

DIVORCE/SEPARATION INFORMATION SHEET

DATE: _____

CLIENT'S FULL LEGAL NAME _____

MAILING ADDRESS: _____

CITY/COUNTY/STATE/ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

BEST TIME TO REACH: _____ STATE OF BIRTH: _____

SOCIAL SEC #: _____ DATE OF BIRTH: _____

E-MAIL: _____

HOW DO YOU WISH TO BE REACHED: _____ PHONE / E-MAIL / CALL

HOW DO YOU WISH CORRESPONDENCES TO BE SENT: MAIL / E-MAIL

LEVEL OF EDUCATION AND INSTITUTIONS ATTENDED AND DATES OF ATTENDANCE:

EMPLOYER: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE/EXT: _____ SHIFT/OCCUPATION: _____

INCOME: YEARLY / BIWEEKLY / WEEKLY / HOURLY: _____

NUMBER OF YEARS WITH EMPLOYER: _____

IF NOT EMPLOYED, OR EMPLOYED FOR LESS THAN 3 YEARS, STATE:

LAST EMPLOYER _____ DATE LAST EMPLOYED _____ RATE OF PAY: _____

ARE YOU A FORMER CLIENT: YES / NO IF SO, WHEN: _____

HOW DID YOU LEARN ABOUT OUR FIRM: OTHER ATTORNEY / FRIEND / FAMILY / OTHER

IF REFERRED, NAME AND ADDRESS OF REFERRAL: _____

SPOUSE / OPPOSING PARTY'S FULL LEGAL NAME _____

MAILING ADDRESS: _____

CITY/COUNTY/STATE/ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

BEST TIME TO REACH: _____ STATE OF BIRTH: _____

SOCIAL SEC #: _____ DATE OF BIRTH: _____

E-MAIL: _____

LEVEL OF EDUCATION AND INSTITUTIONS ATTENDED AND DATES OF ATTENDANCE:

EMPLOYER: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE/EXT: _____ SHIFT/OCCUPATION: _____

INCOME: YEARLY / BIWEEKLY / WEEKLY / HOURLY: _____

NUMBER OF YEARS WITH EMPLOYER: _____

IF NOT EMPLOYED, OR EMPLOYED FOR LESS THAN 3 YEARS, STATE:

LAST EMPLOYER	DATE LAST EMPLOYED	RATE OF PAY:
_____	_____	_____

ARE YOU INTERESTED IN MEDIATION OR LEARNING ABOUT MEDIATION? YES / NO

HAVE YOU MEDIATED BEFORE, IF SO DETAIL: _____

WITH REGARDS TO MARRIAGE, PLEASE STATE:

DATE OF MARRIAGE: _____ DATE OF SEPARATION _____

COUNTY WHERE MARRIAGE TOOK PLACE: _____ STATE _____

CITY/TOWNSHIP WHERE MARRIAGE TOOK PLACE: _____

OF MARRIAGE FOR CLIENT: _____ # OF MARRIAGE FOR SPOUSE: _____

OTHER NAMES USED BY PLAINTIFF/DEFENDANT: _____

MAIDEN NAME: _____ MAIDEN NAME TO BE RESTORED: YES / NO

IF NOT FIRST MARRIAGE, FORMER NAME(S): _____

HAVE YOU FILED FOR SEPARATION / DIVORCE / PERSONAL PROTECTION ORDER AGAINST THE

OPPOSING PARTY, PRIOR TO THIS DATE: YES / NO IF SO,

COUNTY/STATE: _____ MONTH / YEAR FILED: _____

JUDGE ASSIGNED: _____ DISMISSED/PENDING: _____

NATURE OF PROCEEDING: _____

WITH REGARDS TO THIS ACTION, PLEASE STATE:

HAS DIVORCE COMPLAINT ALREADY BEEN FILED? YES / NO

DO YOU HAVE COPY OF COMPLAINT WITH YOU? YES / NO IF NOT, PLEASE STATE:

WHO FILED: _____ DATE FILED: _____

DATE YOU RECEIVED COMPLAINT: _____

IF NECESSARY, HOW DO YOU WANT DOCUMENTS SERVED ON OTHER PARTY:

HE/SHE WILL COME IN: _____ I WILL TAKE PAPERS TO HIM/HER: _____
HAVE HIM/HER SERVED AT HOME: _____ HAVE HIM/HER SERVED AT WORK: _____
DISCUSS WITH YOU AS NEEDED _____

FAULT ISSUES Please mark which one(s), party, and give explanation below:

- _____ A) An Affair / Adultery. (Please state Third Party's Name, when, and proof below)
- _____ B) Substance Abuse. (Please state what drug, how much and how long)
- _____ C) Criminality. (Please state charge, sentenced to, any other information).
- _____ D) Domestic Violence. (Please state if formal charges filed, court info, etc.)
- _____ E) Other, Please Explain.

FAULT ISSUE: _____

EXPLANATION: _____

CHILDREN UNDER 18 YEARS OF AGE FROM THIS MARRIAGE:

FULL NAME: _____ BIRTH DATE: _____

CURRENT ADDRESS: _____

FULL NAME: _____ BIRTH DATE: _____

CURRENT ADDRESS: _____

FULL NAME: _____ BIRTH DATE: _____

CURRENT ADDRESS: _____

FULL NAME: _____ BIRTH DATE: _____

CURRENT ADDRESS: _____

FULL NAME: _____ BIRTH DATE: _____

CURRENT ADDRESS: _____

DO ANY OF THE CHILDREN HAVE ANY SPECIAL NEEDS? YES / NO IF, SO:

PLEASE STATE THE NAME OF THE CHILD AND THE SPECIAL NEED(S):

IS CLIENT/SPOUSE PREGNANT: YES / NO CHILD OF MARRIAGE: YES / NO
IF NO, FATHER'S NAME: _____ DUE DATE: _____

ANY CHILDREN UNDER 18 YEARS FROM PRIOR RELATIONSHIP/MARRIAGE? IF, SO:

YOU/SPOUSE: NAME: _____ BIRTH DATE: _____

YOU/SPOUSE: NAME: _____ BIRTH DATE: _____

YOU/SPOUSE: NAME: _____ BIRTH DATE: _____

ANY CHILDREN UNDER 18 YEARS BORN DURING THE MARRIAGE THAT ARE NOT OF BOTH PARTIES? YES / NO IF SO, PLEASE STATE:

FATHER'S NAME: _____ MOTHER'S NAME: _____

CHILD'S NAME: _____ BIRTH DATE: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

CHILD'S NAME: _____ BIRTH DATE: _____

ANY CHILD SUPPORT RECEIVED OR PAID BY YOU OR YOUR SPOUSE? YES / NO / UNSURE
IF,SO, PLEASE STATE, HOW MANY CHILDREN & AMOUNT: _____

FRIEND OF THE COURT SERVICES: Do you wish to use their services? YES / NO / UNSURE

IS THERE A PROPOSED CUSTODY AGREEMENT? YES / NO. IF SO, PLEASE EXPLAIN:

IS THERE A PROPOSED ARRANGEMENT WITH REGARD TO MARITAL DEBTS, ASSETS, HOME, PERSONAL PROPERTY, ETC? YES / NO IF SO, PLEASE EXPLAIN:

OTHER CONCERNS: (For example: spouse will dispose, sell, damage, destroy property, domestic violence concerns, abduction of children, etc.):

(IF NECESSARY, USE BACK SIDE FOR FURTHER ANSWERS)

SEE BACK _____

BANK ACCOUNTS / MONEY MARKETS / INVESTMENT ACCOUNTS

NAME HELD IN: _____ BALANCE: _____

INSTITUTION'S NAME AND ADDRESS: _____

NAME HELD IN: _____ BALANCE: _____

INSTITUTION'S NAME AND ADDRESS: _____

NAME HELD IN: _____ BALANCE: _____

INSTITUTION'S NAME AND ADDRESS: _____

MARITAL ASSETS: (approximate values, debt balances and other info)

HOME ADDRESS: _____

APPRAISED VALUE: _____ DATE OF APPRAISAL: _____

DEBT: _____ MONTHLY PYMT: _____

DATE HOME WAS PURCHASED: _____ PURCHASE PRICE: _____

NAME(S) ON DEED: _____

EITHER PARTY PAY DOWN PAYMENT / MAKE SIGNIFICANT CONTRIBUTION: YES / NO

IF SO, PLEASE EXPLAIN: _____

DOES MONTHLY PAYMENT INCLUDE TAXES / INSURANCE: YES / NO. IF NOT:

AMOUNT OF ANNUAL INSURANCE: _____ ANNUAL TAXES: _____

(IF NECESSARY, USE BACK SIDE FOR FURTHER ANSWERS)

SEE BACK _____

OTHER REAL ESTATE ADDRESS: _____

APPRAISED VALUE: _____ DATE OF APPRAISAL: _____

DEBT: _____ MONTHLY PYMT: _____

DATE HOME WAS PURCHASED: _____ PURCHASE PRICE: _____

NAME(S) ON DEED: _____

EITHER PARTY PAY DOWN PAYMENT / MAKE SIGNIFICANT CONTRIBUTION: YES / NO

IF SO, PLEASE EXPLAIN: _____

VEHICLES: (including cars, motorcycles, boat, trailers, etc.)

