product: \_\_\_\_\_

Date acquired: \_\_\_\_\_

Cost of Investment: \_\_\_\_\_

Stock interest:

Number of shareholders: \_\_\_\_\_

Directors/Officers: \_\_\_\_\_

Interest of spouse: \_\_\_\_\_

61. Do you or your spouse receive any financial assistance from a Welfare Dept. Social security, unemployment compensation, etc?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, from who and what amount: \_\_\_\_\_

\_\_\_\_\_

62. Are you, your spouse, or both of you named as parties in any existing lawsuit: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REAL ESTATE ASSETS**

63. Homestead Address: \_\_\_\_\_  
\_\_\_\_\_
64. Is this insured by Title Company: Yes \_\_\_\_\_ No \_\_\_\_\_
65. List Permanent Tax Number: \_\_\_\_\_  
Legal Description: \_\_\_\_\_  
\_\_\_\_\_
66. Date purchased: \_\_\_\_\_ Price: \_\_\_\_\_  
Whose name is it in? \_\_\_\_\_
67. Present Mortgage Balance: \$ \_\_\_\_\_ Payable: \$ \_\_\_\_\_ per: \_\_\_\_\_
68. Name and address of contract for deed holder: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
69. Market value of property: \$ \_\_\_\_\_
70. Basis for market value: \_\_\_\_\_ Approximate Equity: \$ \_\_\_\_\_
71. Real Estate taxes: \$ \_\_\_\_\_ Insurance amount: \$ \_\_\_\_\_  
Is this insurance included in house payment: Yes \_\_\_\_\_ No \_\_\_\_\_
72. Are the house payments in arrears: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what amount: \$ \_\_\_\_\_
73. Are the taxes in arrears: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what amount: \$ \_\_\_\_\_
74. State date, type, and cost of any major improvements since house was purchased: \_\_\_\_\_  
\_\_\_\_\_
75. Other Non-Homestead real estate:  
Location: \_\_\_\_\_  
Type: \_\_\_\_\_  
Legal description: \_\_\_\_\_  
\_\_\_\_\_  
Date purchased: \_\_\_\_\_ Price: \$ \_\_\_\_\_  
Whose name is it in? \_\_\_\_\_  
Approximate present value: \$ \_\_\_\_\_ Approximate present equity: \$ \_\_\_\_\_  
Mortgage balance: \$ \_\_\_\_\_ Payable: \$ \_\_\_\_\_ per: \_\_\_\_\_  
Taxes: \$ \_\_\_\_\_  
Contract for deed balance: \$ \_\_\_\_\_ Payable: \$ \_\_\_\_\_ per: \_\_\_\_\_  
Any rental income from property: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the amount: \$ \_\_\_\_\_ per: \_\_\_\_\_

List any additional real estate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL PROPERTY ASSETS**

76. Savings account and/or savings certificates: \_\_\_\_\_  
\_\_\_\_\_

Approximate balance: \$ \_\_\_\_\_ Whose name is it in? \_\_\_\_\_

Checking account: \_\_\_\_\_

Approximate balance: \$ \_\_\_\_\_ Whose name is it in? \_\_\_\_\_

List any additional checking or savings accounts: \_\_\_\_\_  
\_\_\_\_\_

Stocks:

Company name: \_\_\_\_\_

Number of shares: \_\_\_\_\_

Whose name is it in? \_\_\_\_\_

Value: \$ \_\_\_\_\_

Bonds:

Type: \_\_\_\_\_

Whose name is it in? \_\_\_\_\_

Value: \$ \_\_\_\_\_

Do you or your spouse have any money or property held by others: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

83. Was your or your spouse's money or property at the time of marriage in excess of \$1,000.00: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

What part if any, of your marriage estate was received by you or your spouse by inheritance, gift damages resulting from personal injury claim (state by whom received, from whom, nature and date received): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

84. Are you, your spouse, or both of you beneficiaries under any estate now in probate (state which party, whose estate, and approximate amount involved): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

85. Life Insurance (privately obtained):  
Policy Number: \_\_\_\_\_ With who: \_\_\_\_\_  
On life of: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Yearly premium: \$ \_\_\_\_\_ Cash surrender or loan value: \$ \_\_\_\_\_

86. Life Insurance (through employer):  
Policy Number: \_\_\_\_\_ On life of: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Yearly premium: \$ \_\_\_\_\_ Cash surrender or loan value: \$ \_\_\_\_\_  
Any additional life insurance policy or policies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

87. Medical Insurance: Check any of the following which are applicable:  
Medical: \_\_\_\_\_ Hospitalization: \_\_\_\_\_  
Major Medical: \_\_\_\_\_ Dental: \_\_\_\_\_ Glasses: \_\_\_\_\_  
\_\_\_\_\_ Provided by your employer and/or labor union  
Cost to you: \$ \_\_\_\_\_  
\_\_\_\_\_ Provided by your spouse's employer and/or labor union  
Cost to you: \$ \_\_\_\_\_  
\_\_\_\_\_ Purchased privately. By whom: \_\_\_\_\_  
Name of insurance company: \_\_\_\_\_  
Cost: \$ \_\_\_\_\_  
If any of the above insurance does not cover the entire family, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

88. Individual Retirement Trust Account:  
For yourself:  
Name of institution deposited with: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

For your spouse:

Name of institution deposited with: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

89. Automobiles or Other Motor Vehicles:

Husband drives (include year, make, and model): \_\_\_\_\_

\_\_\_\_\_

Whose name is it in? \_\_\_\_\_

Lien amount: \$ \_\_\_\_\_ Payable: \$ \_\_\_\_\_ per: \_\_\_\_\_

Wife drives (include year, make, and model): \_\_\_\_\_

\_\_\_\_\_

Whose name is it in? \_\_\_\_\_

Lien amount: \$ \_\_\_\_\_ Payable: \$ \_\_\_\_\_ per: \_\_\_\_\_

90. List and describe, including approximate value and encumbrances, any boats, motors, trailers, motorcycles, snowmobiles,

or camper: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

91. Furniture:

General description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lien amount: \$ \_\_\_\_\_ Payable: \$ \_\_\_\_\_ per: \_\_\_\_\_

92. Antiques:

General description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximate value: \$ \_\_\_\_\_ Purchase price: \$ \_\_\_\_\_

List tools and yard equipment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

94. List any other assets: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIABILITIES**

95. <u>Name of Creditor</u>	<u>Purpose</u>	<u>Present</u>	<u>Monthly</u>	<u>Whose</u>
		<u>Balance</u>	<u>Payment</u>	<u>Obligation</u>

**PROPERTY SETTLEMENT**

96. What do you consider as a fair division of your property and debts?

(a) Describe the items of property each party should receive:

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(b) Describe the items of debt each party should receive:

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(c) Amount of support for spouse: \$ \_\_\_\_\_ per: \_\_\_\_\_

(d) Amount of support for children: \$ \_\_\_\_\_ per: \_\_\_\_\_

**MISCELLANEOUS**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

98. Fee Arrangement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CLIENT VERIFICATION**

The undersigned client in the above referred to matter, states that he/she has helped prepare the above entitled form and has reviewed the completed form and certifies that the information provided is true and correct.

Dated: \_\_\_\_\_  
\_\_\_\_\_ CLIENT

\_\_\_\_\_  
CLIENT