

BERNHARD & GARDNER

ATTORNEYS AT LAW

6105-D ARLINGTON BOULEVARD
FALLS CHURCH, VA 22044

(703) 538-4710
FAX (703) 940-9175

DAVID BERNHARD *+^°
CHERYL E. GARDNER *+ #

*VA DC, +MD
#CO, ^MO

PAUL L. MICKELSEN *°

° Abogado Habla Español

PSA QUESTIONNAIRE

Protecting your interests in a written Property Settlement Agreement (PSA) is of the utmost importance to us. In order to prepare the best agreement possible, we need complete information regarding your family, finances, real and personal property holdings, children and related items. The information sought is relevant in drafting a fair agreement on your behalf.

A PSA seeks to divide all marital property. "Marital" property is defined as (i) property titled in both names, (ii) income from and the accretion in value of separate property during the marriage, to the extent it is attributable to the personal efforts of either party, and (iii) all property acquired during the marriage which is not by bequest, devise, descent, survivorship or gift from a source *other* than either party, or not in exchange for or from the proceeds of sale of separate property *and* maintained as separate property. Marital property is not determined by titling, accessibility, acquisition, or joint efforts or knowledge of its existence. Therefore, any funds or property acquired during the marriage and placed in separate or joint accounts or names can be considered marital property for division by the parties or court in a divorce.

Furthermore, inasmuch as PSAs are legally binding contracts, enforceable under contract law, and, if incorporated into a final decree of divorce, as court orders, failure of either party to disclose fully all his or her assets, including all marital assets held solely by him or her, can be grounds for setting aside the PSA. Likewise, our standard PSA language includes a covenant that all assets have been fully disclosed. Finally, Virginia courts are empowered to divide assets located within the United States and those located beyond its borders in a divorce action.

By requesting your full disclosure of all assets, including banking accounts, savings accounts, brokerage accounts, holdings in all businesses and business ventures, on-shore and off-shore holdings, motor vehicles, retirement accounts, land and real property interests, we are seeking to ascertain if there is marital property which still needs to be divided beyond the agreement at which you and your spouse already arrived. If so, it may be necessary to reconsider the disposition of your assets so that your PSA will withstand possible later assault should your spouse discover additional marital assets in the future.

Please be advised our office does not negotiate these Property Settlement Agreements with your spouse or his/her attorney; we agree to set in writing whatever agreement you have reached with your spouse, but seek to caution you that such an agreement should be reasonable and complete in all aspects so as to avoid further litigation regarding the same.

We will also need any documentation that you are able to provide at this time. If you are unable to provide the full documentation we are requesting, please provide what you can. We will inform you if we need you to request further information from any bank or other financial institution. Please provide us with copies of the following documents as soon as possible:

1. Your two (2) most recent pay stubs;
2. Your federal and state income tax returns for the past three (3) years (if you have not yet filed a return for the current year, then all W2 forms, 1099 forms, and other tax reporting forms you have received);
3. The cover sheet of all insurance policies you have (medical, life, car, homeowner's, etc);
4. All deeds for any real estate in which either you or your spouse has a financial interest;
5. Any appraisals, comparisons, or other determinations of fair market value of any real or personal property;
6. Statements for all banking accounts, savings accounts, brokerage accounts, and investment accounts you have for the past six (6) months;
7. The latest statement for all retirement accounts of both parties, including thrift savings accounts, any government retirement accounts, military retirement accounts and private retirement accounts; and the acceptable QDRO/COAP/military allotment language approved by the retirement Plan administrator(s); and the name, address and telephone number of the Plan administrator. Our office will not be able to draft a PSA for you without this information.
8. Full statement of account from OPM if you have a retirement plan from the federal government or if you are receiving funds from your spouse's retirement plan. Our office will not be able to draft a PSA for you without this information;
9. Each check that you have written for any amount over \$2,000.00 within the past six (6) months.

