

CIRCUMSTANCES OF THE PARTIES

In order for us to do the best job we can to advise and represent you, we ask that you carefully complete this form to show the facts and circumstances of your marriage to your spouse. It will help us greatly in our work on your behalf. Please be assured that all the information you provide will be held in the strictest confidence and protected by the attorney-client privilege. Once you have completed this form, please date it and sign it below, and return it to us.

Please provide your name, your spouse's name, and your given names at birth.

Names	First	Middle	Last
Your Legal Name			
Your Name At Birth			
Your Spouse's Legal Name			
Your Spouse's Name At Birth			

Please provide your address, and your spouse's address.

Your Address	
Your Spouse's Address	

Please provide the following other information.

Other Information	You	Your Spouse
Work Telephone		
Home Telephone		
Cellular Telephone		
Pager Number		
Fax at Work		
Fax at Home		
E-mail		
Date of Birth		
Age		
Place of Birth		
Social Security Number		
Racial Extraction		

Please sign, and date your signature.

Signature		Date	
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PRIVILEGED AND CONFIDENTIAL

1. How can you receive confidential written communications from us (check all that apply)?
 - Mail to home
 - Mail to work
 - Fax to home
 - Fax to work
 - E-mail to _____
 - _____

For mail from us indicate the preferred manner of delivery.

- Regular mail
 - Regular mail marked Personal & Confidential
 - Regular mail in an unmarked envelope
 - Restricted mail
2. On what date were you married to your spouse?
 3. In what state, and county, did the marriage occur?
 4. When did you and your spouse begin to live together?
 5. Do you and your spouse now reside at separate residences?
 - Yes No

If so, when did you and your spouse last separate and, if there were earlier separations, during what periods did those earlier separations occur, and what were the surrounding circumstances?

6. In what state, and county, did the last separation occur?
7. If there have been times when you and your spouse lived in separate parts of the same residence during periods of marital discord, what were the dates of such separations within the home, and what were the circumstances?

8. Have you ever communicated to your spouse by word or deed that you believed that the marriage had ended, and that you wanted a divorce?
 Yes No

If so, what were the date and circumstances of each such communication?

9. Has your spouse ever communicated to you by word or deed that he/she believed that the marriage had ended, and that he/she wanted a divorce?
 Yes No

If so, what were the date and circumstances of each such communication?

10. What is the present state of your health? What health problems have you had in the past?

11. What is the present state of your spouse's health? What health problems has he/she had in the past?

12. Describe your prior marriages.

		Terminated By			
From Mo./Year	To Mo./Year	Divorce	Annulment	Death	State

13. Describe your spouse's prior marriages.

		Terminated By			
From Mo./Year	To Mo./Year	Divorce	Annulment	Death	State

14. In what various places did you live before the marriage?

15. In what various places did your spouse live before the marriage?

16. Where have you and your spouse lived together since the marriage, and for how long did you live in each place?

Address	Period of Occupancy

17. Where have you lived since you and your spouse separated, and during what periods have you lived at each place?

Address	Period of Occupancy

18. Where has your spouse lived since the separation, and during what periods did he/she reside at each place?

Address	Period of Occupancy

19. How long have you been a resident of the State of Hawai'i?

20. How long has your spouse been a resident of the State of Hawai'i?

21. Describe your present residence Husband Wife

Owned Rented

House Townhouse Condo

Number of bedrooms ____ Bathrooms ____

Names of all occupants _____

22. Describe your spouse's present residence Husband Wife

Owned Rented

House Townhouse Condo

Number of bedrooms ____ Bathrooms ____

Names of all occupants _____

23. Describe your education, and the education of your spouse.

Husband's Education	Name & Location	Dates Attended	Degree Conferred	Field of Study
High School				
College/Trade School				
Post College				
Post College				
Other				

Wife's Education	Name & Location	Dates Attended	Degree Conferred	Field of Study
High School				
College/Trade School				
Post College				
Post College				
Other				

24. Describe your employment history, and your spouse's employment history.

Husband's Present Employment:

Name of Employer: _____
Address: _____
Position: _____
Employment Began: _____
Gross Monthly Income: \$ _____

Husband's Previous Employment #1:

