

ADDITIONAL INFORMATION ON OTHER PARTY

Please complete the following questionnaire if any information is known.

1. PERSONAL INFORMATION ABOUT THE OTHER PARTY:

Name: _____ Date of Birth: _____

Soc. Sec. No: _____ Place of Birth: _____

Current Address (or last known address): _____

Telephone No: _____

Current Employer (or last known employer): _____

Employer's Telephone No: _____

2. WORK HISTORY:

What type of work does the other party do? _____

How long have they worked in this occupation? _____

3. EDUCATIONAL BACKGROUND:

A. Graduate from high school? Yes [] No [] When

B. Graduate from College? Yes [] No [] When

College: _____ Area of study: _____

C. Obtain a Graduate Degree? Yes [] No [] When

College: _____ Area of study: _____

D. Obtain a professional degree? Yes [] No [] When

College: _____ Area of study? _____

4. MILITARY EXPERIENCE:

A. Has the other party ever served in the military? Yes [] No [] From: _____ To: _____

B. If so, what rank? _____ How long? _____

C. Type of work performed? _____

5. SPECIALIZED TRAINING:

Has the other party received any other type of specialized training? Yes [] No []

If yes, describe: _____

6. UNIONS AND/OR ORGANIZATION MEMBERSHIPS:

Does the other party belong to any unions or professional organizations? Yes [] No []

List them: _____

7. NON-EMPLOYMENT INCOME:

Does the other party receive income from sources other than regular employment, for example: trust funds, stocks, interest? Yes [] No []

If yes, explain: _____