**Cornerstone Financial Planning, LLC**

**FINANCIAL PLANNING QUESTIONNAIRE FOR DIVORCE PLANNING**

1. **GENERAL INFORMATION**

**Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

How were you referred to us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | **YOU** | **YOUR SPOUSE** |
| Legal Name |  |  |
| Preferred Name |  |  |
| Date of Birth |  |  |
| Billing Address |  |  |
| Phone |  |  |
| Email |  |  |

Date of marriage \_\_\_\_\_ Date of legal separation \_\_\_\_\_

1. **CHILDREN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | CHILD 1 | CHILD 2 | CHILD 3 | CHILD 4 |
| Name |  |  |  |  |
| Date of Birth |  |  |  |  |
| Health |  |  |  |  |
| Living with you? |  |  |  |  |
| Marital Status |  |  |  |  |
| School Grade (K-12) |  |  |  |  |
| College Planned |  |  |  |  |

1. **INCOME**

Projected Annual Income: $\_\_\_\_\_\_\_\_\_

Are you owed any past wages?

Have you deferred income to the future?

Do you have plans to attend school or retrain to enter the work force?

Do you expect to receive an inheritance in the future? (when and how much)

1. **HEALTH**

Health Status: Do you have any chronic medical conditions or other ongoing health issues?

Yes \_\_\_\_ No \_\_\_\_

1. **SMALL BUSINESS**

Do you have an ownership interest in a small business? Please provide the following details:

Type of business: C Corp: \_\_\_ S Corp: \_\_\_ Partnership \_\_\_ Proprietorship \_\_\_

Nature of business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percent of ownership: \_\_\_\_%

What is the value of your interest? $\_\_\_\_\_\_\_\_

Do you have a buy-sell agreement in place? \_\_\_\_\_\_\_

Do you use business credit cards for personal expenses? Circle any that apply:

Auto payment Landscaping Household supplies Utilities

Auto Insurance Travel Entertainment Meals

Auto Gas/Maint Country Club Telephone Cell Phone

Disability Insurance Life Insurance Health Insurance Internet

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **TAXES**

Are there any past years for which you have not yet filed a tax return?

1. **EXPENSES**

Extraordinary/Deferred expenses:

 Describe any forthcoming obligations which have not been paid for yet:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently providing support to anyone other than minor or college age children?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_