

**DIVORCE/SEPARATION INFORMATION SHEET**

DATE: \_\_\_\_\_

**CLIENT'S FULL LEGAL NAME:** \_\_\_\_\_

(first)

(middle)

(last)

NICKNAME YOU WANT US TO CALL YOU BY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/COUNTY/STATE/ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ STATE OF BIRTH: \_\_\_\_\_

SOCIAL SEC #: \_\_\_\_\_ NUMBER OF MARRIAGE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

HOW DO YOU WISH TO BE REACHED:     PHONE     EMAIL     MAIL

HOW DO YOU WISH CORRESPONDENCES TO BE SENT:     EMAIL     MAIL

MAIDEN NAME: \_\_\_\_\_

MAIDEN NAME TO BE RESTORED:     YES     NO     UNSURE

IF NOT FIRST MARRIAGE, FORMER NAME(S): \_\_\_\_\_

OTHER NAMES USED BY CLIENT: \_\_\_\_\_

LEVEL OF EDUCATION AND INSTITUTIONS ATTENDED AND DATES OF ATTENDANCE:

\_\_\_\_\_

ARE YOU RETIRED?     YES     NO    IF RETIRED, DATE OF RETIREMENT: \_\_\_\_\_

PLEASE STATE YOUR FORMER / CURRENT EMPLOYER INFORMATION:

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE/EXT: \_\_\_\_\_ SHIFT/OCCUPATION: \_\_\_\_\_

INCOME: \_\_\_\_\_     YEARLY     BIWEEKLY     WEEKLY     HOURLY

NUMBER OF YEARS WITH EMPLOYER: \_\_\_\_\_

**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 so we can thank them:

\_\_\_\_\_

\_\_\_\_\_



NATURE OF PROCEEDING: \_\_\_\_\_

**WITH REGARDS TO THIS ACTION**, PLEASE STATE: HAS DIVORCE BEEN FILED?     YES                     NO

IF SO, DO YOU HAVE COPY OF COMPLAINT WITH YOU?                     YES                     NO

IF NO, PLEASE STATE:

WHO FILED: \_\_\_\_\_ DATE FILED: \_\_\_\_\_

**\*\*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)    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.

EXPLANATION: \_\_\_\_\_

**CHILDREN UNDER 18 YEARS OF AGE FROM THIS MARRIAGE:**

1. FULL NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

Anticipated month and year of high school graduation \_\_\_\_\_ Over 18 at graduation?  Yes  No

CURRENTLY LIVING WITH     MOM                     DAD

2. FULL NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

Anticipated month and year of high school graduation \_\_\_\_\_ Over 18 at graduation?  Yes  No

CURRENTLY LIVING WITH     MOM                     DAD

3. FULL NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

Anticipated month and year of high school graduation \_\_\_\_\_ Over 18 at graduation?  Yes  No

CURRENTLY LIVING WITH     MOM                     DAD

4. FULL NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

Anticipated month and year of high school graduation \_\_\_\_\_ Over 18 at graduation?  Yes  No

CURRENTLY LIVING WITH     MOM                     DAD

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  
IF SO, CHILD OF MARRIAGE:  YES  NO  
IF NO, FATHER'S NAME: \_\_\_\_\_ DUE DATE: \_\_\_\_\_  
ANY CHILDREN UNDER 18 FROM PRIOR RELATIONSHIP/MARRIAGE?  YES  NO

IF, SO:  
YOU/SPOUSE: NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
YOU/SPOUSE: NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
YOU/SPOUSE: NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ANY MINOR CHILDREN BORN DURING THE MARRIAGE NOT OF PARTIES?  YES  NO

IF SO:  
CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
FATHER'S NAME: \_\_\_\_\_  
MOTHER'S NAME: \_\_\_\_\_

ANY CHILD SUPPORT RECEIVED OR PAID BY YOU OR YOUR SPOUSE?  YES  NO

IF SO, PLEASE STATE:  
WHO PAYS: \_\_\_\_\_ HOW MANY CHILDREN: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

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

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: \_\_\_\_\_  
\_\_\_\_\_

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**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: \_\_\_\_\_

**REAL ESTATE:** (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: \_\_\_\_\_

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: \_\_\_\_\_

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

AMOUNT OF ANNUAL INSURANCE: \_\_\_\_\_ ANNUAL TAXES: \_\_\_\_\_

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: \_\_\_\_\_

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

AMOUNT OF ANNUAL INSURANCE: \_\_\_\_\_ ANNUAL TAXES: \_\_\_\_\_

**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: _____

**OTHER DEBTS:**

NAME OF DEBT: _____			
ADDRESS: _____			
ACCOUNT #: _____	BALANCE: _____	MOS PYMT: _____	
WHO SHOULD BE RESPONSIBLE FOR DEBT AND WHY: _____			
_____			
NAME OF DEBT: _____			
ADDRESS: _____			
ACCOUNT #: _____	BALANCE: _____	MOS PYMT: _____	
WHO SHOULD BE RESPONSIBLE FOR DEBT AND WHY: _____			
_____			
NAME OF DEBT: _____			
ADDRESS: _____			
ACCOUNT #: _____	BALANCE: _____	MOS PYMT: _____	
WHO SHOULD BE RESPONSIBLE FOR DEBT AND WHY: _____			
_____			

**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: \_\_\_\_\_

**INSURANCE:**

HEALTH / 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): \_\_\_\_\_

HEALTH / 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): \_\_\_\_\_

LIFE / NAME OF COMPANY: \_\_\_\_\_

TERM OR WHOLE LIFE: \_\_\_\_\_ PREMIUM: \_\_\_\_\_

CASH SURRENDER VALUE: \_\_\_\_\_ TERM VALUE: \_\_\_\_\_

NAME(S) OF BENEFICIARIES: \_\_\_\_\_ OWNER OF POLICY: \_\_\_\_\_

