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CONFIDENTIAL DIVORCE MEDIATION QUESTIONNAIRE

In divorce mediation, each party must to fully disclose his or her assets, income, liabilities and expenses and to produce supporting documentation. Therefore, please complete all items on this questionnaire that apply to your mediation issues. The information will be used only in the context of your mediation. All financial information disclosed orally or in writing during the mediation shall be treated as confidential by the mediator, except as provided by statute. Please print your answers.

PARTY ONE

Full Legal Name: _____
First Middle Last Suffix

Maiden Name: _____
First Middle Last Suffix

Current Address: _____
Street/Apartment # City State Zip

Mailing Address (if you want mail sent from this office to a different address):

Street/Apartment # City State Zip

Email Address: _____
(include only if you want to correspond by email)

Telephone Number: Cell: _____ Home: _____ Work: _____

Fax Number: Home: _____ Work: _____

Date of Birth: _____ Place of Birth: _____

Number of years of education completed: High School: _____ College: _____ Other: _____

Is this your first marriage? Yes No If previously married, how many ended as a result of:

(a) _____ (b) _____ (c) _____
Death Divorce Annulment

Have you sought legal advice from Cheryl Watson Smith, Esq? No () Yes () When? _____

JURISDICTIONAL INFORMATION

How long have you resided in the State of Virginia? Party 1: _____ Party 2: _____

Are the two of you currently living together? _____

Where did the two of you last live together as husband and wife?

City: _____ County: _____

If you are currently separated, on what date did you separate? ____/____/____

Who left the marital residence? _____

Is this separation intended to be permanent? Yes () No ()

Have there been prior separations between you and the other party? Yes () No ()

How many? _____ When? _____ How long? _____

Are there current court proceedings between you and the other party? Yes () No ()

Type of proceeding; _____

Name of Court: _____

Have there been prior court proceedings between you and the other party? No () Yes ()

Type of proceeding; _____

Name of Court: _____

Does Party One have an attorney? No () Yes () _____

Does Party Two have an attorney? No () Yes () _____

CHILDREN

_____ If no children, please check here.
Children born or adopted during this marriage:

NAME	SEX	D.O.B./Age	SSN

_____ W
here are these children living now? _____ Is the paternity of the child(ren) an issue? _____
Have the two of you discussed a parenting plan? If so, please state the custody and visitation arrangement. _____

Do you plan to seek custody of these children? Yes () No ()
Will the other party contest this custody? Yes () No ()
If you do not intend to seek custody, what visitation do you desire? _____

If you have custody or intend to seek custody, what visitation do you wish the other party to have?

Are your children aware of the domestic situation between you and the other party? _____

Do you or the other party have a child or children from a previous marriage? If yes, state:

Name	Sex	D.O.B.	Age

For each minor child identified, submit copies of previous child custody orders, if any and provide:

Name	Custodial Parent	Amount Paid/Received in Child Support per Month	Other Financial Obligations Paid for the Child
		\$	\$
		\$	\$
		\$	\$

Are there any employment-related day care expenses incurred for the child(ren)? If yes, give the amount of such expenses on a monthly basis and state to whom such expenses are paid:

Are there any extraordinary expenses (i.e., medical or dental expenses not covered by insurance) which are incurred for or on behalf of the child(ren)? If yes, state the total amount of the extraordinary obligation, the monthly payment and the name of the person or entity to whom the extraordinary expense is owed: _____

PARTY ONE: EMPLOYMENT, INCOME AND RETIREMENT INFORMATION

Is Party One employed? Yes () No () Self-employed? Yes () No ()

Employer's address: _____ Job Title: _____
 _____ Date of Employment: _____
 _____ Name of Company _____
 _____ Street Number _____
 _____ City _____ State _____ Zip _____
 _____ Telephone _____ Fax _____

Salary: (Annual/Monthly) [Bring Paystub]
 Gross: \$ _____
 Net (take home): \$ _____

