

Divorce Worksheet

MARRIAGE REPORT CARD*

Part 1

On each of those issues listed below, evaluate how *both* you and your spouse “performed” in each area. **Out of a possible (10) points for each, apportion said points based on how each contributed *during the time of your marriage*.** *Example:* If you were relatively even in an area, you’d both score a “5” on that point, but if one of you did the majority of the work in that area, one would receive a “7” or “8” while the other received a “2” or a “3.” **The total for each line item must add up to “10.”**

Also, where there is a disparity of more than 4 points between you in any area, use the comments section to explain why. Whenever possible, use specific incidents and dates to support your explanation:

	H	W
Contribution of the Parties in their <i>Acquisition</i> of their Estate	___	___
Contribution of the Parties in their <i>Preservation</i> of their Estate	___	___
Contribution of the Parties in <i>Appreciation</i> in Value of their Estate	___	___
Contribution of the Parties as a Homemaker to the Family Unit	___	___

Comments:

Part 2

On a scale of 1-10, score both you and your spouse as it relates to “conduct” during the marriage. Pay special attention to issues relating to fiscal responsibility, accountability each accepted for their own actions, any issues of domestic violence, conduct (not individual preferences) in front of the children, etc. Cite specific incidents, list names of those who may have witnessed, etc.

H: _____

W: _____

**Applying the factors of M.G.L. Ch. 208, Sec. 34*

MARRIAGE REPORT CARD (CONT.)

Part 3

Which factors below were ever a problem during your marriage?

	You	Your Spouse
Dice	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Drinking	<input type="checkbox"/>	<input type="checkbox"/>
Debt	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Drinking	<input type="checkbox"/>	<input type="checkbox"/>
Debt	<input type="checkbox"/>	<input type="checkbox"/>

Part 4

Please fill-in the following:

1. Length of Marriage:

2. Age of the Parties:

3. Health of the Parties (evaluate each on a scale of 1-10, citing specific health issues, dates of incidents, etc.):

4. Status of the Family:

5. Occupation of the Parties:

6. Employability/Vocational Skills of the Parties:

7. Opportunity of the parties to acquire future income and/or assets:

8. Present (and future) needs of the dependent children of the marriage:

9. Opportunities for both parties to acquire health insurance in the future:
