



891 WILLOW DRIVE, SUITE 7 • CHAPEL HILL, NC 27514 • (919) 967-8383 PHONE • (919) 967-9131 FAX

LAURA STEPHENSON IRWIN

DURHAM OFFICE  
BY APPOINTMENT

## SEPARATION AGREEMENT QUESTIONNAIRE

The information you supply in this Questionnaire will be used to prepare a Separation Agreement. In order to accurately reflect your commitments as well as protect your interests, it is necessary for you to follow instructions carefully and respond to all questions accurately and fully.

Once the Separation Agreement is signed by all parties, it becomes binding on both parties and its provisions can only be changed by mutual consent through a written or signed modification. Only in some rare instances can the court change a provision of the agreement. It is highly unlikely that you will be able to change the Separation Agreement, so be certain it covers all of your present and future concerns and that you are satisfied with it.

Indicate your concerns, preferences and desires; be clear about which terms you consider non-negotiable. Your attorney will discuss the proposed provisions with you and will negotiate with your spouse, or your spouse's attorney, in the event of controversy. It may become necessary to go to court to defend your interests, if a reasonable compromise cannot be reached.

**REMEMBER:** Attach all documentation possible including, but not limited to, the pay stubs of both spouses (and/or other documentation demonstrating incomes), recent bank statements proving values of assets, credit card statements to verify current debts, deeds to property and all other documentation related to any asset or debt referred to in this Questionnaire. Gathering these documents as quickly as possible can save you considerable time, effort and money.

Should any questions or problems arise, please do not hesitate to call me. Do the best you can filling out this questionnaire and write down any questions you have. By sharing your questions with your attorney you help me to better explain the various factors of your case and to better address your individual concerns. I am pleased to represent you in this matter and look forward to working with you.

**PERSONAL INFORMATION OF SPOUSE**

- 1. Full name of Spouse: \_\_\_\_\_
- 2. Home Address: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 3. Home Telephone: (\_\_\_\_) \_\_\_\_\_
- 4. Employer: \_\_\_\_\_
- 5. Address of Employer: \_\_\_\_\_
- 6. Work Telephone: (\_\_\_\_) \_\_\_\_\_
- 7. Years Employed: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
- 8. Does the employer provide any of the following:  
Retirement Fund? Yes\_\_\_\_ No\_\_\_\_ Vested \$ \_\_\_\_\_  
Pension Fund? Yes\_\_\_\_ No\_\_\_\_ Vested \$ \_\_\_\_\_  
Profit Sharing? Yes\_\_\_\_ No\_\_\_\_ Vested \$ \_\_\_\_\_  
Stock Purchase? Yes\_\_\_\_ No\_\_\_\_ Vested \$ \_\_\_\_\_  
401K Plan? Yes\_\_\_\_ No\_\_\_\_ Vested \$ \_\_\_\_\_  
Frequent Flyer Point? Yes\_\_\_\_ No\_\_\_\_ Vested \$ \_\_\_\_\_  
Other: \_\_\_\_\_
- 9. Other Military Pension? \_\_\_\_\_ \$ \_\_\_\_\_ Month

**MARITAL DATA**

- 1. Date of Marriage: \_\_\_\_\_
- 2. Place of Marriage (City, State and County): \_\_\_\_\_
- 3. Date of Separation: \_\_\_\_\_

PLEASE BE THOROUGH WITH YOUR ANSWERS and do any investigation into figures that may be necessary. An incomplete questionnaire makes this process more difficult.

### PERSONAL INFORMATION OF CLIENT

1. Full name of Client: \_\_\_\_\_
2. Home Address: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Home Telephone: (\_\_\_\_) \_\_\_\_\_
4. Employer: \_\_\_\_\_
5. Address of Employer: \_\_\_\_\_
6. Work Telephone: (\_\_\_\_) \_\_\_\_\_
7. Years Employed: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
8. Does the employer provide any of the following:  

Retirement Fund?	Yes_____	No_____	Vested \$_____
Pension Fund?	Yes_____	No_____	Vested \$_____
Profit Sharing?	Yes_____	No_____	Vested \$_____
Stock Purchase?	Yes_____	No_____	Vested \$_____
401K Plan?	Yes_____	No_____	Vested \$_____
Frequent Flyer Points?	Yes_____	No_____	Vested \$_____

Other: \_\_\_\_\_
9. Other Military Pension? \_\_\_\_\_ \$ \_\_\_\_\_ Month
10. Reason for Separation:  
\_\_\_\_ Adultery  
\_\_\_\_ Physical Abuse of Spouse \_\_\_\_\_ child(ren) \_\_\_\_\_  
Date of Last Incident: \_\_\_\_\_ Reported? Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_ Verbal Abuse  
\_\_\_\_ Drug/Alcohol Abuse  
\_\_\_\_ Gambler/Spendthrift

- \_\_\_\_\_ Chronically Unemployed
  - \_\_\_\_\_ Abandonment
  - \_\_\_\_\_ Mutual Consent
  - \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_
- 
- 

**CUSTODY**

1. Full Name and Date of Birth of each child:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  
2. Please indicate what custodial pattern you prefer:
  - a. Joint Legal Custody \_\_\_\_\_, with primary physical custody to:  
Client \_\_\_\_\_ Spouse \_\_\_\_\_
  - b. Sole Custody to Client \_\_\_\_\_
  - c. Sole Custody to Spouse \_\_\_\_\_

**VISITATION**

1. Every other weekend with alternate holiday schedule \_\_\_\_\_
2. Number of weeks during summer \_\_\_\_\_
3. Other (Please Specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Restricted Visitation? \_\_\_\_\_  
If yes, state reasons: \_\_\_\_\_  
\_\_\_\_\_

**CHILD SUPPORT**

- 1. Client's monthly gross income: \$ \_\_\_\_\_
- 2. Overtime: \_\_\_\_\_ hours per \_\_\_\_\_ \$ \_\_\_\_\_
- 3. Bonus: \_\_\_\_\_ per \_\_\_\_\_ \$ \_\_\_\_\_
- 4. Tips: \_\_\_\_\_ per \_\_\_\_\_ \$ \_\_\_\_\_
- 5. Other sources of income: \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Please attach pay stubs or recent documentation verifying income.

- 6. Spouse's monthly gross income: \$ \_\_\_\_\_
- 7. Overtime: \_\_\_\_\_ hours per \_\_\_\_\_ \$ \_\_\_\_\_
- 8. Bonus: \_\_\_\_\_ per \_\_\_\_\_ \$ \_\_\_\_\_
- 9. Tips: \_\_\_\_\_ per \_\_\_\_\_ \$ \_\_\_\_\_
- 10. Other sources of income: \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Please attach pay stubs or recent documentation verifying income.

- 11. Who maintains health insurance on the child(ren) and what is the monthly cost for such insurance, including cost of coverage for parent paying for the insurance?

Client \_\_\_\_\_ Spouse \_\_\_\_\_ Monthly Cost \$ \_\_\_\_\_

- 12. Have you and your spouse agreed to an amount of child support?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Amount: \$ \_\_\_\_\_ per month

- 13. Will you agree to a modification to child support? \_\_\_\_\_

If yes, on which of the following grounds:?

- \_\_\_\_\_ Change in physical custody
- \_\_\_\_\_ Increase in Payor's income
- \_\_\_\_\_ Loss of Payor's employment
- \_\_\_\_\_ Reduction of Payor's income
- \_\_\_\_\_ Private tuition
- \_\_\_\_\_ Tutorial expenses
- \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

14. Do you feel it appropriate that an Escalator Clause be included in this agreement providing periodic support increases? \_\_\_\_\_

15. Do any of the child(ren) require extraordinary expenses, e.g., speech or physical therapy, special instruction, private school, tutoring, coaching, daycare, transportation, etc.?

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

\$ \_\_\_\_\_ per \_\_\_\_\_ for \_\_\_\_\_

---

16. Will you agree to contribute to any of the above? \_\_\_\_\_ If yes, how much?

\$ \_\_\_\_\_ per \_\_\_\_\_

17. It is standard practice for parents to equally divide medical expenses of the minor(s), which are not covered by insurance. Please check which of the following you will agree to include:

\_\_\_\_\_ Dental  
\_\_\_\_\_ Orthodontic  
\_\_\_\_\_ Psychiatric/Psychological  
\_\_\_\_\_ Pharmaceutical  
\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

---

18. Child support will cease upon the first of the following:

\_\_\_\_\_ Death of the child  
\_\_\_\_\_ Marriage of the child  
\_\_\_\_\_ When child is 18 years and graduate from high school  
\_\_\_\_\_ When child moves away from custodial parent  
\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

---

19. Will you agree to pay, in full or in part, college expenses of the child(ren)? \_\_\_\_\_

If yes, indicate the following:

\_\_\_\_\_ Accredited state college  
\_\_\_\_\_ Any college of child's choice  
\_\_\_\_\_ Any college with approval of parents  
\_\_\_\_\_ Only if enrolled in a four-year academic program  
\_\_\_\_\_ Only if child maintains 2.5 GPA  
\_\_\_\_\_ Any technical school  
\_\_\_\_\_ Only until age 22  
\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