Thank you for your assistance and cooperation with drafting your Property Settlement Agreement. Once we have received the above information and the completed Questionnaire, we will be able to quote you a fee for the drafting of this document. Once the fee is paid in full, we will prepare your. Our office strives to have this completed for your review within 10 business days of your payment; however, if your holdings are extensive or additional information or research is needed, the completion of your PSA will be delayed.

In order to avoid mistakes, or alterations in the PSA of which you and we are unaware, we require your spouse to execute the final PSA first, then you may execute it. We provide a fully executed PSA to you, your spouse, your spouse's attorney if any, and we file a completed PSA with the Court upon filing the Final Decree of Divorce.

Sincerely,
Cheryl E. Gardner

Your Name: _____

SPOUSAL SUPPORT

1a. Your Employment (primary work):

Name of Company _____

Address _____

Length of Employment _____

Monthly Income _____

Full or part-time? _____ Average number of hours per month? _____

Number of Pay Stubs Attached? _____

1b. Your Employment (second job):

Name of Company _____

Address _____

Length of Employment _____

Monthly Income _____

Full or part-time? _____ Average number of hours per month? _____

Number of Pay Stubs Attached? _____

2a. Your Spouse's Employment (primary work):

Name of Company _____

Address _____

Length of Employment _____

Monthly Income _____

Full or part-time? _____ Average number of hours per month? _____

2b. Your Spouse's Employment (second job):

Name of Company _____

Address _____

Length of Employment _____

Your Name: _____

Monthly Income _____

Full or part-time? _____ Average number of hours per month? _____

3. Fairfax guideline spousal support (please complete attached worksheet):

Recipient _____

Amount _____

Are you waiving support? _____

Is your spouse waiving support? _____

4. Do either you or your spouse have any chronic medical conditions? If so, please briefly describe the condition and tell us how long the condition has been monitored by a doctor.

5. Are you and your spouse currently on the same medical insurance policy? _____

Are both spouses to remain on the same policy? _____

For how long? _____

Which spouse is to pay the insurance coverage or how is the cost to be divided?

CHILD CUSTODY

1. Number of Children Born or Adopted as Result of Marriage: _____

2a. Full name (first, middle, last) of child: _____

Dates of Birth, Adoption and Death (if applicable): _____

Type of custody: _____

If joint legal custody, who is to have primary physical custody? _____

Your Name: _____

If sharing legal and physical custody, what is the physical custody schedule? (Shared custody assumes that each parent will have the child at least three months of every year.)

2b. Full name (first, middle, last) of child: _____

Dates of Birth, Adoption and Death (if applicable): _____

Type of custody: _____

If joint legal custody, who is to have primary physical custody? _____

If sharing legal and physical custody, what is the physical custody schedule? (Shared custody assumes that each parent will have the child at least three months of every year.)

2c. Full name (first, middle, last) of child: _____

Dates of Birth, Adoption and Death (if applicable): _____

Type of custody: _____

If joint legal custody, who is to have primary physical custody? _____

If sharing legal and physical custody, what is the physical custody schedule? (Shared custody assumes that each parent will have the child at least three months of every year.)

2d. Full name (first, middle, last) of child: _____

Dates of Birth, Adoption and Death (if applicable): _____

Type of custody: _____

If joint legal custody, who is to have primary physical custody? _____

If sharing legal and physical custody, what is the physical custody schedule? (Shared custody assumes that each parent will have the child at least three months of every year.)

Your Name: _____

2e. Full name (first, middle, last) of child: _____

Dates of Birth, Adoption and Death (if applicable): _____

Type of custody: _____

If joint legal custody, who is to have primary physical custody? _____

If sharing legal and physical custody, what is the physical custody schedule? (Shared custody assumes that each parent will have the child at least three months of every year.)

2f. Full name (first, middle, last) of child: _____

Dates of Birth, Adoption and Death (if applicable): _____

Type of custody: _____

If joint legal custody, who is to have primary physical custody? _____

If sharing legal and physical custody, what is the physical custody schedule? (Shared custody assumes that each parent will have the child at least three months of every year.)