Name of Employer: _____
Address: _____
Position: _____
Employment Dates: _____ to _____
Gross Monthly Income: \$ _____

Husband's Previous Employment #2:

Name of Employer: _____
Address: _____
Position: _____
Employment Dates: _____ to _____
Gross Monthly Income: \$ _____

Husband's Previous Employment #3:

Name of Employer: _____
Address: _____
Position: _____
Employment Dates: _____ to _____
Gross Monthly Income: \$ _____

24. continued

Wife's Present Employment:

Name of Employer: _____
Address: _____
Position: _____
Employment Began: _____
Gross Monthly Income: \$ _____

Wife's Previous Employment #1:

Name of Employer: _____
Address: _____
Position: _____
Employment Dates: _____ to _____
Gross Monthly Income: \$ _____

Wife's Previous Employment #2:

Name of Employer: _____
Address: _____
Position: _____
Employment Dates: _____ to _____
Gross Monthly Income: \$ _____

Wife's Previous Employment #3:

Name of Employer: _____
Address: _____
Position: _____
Employment Dates: _____ to _____
Gross Monthly Income: \$ _____

25. Describe all of the children of the marriage, all of your other children, and all of your spouse's other children.

Child's Full Name _____
 Date of Birth _____
 Legal Parent(s) (W,H,J,O)¹ _____
 Present Custodian(s) (W,H,J,O)¹ _____
 School _____
 Grade _____
 Cost of Child Care to Enable School/Employment _____
 Who provides after-school childcare? _____
 Residence addresses during last 5 years

Address	Period of Occupancy	Caretaker(s) (W,H,J,O) ¹

Child's Full Name _____
 Date of Birth _____
 Legal Parent(s) (W,H,J,O)¹ _____
 Present Custodian(s) (W,H,J,O)¹ _____
 School _____
 Grade _____
 Cost of Child Care to Enable School/Employment _____
 Who provides after-school childcare? _____
 Residence addresses during last 5 years

Address	Period of Occupancy	Caretaker(s) (W, H, J, O) ¹

¹ For wife note "W"; for husband note "H"; for wife and husband note "J"; for some third person note "O." "Legal Parents" refers to who is legally the parent(s) either by virtue of being the birth parent or the adoptive parent, or being otherwise so lawfully recognized. "Present Custodian" refers to who is the primary physical caretaker and custodian.

25. continued

Child's Full Name _____
Date of Birth _____
Legal Parent(s) (W,H,J,O)¹ _____
Present Custodian(s) (W,H,J,O)¹ _____
School _____
Grade _____
Cost of Child Care to Enable School/Employment _____
Who provides after-school childcare? _____
Residence addresses during last 5 years

Address	Period of Occupancy	Caretaker(s) (W, H, J, O) ¹

Child's Full Name _____
Date of Birth _____
Legal Parent(s) (W,H,J,O)¹ _____
Present Custodian(s) (W,H,J,O)¹ _____
School _____
Grade _____
Cost of Child Care to Enable School/Employment _____
Who provides after-school childcare? _____
Residence addresses during last 5 years

Address	Period of Occupancy	Caretaker(s) (W, H, J, O) ¹

26. Describe the health insurance coverage which is currently in effect.

Person Covered	Insurance Company	Coverage Through	Type of Coverage*			
			M	D	V	P
Wife		<input type="checkbox"/> Husband <input type="checkbox"/> Wife				
Husband		<input type="checkbox"/> Husband <input type="checkbox"/> Wife				
Children		<input type="checkbox"/> Husband <input type="checkbox"/> Wife				

*Check whether medical (M), dental (D), vision care (V), and/or prescription drug (P)

27. How would you rate your present relationship with your spouse?

Good Fair Poor Abusive

28. Have you or your spouse received marriage counseling services?

Yes No

29. Do you and your spouse agree that a divorce will occur?

Yes No

30. Many factors may influence the timing of the divorce. Is there a date before which the divorce should not occur?

FOR OFFICE USE ONLY	Name	Date	March 1 May 15 Sept 15

31. Describe the current status of your federal and state individual income tax returns (for federal return note "F" and for state return note "S").

