



Marriage Conflict Questionnaire

Since your matter involves marriage conflict, please answer the following questions in addition to those on the Party Questionnaire provided separately. Attach additional sheets if you wish to provide a more extensive response to any question.

Please provide the following dates (if applicable):

| | |
|-----------------|--|
| Marriage Date | |
| Separation Date | |
| Divorce Date | |

Please provide the names and ages of each of your children and indicate with whom each child resides.

| Name | Age | Resides with/at |
|------|-----|-----------------|
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Are you open to reconciliation with your spouse and to the restoration of your marriage? Yes No

If Yes, Why? If No, why not?

Do you believe separation is needed? Yes No

If Yes, Why? If No, why not?

Do you believe divorce is justified? Yes No

If Yes, Why? If No, why not?

Are you or your spouse seeking a division of property or debts, or monetary support, including child support?

Yes No

Please summarize the issues in the space below.