3. Visitation Schedule:

Weekdays (days and times): _____

Weekends (days and times): _____

Your Name: _____

Mother's Day _____ Father's Day _____

Child's Birthday _____ Christmas _____

New Year's Eve _____ New Year's Day _____

Easter _____ Memorial Day _____

July 4th _____ Labor Day _____

Columbus Day _____ Thanksgiving _____

Christmas _____

Other Special Days: _____

Spring Vacation: _____

Summer Vacation: _____

CHILD SUPPORT

1. Monthly Expenses by Custodian:

Child Care: _____

Education: _____

Extra-curricular Activities: _____

Clothing Expenses: _____

Doctor: _____

Your Name: _____

Medicines: _____

2. **Guideline Support (attach worksheet):** _____

3. **Current Amount Being Paid by Non-custodian Parent:** _____

4. **Amount of Agreed Support:** _____

5. **Frequency of Agreed Payments:** _____

6. **Payment Due Date (first of month, every Saturday, etc.):** _____

7. **How to Be Paid:**

_____ Directly to Spouse OR _____ Through Dept. of Child Support
Enforcement (DCSE)

8. **Agreed Increases:** _____

9. **Is child support to decrease or be recalculated as children reach the age of 18?** _____

Agreed adjustment: _____

10. **Education/Tuition:**

Primary/High School: _____

College/University: _____

11a. **Children's Primary Medical Insurance:**

Company: _____

Policy Number: _____

Monthly Premium: _____

Which parent provides this insurance coverage for the children? _____

Are any children **NOT** covered on this insurance plan? _____

11b. **Children's Secondary Medical Insurance:**

Company: _____

Policy Number: _____

Monthly Premium: _____

Your Name: _____

Which parent provides this insurance coverage for the children? _____

Are any children **NOT** covered on this insurance plan? _____

REAL PROPERTY

Please include in this section ALL properties that are titled in only one of your names, in both of your names together, and in one of your names with another person. Also include all properties acquired after date of separation.

1. Marital Home:

How is it titled? _____

Address: _____

Date Purchased: _____

Purchase Price: _____

Present Fair Market Value: _____

How Calculated: _____

Is this an agreed value or your estimate? _____

Amount of Down Payment: _____

Who paid the down payment? _____

With what money (joint acct, inheritance, etc.)? _____

1st Mortgage:

Name of Financial Institution: _____

Original Loan Amount: _____

Current Principal Balance: _____

Monthly Mortgage Payment: _____

Please check all items which are included in the monthly payment:

_____ Principal

_____ Interest

_____ Real Estate Tax

_____ Homeowner's Insurance

Your Name: _____

_____ Other (Please specify) _____

2nd Mortgage:

Name of Financial Institution: _____

Original Loan Amount: _____

Current Principal Balance: _____

Monthly Mortgage Payment: _____

Please check all items which are included in the monthly payment:

_____ Principal _____ Interest

_____ Real Estate Tax _____ Homeowner's Insurance

_____ Other (Please specify) _____

3rd Mortgage:

Name of Financial Institution: _____

Original Loan Amount: _____

Current Principal Balance: _____

Monthly Mortgage Payment: _____

Please check all items which are included in the monthly payment:

_____ Principal _____ Interest

_____ Real Estate Tax _____ Homeowner's Insurance

_____ Other (Please specify) _____

Who is to have possession? _____

For how long? _____

Is this property to be sold? _____

By when? _____

Sales price? _____

How listed? _____

Your Name: _____

How are the proceeds to be divided? _____

Is the down payment to be repaid before dividing proceeds? _____

2. Vacation Home or Investment Property:

How is it titled? _____

Address: _____

Date Purchased: _____

Purchase Price: _____

Present Fair Market Value: _____

How Calculated: _____

Is this an agreed value or your estimate? _____

Amount of Down Payment: _____

Who paid the down payment? _____

With what money (joint acct, inheritance, etc.)? _____

1st Mortgage:

