

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

**CLIENT:**

Name \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Age \_\_\_\_\_

*Please only list numbers we may contact you at.*

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

***Address to which we may send you mail:*** \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Civil or religious ceremony \_\_\_\_\_

Place of Marriage: County \_\_\_\_\_ State \_\_\_\_\_

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

Date of your birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Prior Marriage \_\_\_\_\_

Children by previous marriage \_\_\_\_\_

Education: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYER:**

Name: \_\_\_\_\_

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

How Long \_\_\_\_\_ Title/Position \_\_\_\_\_

Salary: Annual \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

**SPOUSE / ADVERSE PARTY:**

Name: \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

Spouse's / Adverse Party's Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Spouse's / Adverse Party's

Date of birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Spouse's / Adverse Party's

Age \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse's / Adverse Party's Education: \_\_\_\_\_

Spouse's / Adverse Party's prior marriages \_\_\_\_\_

Children by previous marriage \_\_\_\_\_

**SPOUSE'S / ADVERSE PARTY'S EMPLOYER:**

Name: \_\_\_\_\_

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

How Long \_\_\_\_\_ Title/Position \_\_\_\_\_

Salary: Annual \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

Children from the Marriage to which this case pertains:

\_\_\_\_\_ Born \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Born \_\_\_\_\_ Age \_\_\_\_\_

Residence of minor children \_\_\_\_\_

Who is providing health insurance for the children and you? \_\_\_\_\_

How much do you pay per month for health insurance? \_\_\_\_\_

Do you anticipate a dispute about custody or visitation? \_\_\_\_\_

Action Desired \_\_\_\_\_

Grounds for Action \_\_\_\_\_

Name of Attorney consulted by Spouse / Adverse Party (if known) \_\_\_\_\_

Property \_\_\_\_\_

Have either you or your spouse inherited any money or property during the marriage?

<u>When</u>	<u>Amount</u>	<u>What was done with it?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have either you or your spouse / adverse party received any gifts from third persons (over \$5,000.00) during the marriage?

<u>When</u>	<u>Amount</u>	<u>What was done with it?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did either you or your spouse / adverse party have property or savings over \$5,000.00 at the time of your marriage?

<u>How much</u>	<u>What was done with it?</u>
_____	_____

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Do either you or your spouse have a retirement, pension or profit sharing plan?

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If so, Who \_\_\_\_\_

How long employed with this employer? \_\_\_\_\_

**ASSETS**

1. Bank Accounts:

<u>Type</u>	<u>Approx. Balance</u>	
Checking	\$ _____	
Savings	\$ _____	
Other _____		\$ _____
Other _____		\$ _____
Other _____		\$ _____

2. IRA/Retirement/Pension/Profit Sharing:

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3. Real Estate Currently Owned:

<u>Address</u>	<u>Fair Market Value</u>	<u>Mortgage</u>
_____		
_____		
_____		
_____		

4. Other Property and approximate value:

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