Pay Period: Weekly () Monthly ()
 Bi-Weekly () Twice/Month ()
 Other ()

Check the benefits provided by Party One's employer:

___ Health Insurance Cost to you \$ _____ ___ Life Insurance Cost to you \$ _____
 ___ Dental Insurance Cost to you \$ _____ ___ Disability Insurance Cost to you \$ _____
 ___ Vision Insurance Cost to you \$ _____ ___ Paid Vacation How Much? _____

Do you participate in a Defined Benefit Plan (Pension)? No Yes Are you vested? No Yes
 If yes, when? _____
 Current estimated benefit? \$ _____ Estimated benefit at retirement? \$ _____
 Are you receiving benefits? _____ If so, how much? \$ _____

Do you participate in a Contributory Retirement Plan (401(k), 503(b), Profit Sharing)? No Yes
 Are you vested? _____ If yes, when? _____ Current value: \$ _____
 Are there any loans? No Yes How much? \$ _____ Monthly payment \$ _____
 Are you receiving benefits? No Yes If so, how much? \$ _____

Do you receive income from any other source? No Yes If so, please describe the source and the amount (i.e., child support, interest income, dividends, part-time employment, hobbies, trust income, disability income, etc.) _____

Please describe your employment history before and during the marriage:

Employer	Dates	Duties	Salary	Vested Retirement
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

Do you hold any professional, trade, business, occupational, or recreational license, certificate or other authorization in the Commonwealth of Virginia? Yes () No ()

Type of License: _____ License #: _____

PARTY TWO: EMPLOYMENT INCOME AND RETIREMENT INFORMATION

Is Party Two employed? Yes () No () Self-employed? Yes () No ()

Employer's address: _____ Job Title: _____
 _____ Date of Employment: _____
 Name of Company _____
 _____ Salary: (Annual/Monthly) [Bring Paystub]
 Street Number _____ Gross: \$ _____
 _____ Net (take home): \$ _____
 City _____ State _____ Zip _____
 Telephone _____ Fax _____
 Pay Period: Weekly () Monthly ()
 Bi-Weekly () Twice/Month ()
 Other ()

Check the benefits provided by Party Two's employer:
 ___ Health Insurance Cost to you \$ _____ Life Insurance Cost to you \$ _____
 ___ Dental Insurance Cost to you \$ _____ Disability Insurance Cost to you \$ _____
 ___ Vision Insurance Cost to you \$ _____ Paid Vacation How Much? _____

Do you participate in a Defined Benefit Plan (Pension)? No () Yes ()
 Are you vested? No () Yes () When? _____

Current estimated benefit? \$ _____ Estimated benefit at retirement? \$ _____
 Are you receiving benefits? No () Yes () If so, how much? \$ _____

Did you participate in a Contributory Retirement Plan (401(k), Profit Sharing)? No () Yes ()
 Are you vested? No () Yes () If yes, when? _____ Current value: \$ _____
 Are you receiving benefits? No () Yes () If yes, how much? \$ _____

Do you receive income from any other source? No () Yes () If so, please describe the source and the amount (i.e., child support, interest income, dividends, part-time employment, hobbies, trust income, disability income, etc.): _____

Please describe your employment history before and during the marriage:

Employer	Dates	Duties	Salary	Vested Retirement
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

Do you hold any professional, trade, business, occupational, or recreational license, certificate or other authorization in the Commonwealth of Virginia? Yes () No ()

Type of License: _____ License #: _____

PROPERTY DIVISION

Assets

Real Estate:

Please list all parcels of real estate owned by you and the other party jointly:

Address	Date Acquired	Cost	Present Value	Mortgage Balance	Monthly Payment
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

Please list all parcels of real estate owned by Party One individually:

Address	Date Acquired	Cost	Present Value	Mortgage Balance	Monthly Payment
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

Please list all parcels of real estate owned by Party Two individually:

Address	Date Acquired	Cost	Present Value	Mortgage Balance	Monthly Payment
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

Tangible Personal Property (Household furnishings, personal belongings):