Name of Financial Institution: _____

Original Loan Amount: _____

Current Principal Balance: _____

Monthly Mortgage Payment: _____

Please check all items which are included in the monthly payment:

_____ Principal _____ Interest

_____ Real Estate Tax _____ Homeowner's Insurance

_____ Other (Please specify) _____

2nd Mortgage:

Name of Financial Institution: _____

Your Name: _____

Original Loan Amount: _____

Current Principal Balance: _____

Monthly Mortgage Payment: _____

Please check all items which are included in the monthly payment:

Principal Interest
 Real Estate Tax Homeowner's Insurance
 Other (Please specify) _____

3rd Mortgage:

Name of Financial Institution: _____

Original Loan Amount: _____

Current Principal Balance: _____

Monthly Mortgage Payment: _____

Please check all items which are included in the monthly payment:

Principal Interest
 Real Estate Tax Homeowner's Insurance
 Other (Please specify) _____

Who is to have possession? _____

For how long? _____

Is this property to be sold? _____

By when? _____

Sales price? _____

How listed? _____

How are the proceeds to be divided? _____

Is the down payment to be repaid before dividing proceeds? _____

Your Name: _____

Please include ALL personal property, including all personal property acquired after date of separation. Please note when the property was acquired.

1. Furniture and Furnishings

Have you and your spouse already divided this type of property? _____

Please any furnishings you would like to have specifically awarded to either of you or sold and the appropriate disposition of the property. _____

Have you and your spouse made a written list of the division of your furniture and furnishings? If so, please attach.

2a. Car (Other Motor Vehicle, including motorcycles, boats, RVs)

Make, Model, Year, VIN: _____

How is the car titled? _____

When Purchased: _____ Purchase Price: _____

Current Driver: _____ Who is to Keep Car? _____

Is there a loan on the car? _____

Name of Financial Institution: _____

Original Loan Amount: _____

Current Principal Balance: _____

Monthly Payment: _____

2b. Car (Other Motor Vehicle, including motorcycles, boats, RVs)

Make, Model, Year, VIN: _____

How is the car titled? _____

When Purchased: _____ Purchase Price: _____

Current Driver: _____ Who is to Keep Car? _____

Is there a loan on the car? _____

Name of Financial Institution: _____

Your Name: _____

Original Loan Amount: _____

Current Principal Balance: _____

Monthly Payment: _____

2c. Car (Other Motor Vehicle, including motorcycles, boats, RVs)

Make, Model, Year, VIN: _____

How is the car titled? _____

When Purchased: _____ Purchase Price: _____

Current Driver: _____ Who is to Keep Car? _____

Is there a loan on the car? _____

Name of Financial Institution: _____

Original Loan Amount: _____

Current Principal Balance: _____

Monthly Payment: _____

3a. Checking Account

Name of Institution: _____

Account Number: _____

Names on Account: _____

Who has access to it? _____

Current balance: _____

Where does this money generally come from? _____

Interest earned on account: _____

Please identify every withdrawal over \$2000.00 within the past 6 months and the reason for each.

Your Name: _____

Who is to keep this account? _____

4b. Checking Account

Name of Institution: _____

Account Number: _____

Names on Account: _____

Who has access to it? _____

Current balance: _____

Where does this money generally come from? _____

Interest earned on account: _____

Please identify every withdrawal over \$2000.00 within the past 6 months and the reason for each withdrawal.

Who is to keep this account? _____

4c. Savings Account

Name of Institution: _____

Account Number: _____

Names on Account: _____

Who has access to it? _____

Current balance: _____

Where does this money generally come from? _____

Your Name: _____

Interest earned on account: _____

Please identify every withdrawal over \$2000.00 within the past 6 months and the reason for each withdrawal.

Who is to keep this account? _____

4d. Savings Account

Name of Institution: _____

Account Number: _____

Names on Account: _____

Who has access to it? _____

Current balance: _____

Where does this money generally come from? _____

Interest earned on account: _____

Please identify every withdrawal over \$2000.00 within the past 6 months and the reason for each withdrawal.