	Year	Filed Joint?	H Filed Separate?	W Filed Separate?	Pending Refund?	Taxes Owed?	Pending Audit?
Last Year							
Year Before							
3 Years Ago							
4 Years Ago							
5 Years Ago							
FOR OFFICE USE ONLY							
Joint this year?							
Underpaid this year?							
New CPA?							

32. If you and your spouse remain married through the end of this year will you file a joint return for this year?
 Yes No Don't Know
33. Are there any federal or state tax returns which were previously filed by either you, or your spouse, or you both jointly, currently under investigation or audit?
 Yes No Not Certain
34. Have all income taxes owed by you and your spouse been paid in a timely fashion?
 Yes No Don't Know
35. Do you think that the income taxes paid so far this year by you and your spouse, and the tax credits and refunds you and your spouse have from before (if any), are adequate to cover the taxes on all of the income you and your spouse have received so far this year?
 Have Paid Too Much Have Not Paid Enough
 Have Paid Just About the Right Amount Not Sure
36. Do you believe that you and/or your spouse are about to complete a transaction of any kind which will generate a large tax obligation?
 Yes No Not Sure
37. Will you need to get a new accountant to help you with your taxes after the divorce?
 Yes No Don't Need Accountant Not Sure
 Would Like a Referral
38. Has all other indebtedness owed by you and your spouse been paid in a timely fashion
 Yes No Don't Know
39. What was your net worth when you and your spouse got married?
- | | |
|--|--|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> \$75,000. - \$100,000. |
| <input type="checkbox"/> Less than \$2,500. | <input type="checkbox"/> \$100,000. - \$150,000. |
| <input type="checkbox"/> \$2,500. - \$5,000. | <input type="checkbox"/> \$150,000. - \$250,000. |
| <input type="checkbox"/> \$5,000. - \$10,000. | <input type="checkbox"/> \$250,000. - \$500,000. |
| <input type="checkbox"/> \$10,000. - \$25,000. | <input type="checkbox"/> \$500,000. - \$750,000. |
| <input type="checkbox"/> \$25,000. - \$50,000. | <input type="checkbox"/> \$750,000. - \$1,000,000. |
| <input type="checkbox"/> \$50,000. - \$75,000. | <input type="checkbox"/> More than \$1,000,000. |

40. What was your spouse's net worth when you and your spouse got married?

- | | |
|--|--|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> \$75,000. - \$100,000. |
| <input type="checkbox"/> Less than \$2,500. | <input type="checkbox"/> \$100,000. - \$150,000. |
| <input type="checkbox"/> \$2,500. - \$5,000. | <input type="checkbox"/> \$150,000. - \$250,000. |
| <input type="checkbox"/> \$5,000. - \$10,000. | <input type="checkbox"/> \$250,000. - \$500,000. |
| <input type="checkbox"/> \$10,000. - \$25,000. | <input type="checkbox"/> \$500,000. - \$750,000. |
| <input type="checkbox"/> \$25,000. - \$50,000. | <input type="checkbox"/> \$750,000. - \$1,000,000. |
| <input type="checkbox"/> \$50,000. - \$75,000. | <input type="checkbox"/> More than \$1,000,000. |

41. After you got married to your spouse, did you receive any inheritances?

- Yes No

If yes, what was the total value of all inheritances combined, as of the date(s) you received them, during the marriage?

- | | |
|--|--|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> \$75,000. - \$100,000. |
| <input type="checkbox"/> Less than \$2,500. | <input type="checkbox"/> \$100,000. - \$150,000. |
| <input type="checkbox"/> \$2,500. - \$5,000. | <input type="checkbox"/> \$150,000. - \$250,000. |
| <input type="checkbox"/> \$5,000. - \$10,000. | <input type="checkbox"/> \$250,000. - \$500,000. |
| <input type="checkbox"/> \$10,000. - \$25,000. | <input type="checkbox"/> \$500,000. - \$750,000. |
| <input type="checkbox"/> \$25,000. - \$50,000. | <input type="checkbox"/> \$750,000. - \$1,000,000. |
| <input type="checkbox"/> \$50,000. - \$75,000. | <input type="checkbox"/> More than \$1,000,000. |

42. After you got married to your spouse, did your spouse receive any inheritances?

- Yes No Uncertain

If yes, what was the total value of all inheritances combined, as of the date(s) your spouse received them, during the marriage?

