

**GENERAL INFORMATION**

Full name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth \_\_\_\_\_

SSN \_\_\_\_\_

Phone Numbers: (C) \_\_\_\_\_ Best way to contact: \_\_\_\_\_

(H) \_\_\_\_\_

(W) \_\_\_\_\_

Email Address: \_\_\_\_\_

Highest Level of Education \_\_\_\_\_ Date Completed: \_\_\_\_\_

Health Information:

Spouse's Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth \_\_\_\_\_

SSN \_\_\_\_\_

Phone Numbers: (C) \_\_\_\_\_

(H) \_\_\_\_\_

(W) \_\_\_\_\_

Highest Level of Education \_\_\_\_\_ Date Completed: \_\_\_\_\_

Health Information:

Spouse's Attorney: \_\_\_\_\_

**INFORMATION REGARDING MARRIAGE**

Date of Marriage: \_\_\_\_\_ Length \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Date of Separation \_\_\_\_\_

Place of Registration of Marriage (county): \_\_\_\_\_

**INCOME/EMPLOYMENT INFORMATION**

**Client**

Primary Employment:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Date Hired \_\_\_\_\_  
Average Yearly Income \_\_\_\_\_  
\_\_\_ Hourly \_\_\_ Salary \_\_\_ Other (describe)  
Pay Period \_\_\_\_\_

Other Employment:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Date Hired \_\_\_\_\_  
Average Yearly Income \_\_\_\_\_  
\_\_\_ Hourly \_\_\_ Salary \_\_\_ Other (describe)  
Pay Period \_\_\_\_\_

Other Sources of Income:

**Spouse**

Primary Employment:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Date Hired \_\_\_\_\_  
Average Yearly Income \_\_\_\_\_

\_\_\_ Hourly \_\_\_ Salary \_\_\_ Other (describe)

Pay Period \_\_\_\_\_

Other Employment:

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Date Hired \_\_\_\_\_

Average Yearly Income \_\_\_\_\_

\_\_\_ Hourly \_\_\_ Salary \_\_\_ Other (describe)

Pay Period \_\_\_\_\_

Other Sources of Income:

### **HEALTH INSURANCE INFORMATION**

Primary Health Insurance

Carrier:

Monthly Premium/source of funds:

Which spouse carries this insurance:

Secondary Health Insurance

Carrier:

Monthly Premium/source of funds:

Which spouse carries this insurance:

Optical

Carrier:

Monthly Premium/source of funds:

Which spouse carries this insurance:

Dental

Carrier:

Monthly Premium/source of funds:

Which spouse carries this insurance:

Disability

Carrier:

Monthly Premium/source of funds:

Which spouse carries this insurance:

**CHILDREN BORN OR ADOPTED OF THIS MARRIAGE**

If adopted, is the child adopted by both parents or only one?

<u>NAME</u>	<u>DOB</u>	<u>GRADE</u>	<u>SCHOOL</u>	<u>SSN</u>
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Tuition?

Are you or the other parent in this case pregnant? Yes \_\_\_ No \_\_\_ If yes,

(a) When is the child due? \_\_\_\_\_

(b) Are the parties in this case the biological parents of the expected child? Yes \_\_\_ No \_\_\_

Do you have any minor children not born of this marriage? If so, please specify:

<u>NAME</u>	<u>DOB</u>	<u>GRADE</u>	<u>SSN</u>
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Tuition?

Are you the custodial parent of the above children not born of the marriage? If so, do you receive child support from other parent? \_\_\_\_\_ Weekly amount: \_\_\_\_\_

If you are not the custodial parent of the above children not born of the marriage, do you pay child support for them? \_\_\_\_\_ Weekly amount: \_\_\_\_\_

Does your spouse have any minor children not born of this marriage? If so, please specify:

NAME	DOB	GRADE	SSN
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Tuition?

Is your spouse the custodial parent of the above children not born of the marriage? If so, does he/she receive child support from other parent? \_\_\_\_\_ Weekly amount: \_\_\_\_\_

If your spouse is not the custodial parent of the above children not born of the marriage, does he/she pay child support for them? \_\_\_\_\_ Weekly amount: \_\_\_\_\_

**CHILD CARE INFORMATION**

Do you have work or education related to care expenses for the minor children of this marriage during any time of the year? Yes \_\_\_ No \_\_\_

Name of child care provider \_\_\_\_\_

Names of children receiving child care \_\_\_\_\_

Estimated number of weeks of child care provided per calendar year \_\_\_\_\_

Current weekly child care cost \_\_\_\_\_

Are any of your children handicapped or in poor health? Please provide details:

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Please list all addresses where your children have lived in the past five years, and indicate with

whom they lived:

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**PROPERTY OWNED**

**MARITAL HOME**

Address \_\_\_\_\_

When Purchased \_\_\_\_\_ Purchase Price \_\_\_\_\_

Down Payment \_\_\_\_\_ Source of Payment \_\_\_\_\_

Amount Owed \_\_\_\_\_ Mortgage \_\_\_ Land Contract

Mortgage Payments \_\_\_\_\_ Does payment include taxes and insurance? \_\_\_\_\_

Whose name is on the mortgage \_\_\_\_\_

Who pays the mortgage/how \_\_\_\_\_

Do you have a home equity loan outstanding? \_\_\_\_\_ If so, what is the balance owed and amount of monthly payments? \_\_\_\_\_

Improvements to house since purchased

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Legal title in whose name \_\_\_\_\_

Fair Market Value \_\_\_\_\_ Assessed Value \_\_\_\_\_ (based on what?)

Recent Appraisal \_\_\_\_\_ If so, was it for the purpose of refinancing?

**OTHER REAL ESTATE**

Address \_\_\_\_\_

When Purchased \_\_\_\_\_ Purchase Price \_\_\_\_\_

Down Payment \_\_\_\_\_ Source of Payment \_\_\_\_\_

Amount Owed \_\_\_\_\_ Mortgage \_\_\_ Land Contract

Mortgage Payments \_\_\_\_\_ Does payment include taxes and insurance? \_\_\_\_\_

Whose name is on the mortgage \_\_\_\_\_

Who pays the mortgage/how \_\_\_\_\_

Do you have a home equity loan outstanding? \_\_\_\_\_ If so, what is the balance owed and amount of monthly payments? \_\_\_\_\_

Improvements to property since purchased \_\_\_\_\_

Legal title in whose name \_\_\_\_\_

Fair Market Value \_\_\_\_\_ Assessed Value \_\_\_\_\_

Recent Appraisal \_\_\_\_\_ If so, was it for the purpose of refinancing?

VEHICLES

Please list vehicles owned:

Vehicle 1. Make, Model and Year of Vehicle \_\_\_\_\_

Purchase Price \_\_\_\_\_

When was it Purchased \_\_\_\_\_

In whose name \_\_\_\_\_

Who Drives \_\_\_\_\_

Paid for? \_\_\_\_\_ If not, amount of monthly payment \_\_\_\_\_

Balance owed \_\_\_\_\_ Current Market Value \_\_\_\_\_

Mileage \_\_\_\_\_ VIN# \_\_\_\_\_

General Condition: Excellent, Fair, or Poor \_\_\_\_\_

Vehicle 2. Make, Model and Year of Vehicle \_\_\_\_\_

Purchase Price \_\_\_\_\_

When was it Purchased \_\_\_\_\_

In whose name \_\_\_\_\_

Who Drives \_\_\_\_\_

Paid for? \_\_\_\_\_ If not, amount of monthly payment \_\_\_\_\_

Balance owed \_\_\_\_\_ Current Market Value \_\_\_\_\_

Mileage \_\_\_\_\_ VIN# \_\_\_\_\_

General Condition: Excellent, Fair, or Poor \_\_\_\_\_

Vehicle 3. Make, Model and Year of Vehicle \_\_\_\_\_  
Purchase Price \_\_\_\_\_  
When was it Purchased \_\_\_\_\_  
In whose name \_\_\_\_\_  
Who Drives \_\_\_\_\_  
Paid for? \_\_\_\_ If not, amount of monthly payment \_\_\_\_\_  
Balance owed \_\_\_\_\_ Current Market Value \_\_\_\_\_  
Mileage \_\_\_\_\_ VIN# \_\_\_\_\_  
General Condition: Excellent, Fair, or Poor \_\_\_\_\_

Vehicle 4. Make, Model and Year of Vehicle \_\_\_\_\_  
Purchase Price \_\_\_\_\_  
When was it Purchased \_\_\_\_\_  
In whose name \_\_\_\_\_  
Who Drives \_\_\_\_\_  
Paid for? \_\_\_\_ If not, amount of monthly payment \_\_\_\_\_  
Balance owed \_\_\_\_\_ Current Market Value \_\_\_\_\_  
Mileage \_\_\_\_\_ VIN# \_\_\_\_\_  
General Condition: Excellent, Fair, or Poor \_\_\_\_\_

Vehicle 5. Make, Model and Year of Vehicle \_\_\_\_\_  
Purchase Price \_\_\_\_\_  
When was it Purchased \_\_\_\_\_  
In whose name \_\_\_\_\_  
Who Drives \_\_\_\_\_  
Paid for? \_\_\_\_ If not, amount of monthly payment \_\_\_\_\_  
Balance owed \_\_\_\_\_ Current Market Value \_\_\_\_\_  
Mileage \_\_\_\_\_ VIN# \_\_\_\_\_  
General Condition: Excellent, Fair, or Poor \_\_\_\_\_

**DEBTS**

Creditor                      Amount owed                      Nature of debt                      Whose name is this debt in?