Who is to keep this account? _____

5a. Stock/Brokerage Account

Name of Institution: _____

Account Number: _____

Your Name: _____

Names on Account: _____

Who has access to it? _____

Current balance: _____

Where does this money generally come from? _____

Interest earned on account: _____

Please identify every withdrawal over \$2000.00 within the past 6 months and the reason for each withdrawal.

Who is to keep this account? _____

5b. Stock/Brokerage Account

Name of Institution: _____

Account Number: _____

Names on Account: _____

Who has access to it? _____

Current balance: _____

Where does this money generally come from? _____

Interest earned on account: _____

Please identify every withdrawal over \$2000.00 within the past 6 months and the reason for each withdrawal.

Your Name: _____

Who is to keep this account? _____

5c. Stock/Brokerage Account

Name of Institution: _____

Account Number: _____

Names on Account: _____

Who has access to it? _____

Current balance: _____

Where does this money generally come from? _____

Interest earned on account: _____

Please identify every withdrawal over \$2000.00 within the past 6 months and the reason for each withdrawal.

Who is to keep this account? _____

6a. Federal or Government Pension or Retirement Account (See page 2 for required information)

Whose name is on the account? _____

When did you start and end your work for the government? _____

Did your pension funds start to accrue during the marriage? _____

What is the full principal amount in the account? _____

If the account is currently being paid, how often do you receive a payment? _____

Do you have a lump sum option? _____

Exact name of the retirement plan: _____

Name, Address and Telephone of Plan Administrator: _____

Your Name: _____

Have you attached approved QDRO/COAP/military allotment language (you may obtain this directly from the Plan Administrator)? **This information will be required before our office can complete your PSA**

6b. Federal or Government Pension or Retirement Account

Whose name is on the account? _____

When did you start and end your work for the government? _____

Did your pension funds start to accrue during the marriage? _____

What is the full principal amount in the account? _____

If the account is currently being paid, how often do you receive a payment? _____

Do you have a lump sum option? _____

Exact name of the retirement plan: _____

Name, Address and Telephone of Plan Administrator: _____

Have you attached approved QDRO/COAP/military allotment language (you may obtain this directly from the Plan Administrator)? **This information will be required before our office can complete your PSA**

6c. Other Investment or Retirement Account (See page 2 for required information)

Name and Address of Institution: _____

Account Number: _____

Names on Account: _____

Who has access to it? _____

Current balance: _____

Where does this money generally come from? _____

Amount deposited with each paycheck: _____

Interest earned on account: _____

Your Name: _____

How are the funds in this account invested? _____

Exact name of the account or retirement plan: _____

Name, Address and Telephone of Plan Administrator: _____

Have you attached approved QDRO/COAP/military allotment language (you may obtain this directly from the Plan Administrator)? **This information will be required before our office can complete your PSA**

Please identify every withdrawal over \$2000.00 within the past 6 months and the reason for each withdrawal.

Who is to keep this account? _____

6d. Other Investment or Retirement Account

Name and Address of Institution: _____

Account Number: _____

Names on Account: _____

Who has access to it? _____

Current balance: _____

Where does this money generally come from? _____

Amount deposited with each paycheck: _____

Interest earned on account: _____

How are the funds in this account invested? _____

Exact name of the account or retirement plan: _____

Your Name: _____

Name, Address and Telephone of Plan Administrator: _____

Have you attached approved QDRO/COAP/military allotment language (you may obtain this directly from the Plan Administrator)? **This information will be required before our office can complete your PSA**

Please identify every withdrawal over \$2000.00 within the past 6 months and the reason for each withdrawal.

Who is to keep this account? _____

6e. Other Investment or Retirement Account

Name and Address of Institution: _____

Account Number: _____

Names on Account: _____

Who has access to it? _____

Current balance: _____

Where does this money generally come from? _____

Amount deposited with each paycheck: _____

Interest earned on account: _____

How are the funds in this account invested? _____

Exact name of the account or retirement plan: _____

Name, Address and Telephone of Plan Administrator: _____

Your Name: _____

Have you attached approved QDRO/COAP/military allotment language (you may obtain this directly from the Plan Administrator)? **This information will be required before our office can complete your PSA**

Please identify every withdrawal over \$2000.00 within the past 6 months and the reason for each withdrawal.