- | | |
|--|--|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> \$75,000. - \$100,000. |
| <input type="checkbox"/> Less than \$2,500. | <input type="checkbox"/> \$100,000. - \$150,000. |
| <input type="checkbox"/> \$2,500. - \$5,000. | <input type="checkbox"/> \$150,000. - \$250,000. |
| <input type="checkbox"/> \$5,000. - \$10,000. | <input type="checkbox"/> \$250,000. - \$500,000. |
| <input type="checkbox"/> \$10,000. - \$25,000. | <input type="checkbox"/> \$500,000. - \$750,000. |
| <input type="checkbox"/> \$25,000. - \$50,000. | <input type="checkbox"/> \$750,000. - \$1,000,000. |
| <input type="checkbox"/> \$50,000. - \$75,000. | <input type="checkbox"/> More than \$1,000,000. |

43. After you got married to your spouse, did you receive any significant gifts from others (not including your spouse)?

- Yes No

If yes, what was the total value of all of said gifts combined, as of the date(s) you received them, during the marriage?

- | | |
|--|--|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> \$75,000. - \$100,000. |
| <input type="checkbox"/> Less than \$2,500. | <input type="checkbox"/> \$100,000. - \$150,000. |
| <input type="checkbox"/> \$2,500. - \$5,000. | <input type="checkbox"/> \$150,000. - \$250,000. |
| <input type="checkbox"/> \$5,000. - \$10,000. | <input type="checkbox"/> \$250,000. - \$500,000. |
| <input type="checkbox"/> \$10,000. - \$25,000. | <input type="checkbox"/> \$500,000. - \$750,000. |
| <input type="checkbox"/> \$25,000. - \$50,000. | <input type="checkbox"/> \$750,000. - \$1,000,000. |
| <input type="checkbox"/> \$50,000. - \$75,000. | <input type="checkbox"/> More than \$1,000,000. |

44. After you got married to your spouse, did your spouse receive any significant gifts from others (not including you)?

- Yes No Uncertain

If yes, what was the total value of all of said gifts combined, as of the date(s) your spouse received them, during the marriage?

- | | |
|--|--|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> \$75,000. - \$100,000. |
| <input type="checkbox"/> Less than \$2,500. | <input type="checkbox"/> \$100,000. - \$150,000. |
| <input type="checkbox"/> \$2,500. - \$5,000. | <input type="checkbox"/> \$150,000. - \$250,000. |
| <input type="checkbox"/> \$5,000. - \$10,000. | <input type="checkbox"/> \$250,000. - \$500,000. |
| <input type="checkbox"/> \$10,000. - \$25,000. | <input type="checkbox"/> \$500,000. - \$750,000. |
| <input type="checkbox"/> \$25,000. - \$50,000. | <input type="checkbox"/> \$750,000. - \$1,000,000. |
| <input type="checkbox"/> \$50,000. - \$75,000. | <input type="checkbox"/> More than \$1,000,000. |

45. Are you expecting to receive a substantial gift or inheritance in the future?

- Yes No Don't know

46. Do you believe that your spouse will be receiving a substantial gift or inheritance in the future?

- Yes No Don't know

47. Do you contend that your spouse has wasted (gave away, destroyed, gambled away, expended for a bad purpose, etc.) assets during the marriage?

- Yes No

If so, describe the wasting which you believe occurred.

48. Do you believe that your spouse might contend that you have wasted assets during the marriage?
 Yes No Uncertain

If yes, or uncertain, what might he/she contend?

49. If you have any reason to believe that your employment will change within the next year, state the change you expect, and why you expect the change.

50. If you have any reason to believe that your spouse's employment will change within the next year, state the change you expect, and why you expect the change.

51. If you believe that your income, independent of the effect of a divorce, will change by more than ten percent (10%) in either this year, or next year (compared to last year) how much of a change do you expect, and what is it that causes you to expect such a change?

52. If you believe that your spouse's income, independent of the effect of a divorce, will change by more than ten percent (10%) in either this year, or next year (compared to last year) how much of a change do you expect, and what is it that causes you to expect such a change?