---

20. In your opinion are there any reasons why you should pay/receive more or less child support than that required by the judicial guidelines? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Life insurance should be maintained to ensure continuation of support payments. Please indicate what you feel would be a reasonable amount and who will provide the policy:

\_\_\_\_\_ Husband      \$ \_\_\_\_\_  
\_\_\_\_\_ Wife          \$ \_\_\_\_\_  
\_\_\_\_\_ Both          \$ \_\_\_\_\_

22. If there is currently a life insurance policy, who owns the policy:

\_\_\_\_\_

Who is the named insured: \_\_\_\_\_

Who is the beneficiary: \_\_\_\_\_

23. Who will claim the child(ren) as a tax exemption?

\_\_\_\_\_ Husband  
\_\_\_\_\_ Wife  
\_\_\_\_\_ Every Year  
\_\_\_\_\_ Alternate Years

### ALIMONY

Your attorney will explain the law applicable to alimony during your consultation. A waiver of alimony is usually irrevocable.

1. Do you wish to waive alimony? \_\_\_\_\_

2. If alimony is to be paid, indicate who will pay:

\_\_\_\_\_ Husband  
\_\_\_\_\_ Wife

Amount \$ \_\_\_\_\_ for \_\_\_\_\_ years of Lump Sum of \$ \_\_\_\_\_

3. When will alimony payments end?

\_\_\_\_\_ Upon death of recipient  
\_\_\_\_\_ Upon death of payor  
\_\_\_\_\_ Upon remarriage of recipient

\_\_\_\_\_ Upon recipient's cohabitation with a  
member of the opposite sex who is not a \_\_\_\_\_ relative  
\_\_\_\_\_ On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

---

4. It is customary to continue existing medical insurance coverage on the spouse until date of divorce. Please indicate who will be responsible for medical expenses not covered by insurance:

\_\_\_\_\_ Spouse  
\_\_\_\_\_ Client

Payment of uncovered medical expenses will stop upon:

\_\_\_\_\_ Divorce  
\_\_\_\_\_ Remarriage of dependent spouse  
\_\_\_\_\_ Death of supporting spouse  
\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

---

## PROPERTY SETTLEMENT

### A. REAL ESTATE

Please provide copies of all Deeds and Deeds of Trust for real property.

1. Address of marital home (include county): \_\_\_\_\_

---

Property purchased in 20\_\_\_\_ by \_\_\_\_\_ Client \_\_\_\_\_ Spouse  
Property is Deeded to \_\_\_\_\_ Client \_\_\_\_\_ Spouse \_\_\_\_\_ Both

Disposition of Property:

\_\_\_\_\_ Title and possession to Client  
\_\_\_\_\_ Title and possession to Spouse  
\_\_\_\_\_ Possession only to Client until: (Check One Below)  
\_\_\_\_\_ Possession only to Spouse until: (Check One Below)  
\_\_\_\_\_ Date of Divorce  
\_\_\_\_\_ 30 days from date of sale  
\_\_\_\_\_ When youngest child turns age 18  
\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

---



Estimated equity is \$\_\_\_\_\_ and will be the property of:

- \_\_\_\_\_ Client
- \_\_\_\_\_ Spouse
- \_\_\_\_\_ Equally Shared

Exemption to be claimed by: \_\_\_\_\_ Client \_\_\_\_\_ Spouse

House Related Expenses:

To be paid by: \_\_\_\_\_ Client \_\_\_\_\_ Spouse

- \_\_\_\_\_ Mortgage payments, including principal & interest
- \_\_\_\_\_ Property taxes and assessments
- \_\_\_\_\_ Insurance costs
- \_\_\_\_\_ Utilities
- \_\_\_\_\_ Maintenance/repair costs

Until:

- \_\_\_\_\_ Date of divorce
- \_\_\_\_\_ 30 days from date of sale
- \_\_\_\_\_ When youngest child turns age 18
- \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

2. Address of other real property, such as land, townhouse, condo, timeshare (Please Specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property purchased in 20\_\_\_\_ by \_\_\_\_\_ Client \_\_\_\_\_ Spouse  
Property is deeded to \_\_\_\_\_ Client \_\_\_\_\_ Spouse \_\_\_\_\_ Both

Disposition of Property:

- \_\_\_\_\_ Title and possession to Client
- \_\_\_\_\_ Title and possession to Spouse
- \_\_\_\_\_ Possession only to Client until: (Check One Below)
- \_\_\_\_\_ Possession only to Spouse until: (Check One Below)
  - \_\_\_\_\_ Date of Divorce
  - \_\_\_\_\_ 30 days from date of sale
  - \_\_\_\_\_ When youngest child turns age 18
  - \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

Estimated equity is \$\_\_\_\_\_ and will be the property of:

- \_\_\_\_\_ Client
- \_\_\_\_\_ Spouse
- \_\_\_\_\_ Equally Shared

Exemption to be claimed by: \_\_\_\_\_ Client \_\_\_\_\_ Spouse

House Related Expenses:

To be paid by: \_\_\_\_\_ Client \_\_\_\_\_ Spouse

- \_\_\_\_\_ Mortgage payments, including principal & interest
- \_\_\_\_\_ Property taxes and assessments
- \_\_\_\_\_ Insurance costs
- \_\_\_\_\_ Utilities
- \_\_\_\_\_ Maintenance/repair costs

Until:

- \_\_\_\_\_ Date of Divorce
  - \_\_\_\_\_ 30 days from date of sale
  - \_\_\_\_\_ When youngest child turns age 18
  - \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_
- 

**B. DIVISION OF MOTOR VEHICLES (INCLUDING BOATS):**

- \_\_\_\_\_ There are no jointly titled vehicles
- \_\_\_\_\_ Each spouse keeps vehicle titled in his/her name

Client will have the following vehicles and car payments will be made by \_\_\_\_\_ Client  
\_\_\_\_\_ Spouse

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Name(s) on Title Now</u>
-------------	-------------	--------------	-----------------------------

- a.
- b.

Spouse will have the following vehicles and car payments will be made by \_\_\_\_\_ Client  
\_\_\_\_\_ Spouse

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Name(s) on Title Now</u>
-------------	-------------	--------------	-----------------------------

- a.
- b.

Name of Lender      Account No.      Balance Due      Monthly Payment

- a.
- b.
- c.
- d.

How is your automobile insurance titled?

\_\_\_\_\_ Jointly  
\_\_\_\_\_ Each person has a separate policy

Name of automobile insurance company with policy numbers:

---

---

**C. DIVISION OF UNSECURED DEBTS:**

Please list all debts regardless if they are separate or joint debts as of the date of separation or anticipated date of separation. For each debt, designate whether the debt is a joint obligation or a separate liability.

The Spouse shall assume sole responsibility for repaying the balance owing, including interest of the following:

Name of Lender      Account No.      Balance Due      Monthly Payment

- a.
- b.
- c.
- d.

The Client shall assume sole responsibility for repaying the balance owing, including interest, of the following:

Name of Lender      Account No.      Balance Due      Monthly Payment

- a.
- b.

c.

d.

**D. DIVISION OF ASSETS:**

List all stocks, bonds, bank accounts (savings and checking) certificates of deposit, etc.

Please list these assets regardless if you have already agreed to a division. BE SPECIFIC.

\_\_\_\_\_ There are no jointly titled assets

\_\_\_\_\_ Each spouse keeps assets in his/her name

The Client will be entitled to the following jointly held assets:

<u>Type of Asset</u>	<u>Account No.</u>	<u>Name of Bank/Broker</u>	<u>Current Value</u>
----------------------	--------------------	----------------------------	----------------------

The Spouse will be entitled to the following jointly held assets:

<u>Type of Asset</u>	<u>Account No.</u>	<u>Name of Bank/Broker</u>	<u>Current Value</u>
----------------------	--------------------	----------------------------	----------------------

**E. DIVISION OF OTHER INTANGIBLE PROPERTY:**

List cash value of life insurance policies, vested retirement and pension plans, 401K plans, IRA's, etc.

The Client will be entitled to the following jointly held assets:

<u>Full Description of Property</u>	<u>Location of Property</u>	<u>Current Value</u>
-------------------------------------	-----------------------------	----------------------

The Spouse will be entitled to the following jointly held assets:

<u>Full Description of Property</u>	<u>Location of Property</u>	<u>Current Value</u>
-------------------------------------	-----------------------------	----------------------

**F. TAXES**

20\_\_\_\_ Federal and State taxes to be filed:

\_\_\_\_ Jointly  
\_\_\_\_ Separately

Any tax refund to be the property of:

\_\_\_\_ Client  
\_\_\_\_ Spouse  
\_\_\_\_ Equally Shared  
\_\_\_\_ Prorated

Any resultant tax liability to be paid by:

\_\_\_\_ Client  
\_\_\_\_ Spouse  
\_\_\_\_ Equally Shared  
\_\_\_\_ Prorated

Your attorney is not an accountant and should you have any questions regarding tax liabilities, please contact your accountant directly to answer any pertinent questions, or ask your attorney for a referral to an accountant.

**G. DIVISION OF PERSONAL PROPERTY:**

Household furnishings, appliances, chattels, etc. to be divided as follows:

\_\_\_\_\_ Each spouse keeps what is in his/her possession (Only if you are currently separated).

\_\_\_\_\_ The parties will be entitled to items listed below:

Client

Spouse

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