Who is to keep this account? _____

7a. Life Insurance:

Company: _____

Type of Policy: Term Whole Universal

Name on Policy: _____

Policy Number: _____

Monthly Premium: _____

Name of Beneficiary: _____

Current face value: _____

Current cash value: _____

Please list all loans/encumbrances on this plan. _____

7b. Life Insurance:

Company: _____

Type of Policy: Term Whole Universal

Name on Policy: _____

Your Name: _____

Policy Number: _____

Monthly Premium: _____

Name of Beneficiary: _____

Current face value: _____

Current cash value: _____

Please list all loans/encumbrances on this plan. _____

7c. Life Insurance:

Company: _____

Type of Policy: Term Whole Universal

Name on Policy: _____

Policy Number: _____

Monthly Premium: _____

Name of Beneficiary: _____

Current face value: _____

Current cash value: _____

Please list all loans/encumbrances on this plan. _____

8a. Jewelry or other Valuable Collection (Guns, Antiques, Coins, China, etc.)

Type of Item: _____

Fair Market Value: _____

Who is to keep it? _____

Is it in a safe deposit box? _____

Your Name: _____

Name: _____

Institution and number: _____

8b. Jewelry or other Valuable Collection (Guns, Antiques, Coins, China, etc.)

Type of Item : _____

Fair Market Value: _____

Who is to keep it? _____

Is it in a safe deposit box? _____

Name: _____

Institution and number: _____

8c. Jewelry or other Valuable Collection (Guns, Antiques, Coins, China, etc.)

Type of Jewelry: _____

Fair Market Value: _____

Who is to keep it? _____

Is it in a safe deposit box? _____

Name: _____

Institution and number: _____

DEBTS

1a. Credit Card:

Name: _____

Institution: _____

Account Number: _____

Balance Due: _____

Payment Plan/Person Responsible for Payment: _____

Your Name: _____

1b. Credit Card:

Name: _____

Institution: _____

Account Number: _____

Balance Due: _____

Payment Plan/Person Responsible for Payment: _____

1c. Credit Card:

Name: _____

Institution: _____

Account Number: _____

Balance Due: _____

Payment Plan/Person Responsible for Payment: _____

2a. Personal Loan:

Name: _____

Institution: _____

Account Number: _____

Balance Due: _____

Payment Plan/Person Responsible for Payment: _____

2b. Personal Loan:

Name: _____

Institution: _____

Account Number: _____

Your Name: _____

Balance Due: _____

Payment Plan/Person Responsible for Payment: _____

2c. Personal Loan:

Name: _____

Institution: _____

Account Number: _____

Balance Due: _____

Payment Plan/Person Responsible for Payment: _____

3a. Medical Bill:

Name: _____

Institution: _____

Account Number: _____

Dates of Service: _____

Reason for Service: _____

Balance Due: _____

Payment Plan/Person Responsible for Payment: _____

3b. Medical Bill:

Name: _____

Institution: _____

Account Number: _____

Dates of Service: _____

Reason for Service: _____

Your Name: _____

Balance Due: _____

Payment Plan/Person Responsible for Payment: _____

Name: _____

Institution: _____

Account Number: _____

Dates of Service: _____

Reason for Service: _____

Balance Due: _____

Payment Plan/Person Responsible for Payment: _____

TAX RETURNS

Would you prefer to file your next federal and state tax returns separately or jointly?

Who is to declare the mortgage interest paid and real estate taxes paid on each piece of real estate you have named above? _____

Who is to declare the minor child/children as dependent(s) on their returns? _____

MISCELLANEOUS

Please describe any property, debts, or other issues which you would like to have included in your property settlement agreement and their disposition.

Your Name: _____