53. Do you believe that the beneficiaries on any life insurance on your life or your spouse's life have been changed within the last thirty (30) months?
 Yes No Don't know

54. Has there been a change in the health care (medical, dental, vision, and drug) coverage on either you or your spouse in the last thirty (30) months?
 Yes No Uncertain

If yes, describe the change.

55. Has there been a distribution from any IRA account, profit sharing account, pension plan, or other retirement plan in the last thirty (30) months to either you or your spouse?
 Yes No Uncertain

56. Are you the trustee of, or a beneficiary of, any trust?
 Yes No

57. Is your spouse the trustee of, or a beneficiary of, any trust?
 Yes No Uncertain

58. Has there been any formal appraisal(s) of family-owned assets in the last thirty (30) months?
 Yes No Uncertain

59. Do you have a written estate plan?
 Yes No

60. Does your spouse have a written estate plan?
 Yes No Uncertain

61. Do you believe that either before or after the marriage you and your spouse signed one or more documents which govern in whole or in part the terms of any divorce between the two of you?
 Yes No

62. Do you believe that after the marriage you and your spouse made one or more verbal agreements which govern in whole or in part the terms of any divorce between the two of you?
 Yes No

63. At any time has your spouse ever touched, hit, punched, slapped, held, pushed, or otherwise had non-permitted physical contact with you in a moment of anger?
 Yes No
64. Would your spouse contend that you have been abusive?
 Yes No Uncertain
65. Has alcohol abuse or drug abuse been an issue in your marriage?
 Yes No
66. Do you your spouse currently possess a firearm?
 Yes No
67. Have either you or your spouse previously filed for divorce from each other?
 Yes No
68. Are you involved in any ongoing civil or criminal litigation?
 Yes No
69. Is your spouse involved in any ongoing civil or criminal litigation?
 Yes No Uncertain
70. Do you or your spouse have pending legal claims against any third party?
 Yes No Uncertain
71. During the marriage have you been romantically involved with someone other than your spouse to the point where gifts were made by one, or the other, or both parties, or where other than nominal expenses of one party were paid in part or in whole by the other party?
 Yes No
72. During the marriage has your spouse been romantically involved with someone other than you to the point where gifts were made by one, or the other, or both parties, or where other than nominal expenses of one party were paid in part or in whole by the other party?
 Yes No Uncertain

73. Do you believe the entry of a financial restraining order against your spouse prohibiting certain specific financial acts is necessary at this time?
 Yes No
74. Do you believe the entry of a restraining order against your spouse prohibiting threatening or abusive behavior is necessary at this time?
 Yes No
75. Is there an impending sale, purchase, or transfer, of substantial assets that you are aware of?
 Yes No Don't Know
76. Do you and your spouse communicate well these days?
 Yes No Sometimes
77. How would you rate the likelihood that a divorce will ultimately occur?
 Very High High Some likelihood Little likelihood
78. What would your spouse say is the likelihood of divorce?
 Very High High Some likelihood Little likelihood
79. Does your spouse have an active general or special power of attorney signed by you?
 Yes No Uncertain
80. Do you believe that legal claims are about to be filed against you and/or your spouse?
 Yes No Uncertain
81. Is wife pregnant?
 Yes No
82. Are there one or more still-open joint checking, savings, or credit card accounts?
 Yes No
83. Are there one or more still active charge card accounts which your spouse can use and on which you are liable?
 Yes No

84. Do you believe that any business or investment company in which your spouse has (had) any ownership interest ever made any loans to you?

Yes No

85. Do you believe you have signed a personal guarantee in favor of your spouse and/or any business involving your spouse?

Yes No Uncertain

86. Do you or your spouse wish to change your name at the time of divorce back to your maiden or former married name?

Yes No

If yes, change name to _____

87. Please list the names of those professionals with whom you and/or your spouse have been professionally involved within the last thirty (30) months.

Psychologist _____

Counselor _____

Medical Doctor _____

Accountant _____

Valuation Expert _____

Real Estate Appraiser _____

Vocational Counselor _____

Financial Planner _____

Account Manager _____

Personal Banker _____

Retirement Trustee _____

Estate Plan Advisor _____

Other Attorneys _____

Real Estate Broker _____

Mediator _____