MAKE/MODEL: _____ MILEAGE: _____

DATE OF PURCHASE: _____ PRICE: _____

VALUE: _____ DEBT: _____

TITLED IN: _____ PAYMENT: _____

MAKE/MODEL: _____ MILEAGE: _____

DATE OF PURCHASE: _____ PRICE: _____

VALUE: _____ DEBT: _____

TITLED IN: _____	PAYMENT: _____
MAKE/MODEL: _____	MILEAGE: _____
DATE OF PURCHASE: _____	PRICE: _____
VALUE: _____	DEBT: _____
TITLED IN: _____	PAYMENT: _____
MAKE/MODEL: _____	MILEAGE: _____
DATE OF PURCHASE: _____	PRICE: _____
VALUE: _____	DEBT: _____
TITLED IN: _____	PAYMENT: _____

(IF NECESSARY, USE BACK SIDE FOR FURTHER ANSWERS) SEE BACK _____

DEBTS: (other than those stated above)

NAME OF DEBTOR: _____

NAME OF CREDITOR: _____

ADDRESS: _____

ACCOUNT NUMBER: _____

ACCOUNT BALANCE: _____ MONTHLY PYMT: _____

WHO SHOULD BE RESPONSIBLE FOR DEBT AND WHY: _____

NAME OF DEBTOR: _____

NAME OF CREDITOR: _____

ADDRESS: _____

ACCOUNT NUMBER: _____

ACCOUNT BALANCE: _____ MONTHLY PYMT: _____

WHO SHOULD BE RESPONSIBLE FOR DEBT AND WHY: _____

NAME OF DEBTOR: _____

NAME OF CREDITOR: _____

ADDRESS: _____

ACCOUNT NUMBER: _____

ACCOUNT BALANCE: _____ MONTHLY PYMT: _____

WHO SHOULD BE RESPONSIBLE FOR DEBT AND WHY: _____

(IF NECESSARY, USE BACK SIDE FOR FURTHER ANSWERS)

SEE BACK _____

INVESTMENTS: (Pension, profit sharing, defined benefit, defined contribution, stock options, etc.)

INVESTMENT TYPE: _____

NAME(S) ON ACCOUNT: _____

STARTING DATE: _____ VALUE: _____ LOAN: _____

COMPANY NAME: _____

PLAN ADMINISTRATOR'S NAME: _____

INVESTMENT TYPE: _____

NAME(S) ON ACCOUNT: _____

STARTING DATE: _____ VALUE: _____ LOAN: _____

COMPANY NAME: _____

PLAN ADMINISTRATOR'S NAME: _____

INVESTMENT TYPE: _____

NAME(S) ON ACCOUNT: _____

STARTING DATE: _____ VALUE: _____ LOAN: _____

COMPANY NAME: _____

PLAN ADMINISTRATOR'S NAME: _____

HEALTH INSURANCE:

NAME OF INSURANCE COMPANY: _____

NAME OF INSURED: _____

NAME(S) OF PEOPLE COVERED BY INSURANCE: _____

COST TO CLIENT / EMPLOYEE FOR INSURANCE PER MONTH: _____

COST OF COBRA PER MONTH (if known): _____

(IF NECESSARY, USE BACK SIDE FOR FURTHER ANSWERS)

SEE BACK _____

LIFE INSURANCE:

NAME OF COMPANY: _____

TERM OR WHOLE LIFE: _____ PREMIUM COST: _____

CASH SURRENDER VALUE: _____ TERM VALUE: _____

NAME(S) OF BENEFICIARIES: _____

OWNER OF POLICY: _____

NAME OF COMPANY: _____

TERM OR WHOLE LIFE: _____ PREMIUM COST: _____

CASH SURRENDER VALUE: _____ TERM VALUE: _____

NAME(S) OF BENEFICIARIES: _____

OWNER OF POLICY: _____

CURRENT HEALTH CONCERNS AND/OR MEDICATIONS:

List any current medical conditions and/or medications:

1. _____
2. _____
3. _____
4. _____
5. _____

List all treating physicians/counselors and psychologists and addresses of same:

1. _____
2. _____
3. _____
4. _____
5. _____

OTHER ISSUES:

ESTATE PLANNING:

DO YOU HAVE AN ESTATE PLAN: YES / NO

IF SO, WHEN WAS IT LAST UPDATED: _____

WHO IS THE BENEFICIARY OF ALL YOUR LIFE INSURANCE/PENSION, WILL & TRUST:

DO YOU HAVE A LIVING WILL OR A DESIGNATED POWER OF ATTORNEY FOR HEALTH CARE? YES / NO IF SO, PLEASE STATE:

PATIENT ADVOCATE'S NAME: _____

PERSONAL INJURY:

HAVE YOU RECENTLY BEEN INVOLVED IN A CAR ACCIDENT, SLIP AND FALL OR WORK RELATED INJURY: YES / NO IF SO, PLEASE EXPLAIN:

COMPLETED ON THE DATE STATED ON PAGE ONE BY: _____