



Today's Date: _____

**COLLABORATIVE DIVORCE
PERSONAL HISTORY QUESTIONNAIRE**

Name: _____ Date of Birth: _____

Address: _____

Phone: H) _____ W) _____ C) _____ Other) _____

I prefer to be called at (please check all that apply): home work cell other
Messages can be left at (please check all that apply): home work cell other

Occupation: _____ spouse/partner's occupation: _____

Name of spouse/partner: _____ Date of Birth: _____

CHILDREN

Name	Date of Birth	Currently lives with:		
		Mother	Father	Both
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CURRENT RELATIONSHIP CIRCUMSTANCES

How did you hear about collaborative divorce? _____

Why did you choose collaborative divorce? _____

What do you consider your significant challenges as you go through this process? _____

Number of Years in Relationship: _____ If applicable:
 Date of Marriage: _____
 Currently Separated? Yes / No Filed for Divorce? Yes / No
 Date of Separation: _____ Date of Filing: _____

If previously married list the date(s) of previous marriages and divorces:

Name of Your Attorney: _____

Collaborative Divorce Attorney? Yes No Phone: _____

Name of Spouse/Partner's Attorney: _____

Collaborative Divorce Attorney? Yes No Phone: _____

FACTORS CONTRIBUTING TO THE DECISION TO SEPARATE / DIVORCE

Please check all that apply:

Recently had difficulty communicating		Always had difficulty communicating
Differences in interests		Differences in education level
Differences in ethnic or racial background		Differences in expectations about marriage
Differences in expectations about family life		Differences in parenting styles
Changes in lifestyles / values		Lacked love for one another
Verbal Abuse		Bored
Sexual difficulties		In love with another person
Financial problems		Unfaithful / infidelity
Abuse or neglect of children		Job or school commitment
Suspiciousness/jealousy		Neglect of home
Trouble with in-law		Drinking
Drug use		Physical Abuse
Depression		Sexual abuse
Emotional Abuse		Other (explain)

Additional Comments / Explanations: _____

PERSONAL CONCERNS

Major life events and/or changes that occurred, or continue to affect you, in the last twelve months:

Please check all that apply:

Self	Partner		Self	Partner	
		Started school or training program			Graduated from school or training program
		Entered job market			Changed job
		Lost job			Moved residence
		Financial problems			Increased financial responsibility
		Legal problems			Arrested and / or jailed
		Separation or divorce of friend or relative			Physical / mental health problems
		Became caregiver for family member			Alcohol or illegal / over the counter drug problems
		Chemical dependency treatment			Psychotherapy
		New medications			Significant weight gain / loss
		Nanny, au pair or aging parent joined the house			Nanny, au pair or aging parent left the house
		Death of a child			Death of close family/friend
		Death of a family pet			Pregnancy
		Miscarriage			Abortion
		Fertility problems			Changes in childcare
		Children experiencing problems at school			Children experiencing problems emotionally, legally, socially
		Child diagnosed with disability			Onset of menopause
		Mid-life crisis			Victim of a crime
		Auto accident			Undertaken major new expenses
		Natural disaster			

Other (explain) _____

Additional comments / explanations: _____

At this time of major change in our family I have the following worries concerns about:

Myself _____

My child/children _____

My spouse/partner _____

It is important to me that the separation/divorce process: _____

With regards to the future I have the following worries about:

Myself _____

My child/children _____

My spouse/partner _____

It is important to me that: _____

Please describe any specific financial/occupational concerns: _____

Divorce/Dissolution Readiness Scale:

People come in to the divorce process at different degrees of readiness for the process. Some may not want the divorce and are not emotionally prepared to participate while others have been ready for awhile and feel impatient to get things moving, and then there is a wide range of feelings that fall somewhere in between.

Please rate yourself on the scale below by circling the number that best describes how you feel today.

0	1	2	3	4	5	6	7	8	9	10
I'm in shock I can't believe this is happening					I am ready to sign the papers today					

Comments:

HEALTH HISTORY

Please describe any mental health or physical illnesses, significant health problems, serious accidents or other health concerns that affect you now or have for an extended period of time.

Physical health _____

Illness _____

Accidents/injuries _____

Medications _____

Mental health _____

Individual therapy _____

Couples therapy _____

Family Therapy _____

Medications _____

Drug/Alcohol _____

Your concerns _____

Others' expressed concerns _____

STRENGTHS AND SUPPORT

Please describe your and your family's strengths _____

Current sources of support

___ Friends

___ Family

___ Pets

___ Neighbors

___ Co-workers

___ Religion or spiritual practice

___ Therapist / counselor

___ Attorney

Other _____

What strengths do you and your partner together bring to the Collaborative Divorce process? _____

What are your hopes for the future? _____

What else do you feel is important for us to know about you and your current situation? _____
