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DIVORCE QUESTIONNAIRE WITH CHILD(REN)

PLEASE BE ADVISED THAT WE WILL PREPARE ALL THE DIVORCE DOCUMENTS WITH THE INFORMATION YOU PROVIDE IN THIS QUESTIONNAIRE. YOU MUST PROVIDE ACCURATE, COMPLETE AND THOROUGH ANSWERS AND PROVIDE A COPY OF YOUR PAY STUB.

DESCRIPTION	WIFE		HUSBAND	
FULL LEGAL NAME: FIRST, MIDDLE, LAST (NO INITIALS OR NICKNAMES)				
BIRTH OR MAIDEN NAME				
RESIDENCE ADDRESS: MUST BE STREET ADDRESS, P.O. BOX ADDRESS NOT ACCEPTABLE				
CITY, STATE, ZIP CODE				
HOME PHONE NUMBER				
WORK PHONE NUMBER				
EMAIL ADDRESSES	HOME			
	WORK			
FAX NUMBER				
PAGER OR CELLULAR NUMBERS	P-	C-	H-	C-
BEST NUMBER TO CONTACT YOU				
SOCIAL SECURITY NUMBER				
BIRTH DATE				
PLACE OF BIRTH (STATE OR COUNTRY)				
RACE/ETHNICITY				
HIGHEST GRADE COMPLETED IN SCHOOL				
HAWAII RESIDENT SINCE WHAT	MONTH	YEAR	MONTH	YEAR
OAHU RESIDENCE SINCE WHAT	MONTH	YEAR	MONTH	YEAR
GROSS MONTHLY INCOME (BEFORE TAXES)				

DESCRIPTION CONTINUED	WIFE		HUSBAND	
PLACE OF EMPLOYMENT				
JOB TITLE				
WORK PLACE ADDRESS				
LENGTH OF SERVICE				
WORK SCHEDULE				
PAY SCHEDULE (MONTHLY, SEMI MONTHLY, BI-WEEKLY, WEEKLY)				
ADDITIONAL EMPLOYER(S) YOU WORKED FOR LAST 10 YEARS	NAME OF EMPLOYER(S):	TIME PERIODS (DATE BEGAN UNTIL DATE ENDED):	NAME OF EMPLOYER(S)	TIME PERIODS (DATE BEGAN UNTIL DATE ENDED):
OTHER MONTHLY SOURCES OF INCOME (AMOUNT/DESCRIP-- CHILD SUPPORT, 2ND/PART-TIME JOB, MILITARY RESERVES)				
DATE OF THIS MARRIAGE				
COUNTY/STATE OF MARRIAGE				
DATE PHYSICALLY SEPARATED				
COUNTY/STATE OF SEPARATION				
PRIOR MARRIAGES (IF ANY)	DATE MARRIED: DATE ENDED: HOW MARRIAGE ENDED: DIVORCE / DEATH / OTHER STATE MARRIAGE ENDED:		DATE MARRIED: DATE ENDED: HOW MARRIAGE ENDED: DIVORCE / DEATH / OTHER STATE MARRIAGE ENDED:	

CHILDREN

CHILD(REN) BORN OF THE MARRIAGE:

Child's Full Name (<i>first, middle, last</i>)	SEX	Social Sec. Number	Birthday	Child Lives With (<i>Husband/ Wife</i>)	School/Grade

Child(ren)'s Present Address:

--

Places Where and Persons With Whom the Child(ren) Has/Have Lived Within the Last 5 Years & Dates:

Full Address	Caretakers (<i>Husband, Wife, Grandparents, Aunt/Uncle, etc.</i>)	From Month/Year	To Month/Year

CHILD(REN) FROM PRIOR RELATIONSHIP/MARRIAGE:

Child's Full Name (<i>first, middle, last</i>)	SEX	Social Sec. Number	Birthday	Child Lives With Husband or Wife	School/Grade

HAS WIFE HAD CHILD(REN) BORN DURING THE MARRIAGE FROM SOMEONE OTHER THAN HUSBAND? IF YES, PLEASE LIST INFORMATION BELOW.

Child's Full Name (<i>first, middle, last</i>)	SEX	Social Sec. Number	Birthday	Child Lives With Husband or Wife	School/Grade

**HAS PATERNITY BEEN ESTABLISHED FOR THE CHILD(REN) BORN DURING THE MARRIAGE FROM SOMEONE OTHER THAN HUSBAND? YES NO
IF YES, PLEASE ATTACH COPIES OF THE PATERNITY DOCUMENTS.**

Wife: Is Is Not Pregnant

ISSUES FOR DIVORCE

1. CUSTODY OF THE CHILD(REN) BORN FROM THIS MARRIAGE:

- a) **Physical Custody (where children will live)-**
What is your position regarding PHYSICAL CUSTODY of the child(ren)?
Husband or Wife or Joint

(Joint custody is both parties having the child(ren) for equal amounts of time -- only available to parents who reside near one another. Cannot have joint physical custody when parties live in different islands, states, or more than 150 automobile miles from one another).

Since separation, describe days child(ren) is with father, mother, other, or time sharing arrangement:

b) **Legal Custody (major decisions making regarding issues of education, religion, medical treatment, driver's license, etc.)**

What is your position regarding LEGAL CUSTODY of the parties' child(ren)?

Husband or Wife or Joint

Have Husband and Wife been able to agree on legal decisions for the child(ren)?

Yes or No – Describe below in detail/provide examples:

2. VISITATION to the parent that does not have custody:

Please describe any **existing** living arrangements or visitation schedule in detail such as which days which parents has child(ren), how the pick-up and drop-offs occur, how are holidays/school vacations divided, how long has this living schedule/arrangements been in effect?

Describe what visitation/timesharing you would like and would like to propose in this divorce action:

3. HAS THE OTHER PARENT OR YOURSELF PROVIDED FINANCIAL SUPPORT TO THE OTHER? IF YES, DESCRIBE IN DETAIL (MONTHLY AMOUNT, SINCE WHAT DATE, ETC.).

4. HOW WILL YOU FILE TAXES FOR THIS YEAR?

Married or married filing separately, or separate? _____

HOW DID YOU FILE TAXES FOR LAST YEAR?

Married or married filing separately, or separate? _____

5. CHILD CARE COSTS

	Cost per Month	Name of School/Program	Who Pays
Pre-school	\$		
A+ Program	\$		
Child Care/Baby Sitter	\$		
Private School (Tuition, Books, Transportation)	\$		

6. CHILDREN'S EXTRACURRICULAR ACTIVITIES

Activity	Describe	Cost per Month
		\$
		\$
		\$

7. CHILDREN'S MEDICAL/DENTAL INSURANCE COVERAGE:

Which parent shall cover the child(ren) for medical? Husband or Wife or Both?

Which parent shall cover the child(ren) for dental? Husband or Wife or Both?

Attach or provide information showing the medical and dental premium costs deducted from payor's paycheck and provide us with payor's cost for single plan vs. family plan.

ASSETS

8. CREDIT UNION ACCOUNTS:

Name of Credit Union	Checking or Savings	Whose Name is Account Under (Husband, Wife, Both)	Loans Against Account	Balance in Account	Who Will Be Awarded Account (Husband, Wife, Both)
				\$	
				\$	
				\$	
				\$	

9. BANK ACCOUNTS:

Name & Branch location	Checking or Savings	Whose Name is Account Under (Husband, Wife, Both)	Loans Against Account	Balance in Account	Who Will Be Awarded Account (Husband, Wife, Both)
				\$	
				\$	
				\$	
				\$	

10. SECURITIES (Stocks, bonds, mutual funds, certificates of deposits, etc)

Name of Company or Investment Company	In Whose Same Is Security?	Date Acquired/ Purchased	Cost When Purchased	Current Market Value (if known)	Debt Owed (if any)
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

For each security listed above, describe in detail how each security shall be divided between the both of you:

11. VEHICLES: (Automobiles, motorcycles, trailers, campers, boats, etc)

Year	Make of vehicle	Vehicle Is In Whose Name (Husband, Wife or Both)	Current Mkt Value	Debt Owing	Name of Creditor Owing Debt To	Who Will Receive Car? (Husband, Wife or Both)
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		

12. REAL PROPERTY:

Please be advised that should title or ownership of any real property be changed or transferred, there will be additional fees and costs to prepare and draft any legal documents pertaining to the transfer of ownership for real property.

Address	Owners	Purchase Date	Purchase Price	Curr. Mortgage Owing	Market Value	Fee or Lease
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	

For real property above, describe what will happen to the real property and any mortgages/debts secured on the real property.

13. ASSETS ACQUIRED PRIOR TO MARRIAGE (Premarital gifts, inheritance, etc):

Description	In Whose Name is the Asset?	Debt Owed (if any)	Value at Time of Purchase	Current Value	Date of Receipt/ Purchase
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

14. LIFE INSURANCE:

Company	Person Insured	Face Value	Beneficiary	In Whose Name Is The Insurance In (Husband, Wife or Both)	Cash Value	Debt Against Life Insurance
		\$			\$	\$
		\$			\$	\$
		\$			\$	\$

For life insurance in #14 above, describe how the insurance will be dealt with:

15. RETIREMENT, 401K, DEFERRED COMPENSATION, IRAS, PENSION, PROFIT SHARING ACCOUNTS:

If each party will be awarded his/her own share of the other party's retirement, his/her portion is based upon the number of years of marriage and number of years that person was in the retirement plan. Another option is each party keeps their own retirement. If a QUALIFIED DOMESTIC RELATIONS ORDER (QDRO) is required by the administrator of the retirement plan to transfer any portion of the retirement, you must retain the legal services of an attorney who does prepare these documents. OUR FIRM DOES **NOT** PREPARE ANY QDROS. However, no QDRO is required if each party will take their own retirement.

Employer/Company/Name	Acct in Whose Name?	Type of Plan (401(k), IRA, etc.)	Total Years in Plan	Total Value
				\$
				\$
				\$
				\$

If part of retirement was accumulated prior to marriage, complete below:

Employer/Company/Name	Date Started	Value of Acct at Time of Marriage
		\$
		\$

For each retirement-type account listed above in #15, describe how the account will be divided/not divided:

16. ALL OTHER MAJOR ASSETS: (furniture, household effects, art, stamps, coins, tools, equipment, jewelry, accounts receivable, investment assets, business assets, cemetery plots, or niches, tax refunds due, etc.)

General Description	In Whose Name Is The Asset (Husband, Wife, Other)	Value (Estimate)	Debt Owed (if any)	Who Will Keep Asset (Husband, Wife, Other)
		\$	\$	
		\$	\$	
		\$	\$	

17. PROPERTY HELD IN TRUST FOR OR BY THIRD PERSONS:

Description	Trustee(s)	Beneficiaries	Value	Debt Owed
			\$	\$
			\$	\$

18. ALL OUTSTANDING DEBTS ACCUMULATED DURING THE MARRIAGE:

(Car loans, mortgages, home equity loans, personal loans, credit cards, lines of credit, business loans)

Creditor Name	Debtor (Husband, Wife, Joint)	Security (ie Car)	When Debt Incurred	Total Balance Owed	Minimum Monthly Payment	Who Will Pay Debt? (Wife, Husband, Both)
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	

19. ALL OUTSTANDING DEBTS ACCUMULATED PRIOR TO MARRIAGE:

(Car loans, mortgages, home equity loans, personal loans, credit cards, lines of credit, business loans)

Creditor Name	Debtor (Husband, Wife, Other)	Security (ie Car)	When Debt Incurred	Balance Owed At Time of Marriage	Purpose of Debt
				\$	
				\$	
				\$	
				\$	

20. YOUR ESTIMATED MONTHLY EXPENSES:

DESCRIPTION	MONTHLY AMOUNT
RENT, MORTGAGE	\$
MAINTENANCE FEES	\$
INSURANCE FOR PROPERTY (IF ANY)	\$
UTILITIES: GAS, WATER, ELECTRICITY, TELEPHONE, CABLE, ETC. (TOTAL)	\$
CAR PAYMENTS, LEASE AMOUNT	\$
CAR INSURANCE	\$

VEHICLE MAINTENANCE (REPAIRS)	\$
GAS	\$

21. YOUR MONTHLY PERSONAL EXPENSES:

DESCRIPTION	YOURSELF	CHILDREN
FOOD	\$	\$
CLOTHING	\$	\$
MEDICAL AND DENTAL PREMIUMS	\$	\$
LAUNDRY AND CLEANING	\$	\$
PERSONAL ARTICLES	\$	\$
RECREATION	\$	\$
SCHOOL PROGRAMS (A+, AFTER-SCHOOL CARE, BABY SITTERS)	\$	\$
SCHOOL LUNCH MONEY	\$	\$
PRIVATE SCHOOL TUITION/EXPENSES/TRANSPORTATION	\$	\$
HOUSEHOLD ITEMS	\$	\$
BUS	\$	\$
CELLULAR PHONE, PAGER AND INTERNET FEES	\$	\$
OTHER MONTHLY EXPENSES: I.E. NEWSPAPER AND MAGAZINE SUBSCRIPTION, DONATIONS TO CHURCH/CHARITY	\$	\$
EXTRACURRICULAR ACTIVITIES FOR CHILDREN (HOBBIES, SPORTS, LESSONS, TUTORING, ETC.)	\$	\$
TOTAL OF TABLE #22 & TABLE #23:	\$	\$

22. ATTACH A COPY OF HUSBAND AND WIFE'S CURRENT PAY STUBS HERE.

23. NAME CHANGE FOR WIFE (wife will keep current married name or return to maiden name)
Please write below what wife's name will be after divorce is finalized.

24. HOW DID YOU HEAR ABOUT OUR FIRM?
(please choose one)

- Referral (name of person who referred you _____)
- Yellow Page Ad
- Paradise Pages
- Internet/Website
- Lawyers Referral Services
- Other: _____

GUIDELINES FOR VISITATION SCHEDULES

TYPE A

These are cases in which the parent's skills and circumstances are near equal. The parents reside on the same island and in reasonable proximity of each other. The child(ren) are at least three (3) years old. If possible, state pick-up and drop-off times in all visitation schedules.

1. Alternate Weekends with each parent. One night per week from after school to an agreed time of return. If no agreed time of return, then no later than 7:00 p.m. This is subject to the age of the child(ren) and his regular bedtime.
2. Telephone Contacts from daily to once a week at reasonable hours. Reasonable hours are determined by the age of the child(ren) and the child(ren)'s usual daily activities schedule.
3. Vacations: One week of Christmas school break each year, alternating the first and second week. The first week will include Christmas Eve and day. The second week will include New Year's Eve and day.

Summer Vacations: Maximum one-half of summer with alternate weekends to the other parent. The child(ren) will be returned to the non-custodial parent one week prior to the start of school/ State number of weeks.

Spring Vacations: One-half of spring vacation. State number of days if possible.

4. Holidays:
 - a. Alternate Easter, Thanksgiving and Halloween
 - b. Child(ren)'s birthday. Parents to share one-half of child(ren)'s birthday or alternate.
 - c. Father's Day with father and Mother's Day with mother. Same with parent's birthdays.
 - d. On extra state and federal holidays the parents will alternate yearly or it can go to whomever has mat weekend with the children).
5. Reports: The parents will share medical and school reports at appropriate times. Whomever has the reports will share the reports with the other parent.
6. Whenever possible the parent who has the child(ren) will take the child(ren) to his/her weekend activities that are important to the child(ren) (e.g., team sports, birthday parties, etc.).

TYPE B

These are cases in which the parents' skills and circumstances are near equal. The child(ren) are at least three (3) years old. One parent resides in another state or island.

1. Unlimited Correspondence and up to daily telephone contacts at reasonable hours. Reasonable hours are determined by the child(ren)'s age and the child(ren)'s usual daily activities schedules.
2. Vacations:
 - a. Christmas: Entire vacation in alternate years with the return of the child(ren) to the custodial parent a c least two (2) days prior to the date school begins.
 - b. Spring: Alternate years.
 - c. Summer: Depending on the age of the child, the maximum summer visitation period will be two (2) months. Both parents should be flexible regarding the child(ren)'s summer activities. The child(ren) should be returned at least one week prior to the start of the school year.
3. Special Accessibility to the child(ren) if the visiting parent comes to the child(ren)'s usual-area of residence. The visiting parent must give at least two (2) weeks notice prior to the scheduled visitation. The visitation should take into account the child(ren)'s usual school activity schedule, if any. At a minimum weekend and one day during the week from after school to reasonable right return on the same day.
4. Reports:
 1. Medical and school reports at least quarterly or as appropriate.
 2. Annual reports by the custodial parent to the parent or as appropriate for children with handicaps or special needs.

TYPE C

For children below the age of three (3), visitation should be as frequent as possible, at least once a week if on the same island. Conditions need to be determined on the factors described in Appendix 1.