Did the two of you jointly acquire household furnishings and other personal belongings during the marriage? No Yes Value \$ _____

Did Party One inherit or acquire personal property by gift from someone other than the other party during the marriage? No Yes Value \$ _____

Did Party Two inherit or acquire personal property by gift from someone other than you during the marriage? No Yes Value \$ _____

Is there any property that was owned before the marriage:

By Party One No Yes Value \$ _____ By Party Two? No Yes Value \$ _____

Will both parties be able to agree upon a division of the household furnishings and other personal belongings? _____

Vehicles:

If either of you own motor vehicles (car, boats, RV's, tractors, airplanes), please provide the following information:

Year, Make & Model	Present Value	Debt	Titled in Name of Whom	Monthly Payment
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$

Intangible Property:

If either of you have bank accounts (checking, savings), please provide the following:

Name of Bank	Type of Account	Present Balance	Account in Names of Whom
		\$	
		\$	
		\$	

If either of you have investment accounts, please provide the following:

Financial Institution	Type of Account	Present Balance	Account in Names of Whom
		\$	
		\$	
		\$	

If either of you own stocks, bonds, certificates of deposit, other securities or bitcoin/ cryptocurrency, please provide the following:

Financial Institution	Type of Security	Present Value	How Titled?
		\$	
		\$	
		\$	

If either of you have Individual Retirement Accounts (IRA) please provide the following:

Financial Institution	Type of Account	Present Balance	Account in Names of Whom
		\$	
		\$	
		\$	

Life Insurance:

If either of you have party have life insurance benefits (term, whole life, or universal), please provide the following:

Insurance Company	Insured	Death Benefit	Date of Purchase	Cash Value	Monthly Premiums	Loans on Policy
		\$		\$	\$	\$
		\$		\$	\$	\$

Liabilities

Please provide the following information:

Automobile Loans:

Vehicle	Lending Institution	Current Balance	Monthly Payment
		\$	\$
		\$	\$
		\$	\$

Mortgagee, Deeds of Trust, Credit Lines, Equity Lines, Etc.:

Property	Lending Institution	Current Balance	Monthly Payment
		\$	\$
		\$	\$
		\$	\$

Credit Cards/Retail Accounts/Unsecured Loans:

Type of Account (Visa/Sears/Exxon, etc.)	Name on Account	When Established	Present Balance	Monthly Payment
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Business Liabilities/Guarantor/Co-Signer:

If either of you have personally guaranteed business debts or other liabilities, please provide the following:

Lender	Date	Amount	Payment
		\$	\$
		\$	\$
		\$	\$

Tax Liability:

If either of you owe taxes, please provide the following:

Income or Real Estate	Tax Year	Amount Owed	Penalty/Interest	Monthly Payment
		\$	\$	\$
		\$	\$	\$

Other Debts:

If either of you have any other debts or liabilities (student loans, medical, etc.) not listed above, please describe such obligations below:

To Whom Owed	Date	Amount	Payment
		\$	\$
		\$	\$
		\$	\$

PARTY ONE: SPECIFIC QUESTIONS OR CONCERNS:

YOUR INTERESTS, GOALS AND NEEDS:

YOUR VALUES:

PARTY TWO: SPECIFIC QUESTIONS OR CONCERNS:

YOUR INTERESTS, GOALS AND NEEDS:

YOUR VALUES:

Have either of you heard of Collaborative Divorce? No () Yes () How? _____
Please visit our website to learn more about Collaborative Divorce and Mediation.
<http://cwsmithpc.com/>

How did you find out about our firm?

_____ Referral by Friend / Counselor / Attorney: _____
_____ Internet search for: _____
_____ Firm website (cwsmithpc.com) _____
_____ Advertising in: _____ Telephone book (yellow pages or business section)
_____ Other: _____

OFFICE USE ONLY

Date: ____/____/____

Hourly Rates: \$_____/ \$_____
CWS / Staff

Fee Division: \$_____