

Matrimonial Questionnaire

This questionnaire gives us the information required to prepare for our meeting.

Firstly can we ask how did you find out about Whitehead Monckton? (Please tick)

- I am an existing client (If you are an existing client, which services have you used?)
- I have been recommended by one of your clients
- Other (please specify)

Date of instruction

Marriage/Cohabitation

SECTION 1 – General information

A – Client's information

1. Your Details	
Full Name:	Date of Birth:
Address:	Address for correspondence (if different):
Telephone numbers: Day: Evening: Mobile: Email address:	Occupation: Country of domicile: National Insurance No:

2. Other Documents			
Do you have a Will?	Yes/No	Last Updated:	
Do you have a Lasting Power of Attorney	Yes/No	Last Updated:	

B – Spouse/Partner’s information

Your Spouse/Partner’s Details	
Full Name:	Date of Birth:
Address:	Address for correspondence (if different):
Telephone numbers: Day: Evening: Mobile: Email address:	Occupation: Country of Domicile National Insurance No:

SECTION 2 – Marriage/Cohabitation

Date of Cohabitation:		Date of Marriage:		
Place of Marriage:				
Wife’s other surname(s):				
Who has Marriage Certificate:	Client/Spouse	Religion:		
Last lived together at:				
Date of separation:				
What is the reason for the breakdown in the relationship?	Grown apart/adultery/unreasonable behaviour/already separated (please provide details)			
Any previous proceedings between parties:		Did you enter into any form of pre-nuptial agreement?	Yes/no (if yes, please provide a copy of the same)	

SECTION 3 – Children

Note: If any child is born before marriage please confirm who the father is.

				UNMARRIED ONLY:
Full Name	DOB	School/Nursery attended <i>(please detail any fees paid)</i>	State/ Private	Father on Birth Certificate/PRA
1.				
2.				
3.				
4.				
5.				

Does either party have any other living children?		Who do the children live with?	
Details of any Court orders relating to the children:		Are the children on the at risk Register? If so, who is their Welfare Officer/Social Worker?	

Children's Accommodation

Flat		House		Maisonette		Other		No of Bedrooms		No of Bathrooms	
No of Living Rooms				Garden		Yes/No		Any other person sharing accommodation?			

Present Care arrangements?	
Illnesses/special needs/educational needs of children?	
Present arrangements for Contact?	
Any problems over residence/contact?	

SECTION 4 – Guardianship

If you have children, do you have Guardians in place?		
<u>Full name(s) and address(es):</u>	<u>Relationship</u>	<u>Date of Birth</u>
1.		
2.		

SECTION 5 – Property

Current matrimonial/family home				
Address:				
In whose name is property registered:		If in joint names, do you know if it is held as “Joint Tenants” or “Tenants in Common” in either equal or unequal shares		
Date of purchase:		Original purchase price:		Current Value:
Type of property: (Number of beds etc.)				

Mortgage:				
Original loan amount:		Current lender:		
Repayment/endowment /other?:		Amount now outstanding:		
Monthly repayments:		Number of years to run:		
Other property or land owned by either you or your spouse/partner				
Address:				
In whose name is the property registered:		If in joint names, do you know if it is held as "Joint Tenants" or "Tenants in Common" in either equal or unequal shares?		
Date of purchase:		Original purchase price:		Current value:
Type of property: (Number of beds etc.)				
Mortgage:				
Original loan amount:		Current lender:		
Repayment/endowment/other?:		Amount now outstanding:		
Monthly repayments:		Number of years to run:		
How may properties have you owned with your spouse/partner?				
Please confirm the following details of the first property bought by you and your spouse/partner:				
Address:				
Original cost:		Original loan amount:		
Capital contributions by you and your spouse/partner:				

SECTION 6 – Other Assets

Insurance Policies				
Please provide details of any life assurance/endowment policies. If more than one please provide the same information on a separate sheet using the same numbering as below:				
1. Company:		2.Sum assured:		3.Surrender value:
4.Name(s) of policy holders:		5.Monthly payments:		
6.Are premium payments up to date?:		7.Maturity date:		