**INHERITANCE**

Have you or your spouse inherited any property during the course of the marriage? If so, please indicate what property was inherited, when it was inherited, and how the inheritance has been invested, used, etc.

\_\_\_\_\_

\_\_\_\_\_

Gifts \_\_\_\_\_

\_\_\_\_\_

**LAW SUITS**

Have you or your spouse received any proceeds from any law suits during the course of this marriage? \_\_\_ If so, please indicate:

1. The nature of the lawsuit \_\_\_\_\_
2. When monies were received \_\_\_\_\_
3. The amount received after attorney fees and costs \_\_\_\_\_
4. What was done with the monies received \_\_\_\_\_

Do you or your spouse have any current injuries that could end up in a lawsuit or worker's comp claim? \_\_\_\_\_

**FURNITURE/FURNISHINGS**

Do you have any household furniture or furnishings of particular value, such as new furniture or

antiques? If so, please provide details.

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**PENSION/RETIREMENT PLANS**

Do you have a pension, profit sharing, deferred compensation, IRA, etc. account(s) for yourself?

\_\_\_\_ If so, please provide whatever details you can regarding this \_\_\_\_\_

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Does your spouse have a pension, profit sharing, deferred compensation, IRA, etc. account(s) for him/herself? \_\_\_\_ If so, please provide whatever details you can regarding this \_\_\_\_\_

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**BANK ACCOUNTS**

JOINT      What bank \_\_\_\_\_ Branch \_\_\_\_\_

CHECKING      Approximate balance \_\_\_\_\_ Account # \_\_\_\_\_

JOINT      What bank \_\_\_\_\_ Branch \_\_\_\_\_

SAVINGS      Approximate balance \_\_\_\_\_ Account # \_\_\_\_\_

JOINT      What bank \_\_\_\_\_ Branch \_\_\_\_\_

SAVINGS      Approximate balance \_\_\_\_\_ Account # \_\_\_\_\_

WIFE      What bank \_\_\_\_\_ Branch \_\_\_\_\_

CHECKING      Approximate balance \_\_\_\_\_ Account # \_\_\_\_\_

WIFE      What bank \_\_\_\_\_ Branch \_\_\_\_\_

SAVINGS      Approximate balance \_\_\_\_\_ Account # \_\_\_\_\_

HUSBAND What bank \_\_\_\_\_ Branch \_\_\_\_\_

CHECKING Approximate balance \_\_\_\_\_ Account # \_\_\_\_\_

HUSBAND What bank \_\_\_\_\_ Branch \_\_\_\_\_

SAVINGS Approximate balance \_\_\_\_\_ Account # \_\_\_\_\_

STOCKS \_\_\_\_\_

BONDS \_\_\_\_\_

MONEY MARKET \_\_\_\_\_

OTHER ASSETS OF PARTICULAR VALUE (i.e. boats, tool collections, art work, etc.)

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

### **MARITAL HISTORY**

Wife No. of this marriage \_\_\_\_\_ If previously married, how many ended in: divorce \_\_\_ death \_\_\_

Husband No. of this marriage \_\_\_\_\_ If previously married, how many ended in:

divorce \_\_\_ death \_\_\_

### **LIFE INSURANCE**

Do you or your spouse have any life insurance policies? If so, please indicate:

1. Insurance Company \_\_\_\_\_ Insured \_\_\_\_\_

Cash Surrender Value \_\_\_\_\_ Beneficiary \_\_\_\_\_

2. Insurance Company \_\_\_\_\_ Insured \_\_\_\_\_

Cash Surrender Value \_\_\_\_\_ Beneficiary \_\_\_\_\_

### **MARRIAGE COUNSELING**

Have you had marriage counseling? \_\_\_\_\_

Attitude towards reconciliation

Client \_\_\_\_\_

Spouse \_\_\_\_\_

**TALKING POINTS RE: TEMPORARY RELIEF/PETITION FOR DISSOLUTION**

1) Custody/Visitation

2) Child Support (day care, extra curricular, uncovered meds, education)

3) Insurance

4) Possession of marital residence

5) Payment of expenses for marital residence

6) Possession of Vehicles

7) Payment for vehicles

8) Debt payment

9) Mutual injunction re: property

10) Collection of rent

PACT

Retainer/Hourly

Engagement Agreement