



Casey A. Holtz, Ph.D., LLC.
126 N. Jefferson St., Suite 200
Milwaukee, WI 53202

MARITAL HISTORY QUESTIONNAIRE

Name: _____ Phone: _____

Address: _____

Spouses Name: _____

Date of Marriage: _____ Years Married: _____

Reason you married: _____

Child(ren)'s name(s):	Date of Birth	Currently lives with:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Currently Separated? Yes No Date of Separation: _____

Filed for Divorce? Yes No Date of Filing: _____

Who Filed? _____

Your attorney's name _____ Phone: _____

Spouse's attorney's name _____ Phone: _____

Did you expect this separation/divorce? No Yes, since _____

Did you want this separation/divorce Yes No Mixed?

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

FACTORS CONTRIBUTING TO DECISION TO SEPARATE/DIVORCE: (Check all that apply)

- € Recently had difficulty communicating
- € Always had difficulty communicating
- € Financial problems
- € Unfaithful, affair
- € Suspiciousness, jealousy
- € Sexual difficulties
- € Physical abuse
- € Sexual abuse
- € Verbal abuse
- € Emotional abuse
- € Alcohol abuse
- € Drug abuse
- € Abuse or neglect of children
- € Neglect of home
- € Occupational issues
- € Educational issues
- € Fell out of love
- € Differences in interests
- € Differences in priorities
- € Differences in expectation about marriage
- € Differences in expectations about family life
- € Other (explain)

MAJOR LIFE CHANGES IN LAST 12 MONTHS: (Check all that apply)

- € Started school or training
- € Graduated school or training
- € Entered job market
- € Changed job
- € Lost job
- € Moved residence
- € Financial troubles
- € Increased financial responsibilities
- € Legal problems
- € Arrested or jailed
- € Separation or divorce of friend or relative
- € Health problems (self, spouse, children)
- € Drinking or drug problem
- € Began psychotherapy

- € Significant weight loss or gain
- € Death of a pet
- € Pregnancy
- € Miscarriage
- € Abortion
- € Fertility problem
- € Changes in childcare
- € Children in trouble at school
- € Menopause
- € Midlife crisis
- € Victim of a crime
- € Auto accident
- € Major new expenses
- € Natural Disaster
- € Other (explain)

PERSONAL CONCERNS AND PRIORITIES:

AT THIS TIME, of major change in our family:

- € I worry that I will _____
- € I worry that my children will _____
- € I think that my spouse will _____
- € I think the separation/divorce will _____

WITH REGARD TO THE FUTURE:

- € I worry that I will _____
- € I worry that my children will _____
- € I think that my spouse will _____
- € I think the separation/divorce will _____

Check all current sources of emotional support:

- € Family
- € Friends
- € Neighbors
- € Coworkers
- € Religion or spiritual practice
- € Therapist/counselor
- € Lawyer
- € Others:

PERSONAL HISTORY:

Level of Education: _____

Occupation: _____

Major health problems: _____

List Medications: _____

Are you currently in counseling? Yes No If so, with whom? _____

Have you previously been in counseling or therapy? Yes No

If so, with whom and when? _____

What is your current monthly income? _____

Describe any changes in your income since your separation: _____

COLLABORATIVE DIVORCE PROCESS

How did you hear about Collaborative Divorce? _____

Why did you choose Collaborative Divorce? _____

What would a successful divorce for you be like? _____

What barriers do you expect to your divorce being successful? _____

Is there anything else you think I should know that would be helpful in making a successful divorce more likely? _____