8. Tied to mortgage:	Yes/No	9. Type of policy: (e.g. endowment/level term)	
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Pensions Please provide the following details of any pension funding you have. If more than one pension please provide the same information on a separate sheet using the same numbering as below:			
1. Pension provider:			
2. Cash equivalent transfer value: <i>(if known)</i>		3. Date you started contributing:	
4. Type of pension: (if known)			
Please now provide details of any pension funding your spouse/partner has:			
1. Pension provider:			
2. Cash equivalent transfer value (if known)		3. Date they started contributing:	
4. Type of pension: (if known)			

Other investments Please provide full details (including account numbers and investment company/bank/building society) of any other assets in <u>your sole name</u> :	
Shares:	
ISAs and PEPs:	
Foreign assets:	
Valuable personal property: (cars/jewellery/paintings/watches etc) Please include make and model and name of registered owner	
Please now provide similar details of any other assets in <u>your spouse/partner's name</u>	

Shares:	
ISAs and PEPs:	
Foreign assets:	
Valuable personal property: (cars/jewellery/paintings/watches etc) Please include make and model and name of registered owner	

Bank accounts Please list all accounts in <u>your sole name</u> . If more space is required please provide the same information on a separate sheet using the same paragraph headings as below:			
Bank Name	Type of Account (current/savings etc)	Balance month end (i.e. worst point of month)	Main purpose of account
Please list all accounts in <u>your joint names</u> . If more space is required please provide the same information on a separate sheet using the same paragraph headings as below:			
Bank Name	Type of Account (current/savings etc)	Balance month end (i.e. worst point of month)	Main purpose of account

Please list all accounts in **your spouse/partner's sole name**. If more space is required please provide the same information on a separate sheet using the same paragraph headings as below:

Bank Name	Type of Account (current/savings etc)	Balance month end (i.e. worst point of month)	Main purpose of account

Loans

Please list all loans in **your sole name**. If more space is required please provide the same information on a separate sheet using the same paragraph headings as below:

Loan company	Amount of the loan/original purpose	Amount outstanding and monthly premium	Number of years to run

Please list all loans in **your joint names**. If more space is required please provide the same information on a separate sheet using the same paragraph headings as below:

Loan company	Amount of the loan/original purpose	Amount outstanding and monthly premium	Number of years to run

Please list all loans in **your spouse/partner's sole name**. If more space is required please provide the same information on a separate sheet using the same paragraph headings as below:

Loan company	Amount of the loan/original purpose	Amount outstanding and monthly premium	Number of years to run

Credit cards/store cards			
Please list all credit/store cards in your sole name . If more space is required please provide the same information on a separate sheet using the same paragraph numbering as below:			
Name of card company	Amount outstanding	Account balance	Is balance cleared monthly?
Please list all credit/store cards in your spouse/partner's sole name . If more space is required please provide the same information on a separate sheet using the same paragraph headings as below:			
Name of card company	Amount outstanding	Account balance	Is balance cleared monthly?

SECTION 7 – Employment Details

Your employment details			
Name of current employer:		Job title:	
Number of years employed:		Annual salary: (including bonuses or benefits)	
Net monthly income: (after National Insurance and tax)			
Other benefits: (car/petrol allowance/running expenses/health insurance etc)			
Your spouse/partner's employment details			
Name of current employer:		Job title:	
Number of years employed:		Annual salary: (including bonuses or benefits)	
Other benefits: (car/petrol allowance/running expenses/health insurance etc)			
Your self-employment details			
Net profit in last tax year		Value of business: (if any)	
Income received in last tax year:		Tax paid in last tax year:	

Name and address of Accountant:			
Your spouse/partner's self-employment details			
Net profit in last tax year:		Value of business: (if any)	
Income received in last tax year:		Tax paid in last tax year:	
Name and address of Accountant:			

SECTION 8 – Income from other sources

	You	Your spouse/partner
Tax Credits:		
Child Benefit:		
Maintenance:		
Trust income:		
Housekeeping:		
Annuities:		
Pension income:		
Share dividends:		
Rents:		
Interest payments:		
Other (please detail):		

SECTION 9 – Other information

Please give any further details of any additional information you think may be relevant to your case: