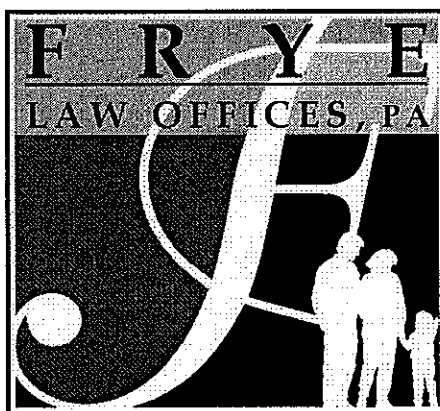


SEPARATION AGREEMENT QUESTIONNAIRE



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PLEASE BE THOROUGH WITH YOUR ANSWERS, and please carefully research and confirm all financial figures used. An incomplete questionnaire makes this process more difficult and possibly more costly.

PERSONAL INFORMATION OF CLIENT

1. Full Name: _____

2. Home Address: _____

3. Home Telephone: _____

4. Email Address: _____

5. Employer: _____

6. Address of Employer: _____

7. Work Telephone: _____

8. Years Employed: _____ Social Security Number: _____

9. Most recent salary: _____

10. Have any of your employers provided any of the following?

Retirement Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vested \$ _____
Pension Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vested \$ _____
Profit Sharing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vested \$ _____
Stock Purchase	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vested \$ _____
401K Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vested \$ _____
Frequent Flyer Points	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vested \$ _____

Other: _____

11. Any Military Pension? _____ \$ _____ Month

Reason for Separation:

- | | |
|--|--|
| <input type="checkbox"/> Drug / Alcohol Abuse | <input type="checkbox"/> Gambler / Spendthrift |
| <input type="checkbox"/> Chronically Unemployed | <input type="checkbox"/> Abandonment |
| <input type="checkbox"/> Mutual Consent | <input type="checkbox"/> Verbal Abuse |
| <input type="checkbox"/> Adultery | |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Physical Abuse of Children |
| Date of Incident: _____ | Date of Incident: _____ |
| Reported: <input type="checkbox"/> Yes <input type="checkbox"/> No | Reported: <input type="checkbox"/> Yes <input type="checkbox"/> No |

Other: Please Specify

PERSONAL INFORMATION OF SPOUSE

1. Full Name: _____
2. Home Address: _____

3. Home Telephone: _____
4. Email Address: _____
5. Employer: _____
6. Address of Employer: _____
7. Work Telephone: _____
8. Years Employed: _____ Social Security Number: _____
9. Most recent salary: _____

10. Have any of your spouses' employers provided any of the following?

Retirement Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vested \$
Pension Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vested \$
Profit Sharing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vested \$
Stock Purchase	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vested \$
401K Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vested \$
Frequent Flyer Points	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vested \$

Other : _____

11. Any Military Pension? _____ \$ _____ Month

MARITAL DATA

1. Date of Marriage: _____
2. Place of Marriage (City, State and County): _____
3. Date of Separation: _____

CHILD CUSTODY

1. Full Name and date of birth of each child born to you and your spouse:

NAME	DATE OF BIRTH

2. Please indicate what custodial pattern you prefer:

Joint Legal custody, with primary physical custody to:

Client Spouse

Sole Custody to Client

Sole Custody to Spouse

Shared physical and legal custody

VISITATION

1. Every other weekend with alternate holiday schedule: _____

2. Number of weeks during Summer: _____

3. Other (Please Specify): _____

4. Restricted visitation: _____

5. If yes, state reason: _____

CHILD SUPPORT

Please attach paystubs or recent documentation verifying income for you and your spouse.

Client's monthly gross income: \$

Overtime: _____ Hours per _____ \$ _____

Bonus: _____ Per _____ \$ _____

Tips: _____ Per _____ \$ _____

Other sources of income: _____ \$ _____

Spouse's monthly gross income: \$

Overtime: _____ Hours per _____ \$ _____

Bonus: _____ Per _____ \$ _____

Tips: _____ Per _____ \$ _____

Other sources of income: _____ \$ _____

1. Who maintains health insurance on the child(ren) and what is the monthly cost for such insurance, excluding cost of coverage for parent paying for the insurance and coverage you/other spouse if applicable?

Client Spouse Monthly Costs \$ _____

2. Have you and your spouse agreed to an amount of child support?

Yes No Amount \$ _____ Per Month

Note: If you have not agreed, your attorney can provide a suggested amount per the N.C. Child Support Guidelines.

3. Will you agree to a modification of child support in your agreement? Yes No

If yes, on which of the following grounds?

- Change in physical custody
- Loss of Payor's Employment
- Private School Tuition
- Other (Please Specify): _____
- Increase in Payor's income
- Reduction of Payor's income
- Tutorial Expenses

4. Do you feel it appropriate that an Escalator Clause, which provides periodic support increases, be included in this agreement? Yes No

5. Do any of the children require extraordinary expenses, e.g. speech or physical therapy, special instruction, private school, tutoring, coaching, daycare, transportation, etc?

Yes No
\$ _____ per _____ For _____

6. Will you agree to contribute to any of the above?

Yes No
\$ _____ per _____ For _____

It is a standard practice for parents to equally divide medical expenses of the minor(s) which are not covered by insurance. Please check which of the following you will agree to include:

- Dental
- Orthodontic
- Psychiatric/Psychological
- Pharmaceutical
- Other: Please specify _____

7. Child Support will cease upon the first of the following (Mark as many as applicable):

- Death of the child
- Marriage of the child
- When child is 18 years and graduates from high school
- When child moves away from custodial parent
- Other: Please specify _____

8. Will you agree to pay, in full or in part, college expenses of the child(ren)?

If yes, indicate the following:

- Accredited state college
- Any college of child's choice
- Any college with approval of parents
- Only if enrolled in a four year academic program
- Only if child maintains 2.5 GPA
- Any technical school
- Only until age 22
- Other: Please specify _____

9. In your opinion are there any reasons why you should pay/receive more or less child support than that required by the judicial guidelines?

10. Life Insurance should be maintained to ensure continuation of support payments.

Please indicate what you feel would be a reasonable amount and who will provide the policy:

- Husband \$ _____
- Wife \$ _____
- Both \$ _____

11. If there is currently a life insurance policy, who owns the policy:

Who is the named insured: _____

Who is the beneficiary: _____

12. Who will claim the child(ren) as a tax exemption?

- Husband
- Wife
- Every year
- Alternate years

ALIMONY

Your attorney will explain the law applicable to alimony during your consultation. A waiver of alimony is usually irrevocable.

1. Do you wish to waive alimony? _____

2. If alimony is to be paid, indicate who will pay:

- Husband
 - Wife
- Amount \$ _____ for _____ years or
Lump Sum of \$ _____

3. When will alimony payments end?

- Upon death of recipient
- Upon death of payor
- Upon remarriage of recipient
- Upon recipient's cohabitation with a member of the opposite sex who is not a relative
- On the _____ day of _____, 20_____
- Other (Please specify) _____

4. It is customary to continue existing medical insurance coverage on the spouse until date of divorce. Please indicate who will be responsible for any medical expenses not covered by insurance.

- Spouse
- Client

5. If you are the spouse covering health insurance, do you wish to seek reimbursement?

- Yes
- No

6. Payment of uncovered medical expenses will stop upon:

- Divorce
- Remarriage of dependent spouse
- Death of supporting spouse
- No coverage after date of separation
- Other (Please specify)

PROPERTY SETTLEMENT

A. REAL ESTATE

Note: Please provide copies of all deeds for real property, and current debt statements whether secured debt or unsecured debt.

1. Address of Marital home (include county):

Property purchased in: Year _____ by Client or Spouse
Property deeded to: Client Spouse or Both

Disposition of Property:

- Title and possession to Client
- Title and possession to Spouse
- Possession only to Client until (Check one below)
- Possession only to Spouse until (Check one below)

- Date of Divorce
- 30 days from date of sale
- When youngest child turns age 18
- Other: Please specify _____

Estimated equity if \$ _____ and will be the property of :

- Client
- Spouse
- Equally Shared
- Shared unequally: Please specify: _____

House related expenses to be paid by:

- | | | |
|---------------------------------|---------------------------------|---|
| <input type="checkbox"/> Client | <input type="checkbox"/> Spouse | Mortgage payments, including principal & interest |
| <input type="checkbox"/> Client | <input type="checkbox"/> Spouse | Property taxes and assessments |
| <input type="checkbox"/> Client | <input type="checkbox"/> Spouse | Insurance costs |
| <input type="checkbox"/> Client | <input type="checkbox"/> Spouse | Utilities |
| <input type="checkbox"/> Client | <input type="checkbox"/> Spouse | Maintenance / Repair costs |
| <input type="checkbox"/> Client | <input type="checkbox"/> Spouse | Title and possession to Spouse |
| <input type="checkbox"/> Client | <input type="checkbox"/> Spouse | Possession only to Client until (Check on below) |
| <input type="checkbox"/> Client | <input type="checkbox"/> Spouse | Possession only to Spouse until (Check on below) |

Until:

- Date of Divorce
- 30 days from date of sale

- When youngest child turns age 18
- Other (Please specify) _____

2. Address of other real property, such as land, townhouse, condo, timeshare (Please specify

Property purchased in: Year _____ by Client or Spouse
 Property deeded to: Client Spouse or Both

Disposition of Property:

- Title and possession to Client
- Title and possession to Spouse
- Possession only to Client until (Check one below)
- Possession only to Spouse until (Check one below)

- Date of Divorce
- 30 days from date of sale
- When youngest child turns age 18
- Other: Please specify _____

Estimated equity if \$ _____ and will be the property of :

- Client
- Spouse
- Equally Shared
- Shared unequally: Please specify: _____

House related expenses to be paid by:

- | | | |
|---------------------------------|---------------------------------|---|
| <input type="checkbox"/> Client | <input type="checkbox"/> Spouse | Mortgage payments, including principal & interest |
| <input type="checkbox"/> Client | <input type="checkbox"/> Spouse | Property taxes and assessments |
| <input type="checkbox"/> Client | <input type="checkbox"/> Spouse | Insurance costs |
| <input type="checkbox"/> Client | <input type="checkbox"/> Spouse | Utilities |
| <input type="checkbox"/> Client | <input type="checkbox"/> Spouse | Maintenance / Repair costs |
| <input type="checkbox"/> Client | <input type="checkbox"/> Spouse | Title and possession to Spouse |
| <input type="checkbox"/> Client | <input type="checkbox"/> Spouse | Possession only to Client until (Check one below) |
| <input type="checkbox"/> Client | <input type="checkbox"/> Spouse | Possession only to Spouse until (Check one below) |

Until:

- Date of Divorce
- 30 days from date of sale
- When youngest child turns age 18
- Other: Please specify _____

DIVISION OF MOTOR VEHICLES (INCLUDING BOATS, MOBILE HOMES):

- There are no jointly titled vehicles
- Each spouse keeps vehicle title in his/her name

Client will have the following vehicles and payments will be made by:

- Client Spouse

Year	Make	Model	Name(s) on Title Now

Name of Lender	Account No.	Balance Due	Monthly Payment

Spouse will have the following vehicles and payments will be made by:

- Client Spouse

Year	Make	Model	Name(s) on Title Now

Name of Lender	Account No.	Balance Due	Monthly Payment

How is your automobile insurance titled?

- Jointly
- Each person has a separate policy

B. DIVISION OF UNSECURED DEBTS

When would you like this to begin? _____

Please list all debts regardless if they are separately or jointly titled debts and the balance as of the date of separation or anticipated date of separation. For each debt, designate whether the debt is a joint debt obligation or a separate liability.

The Spouse shall assume sole responsibility for repaying the balance owing, including interest, of the following:

Name of Lender	Account No	Balance Due	Monthly Payment

The Client shall assume sole responsibility for repaying the balance owing, including interest, of the following:

Name of Lender	Account No	Balance Due	Monthly Payment

D. DIVISION OF ASSETS

List all stocks, bonds, bank accounts (savings and checking), certificates of deposit, etc.

Please list the assets regardless if you have already agreed to a division. BE SPECIFIC

- There are no jointly titled assets
- Each spouse keeps assets in his / her name

The Client will be entitled to the following jointly held assets:

Type of Asset	Account No	Name of Bank/Broker	Current Value

The Spouse will be entitled to the following jointly held assets:

Type of Asset	Account No	Name of Bank/Broker	Current Value

E. DIVISION OF OTHER INTANGIBLE PROPERTY:

List cash value of life insurance policies, vested retirement, and pension plans, 401K plans, IRAs, etc.

The Client will be entitled to the following jointly held assets:

Full Description of Property	Value at Date of Marriage	Current Value

The Spouse will be entitled to the following jointly held assets:

Full Description of Property	Value at Date of Marriage	Current Value

F. TAXES

20____ Federal and State taxes to be filed:

- Jointly
- Separately

Any tax refund to be the property of:

- Client
- Spouse
- Equally Shared
- Prorated based on income

Any resultant tax liability to be paid by:

- Client
- Spouse
- Equally Shared
- Prorated

**Note: Your attorney is not an accountant. Should you have any questions regarding tax liabilities, please contact your accountant directly to answer any pertinent questions, or ask your attorney for a referral to an accountant.*

GOAL LIST

Please write a short synopsis of how you would like to have this matter resolved. Your attorney should know what your goals are relating to all issues: