

Date: _____

Client Name: _____

Who Referred You To Us: _____

Opposing Counsel: _____

1. Personal Information:

HUSBAND

WIFE

Full Name _____

Mailing Address _____

County _____

Telephone Number (h) _____ (w) _____

Social Security No. (Need for QDRO's) _____

Birthdate: _____ Age _____

Marriage Date: _____

City and State of Marriage (S&P) _____

Separation Date: _____

Do you desire a name change? Yes _____ No _____

Full Name Desired: _____

Have you resided at above address 180 days? Yes ___ No ___

Minor children born to this marriage or who will be affected by this legal action:

FULL NAME	Birthdate:	Living with:
_____	_____ Age: _____	_____
_____	_____ Age: _____	_____
_____	_____ Age: _____	_____
_____	_____ Age: _____	_____
_____	_____ Age: _____	_____

Is the wife now pregnant? No ___ Yes ___ - Due Date: _____

Is the issue of custody contested? Yes ___ No ___

What type of custody relationship do you desire:

- ___ Sole legal and physical custody to _____;
- ___ Joint legal, primary physical custody to _____;
- ___ Joint legal and physical custody (describe) _____

If you receive primary physical custody, what type of visitation would you want your spouse to have? _____

If your spouse receives primary physical custody, what type of visitation would you want to have? _____

Have your children been involved in counseling? Yes ___ No ___ With whom: _____

Physical and/or emotional disabilities of children: _____

Names and dates of birth of any minor children from a previous relationship: _____

Who are they living with: _____

Who has legal custody of these children: _____

Names and dates of birth of any emancipated children currently residing with you: _____

Are said children students of disabled? Yes ___ No ___

2. Employment: Provide the following data for each employer:

	HUSBAND	WIFE
(a) Name of Employer:	_____	_____
Address of Employer (Auth's)	_____	_____
Length of Employment	_____	_____
Position or Title	_____	_____

Income:	HUSBAND	WIFE
(1) Gross income per _____	\$ _____	\$ _____

Statutory Deductions:

Federal Income Tax	\$ _____	\$ _____
State Withholding	\$ _____	\$ _____
Social Security (FICA)	\$ _____	\$ _____
Pension/Retirement Deduction	\$ _____	\$ _____
Union Dues	\$ _____	\$ _____
Dependent Health/ Hospitalization Coverage	\$ _____	\$ _____
Dental Coverage	\$ _____	\$ _____
(2) Subtotal of Statutory Deductions	\$ _____	\$ _____
(3) Net Income (line 1 - line 2)	\$ _____	\$ _____

Other Paycheck Deductions:

Specify: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
(4) Subtotal of other deductions	\$ _____	\$ _____
(5) NET TAKE HOME PAY PER _____ (line 3 - line 4)	\$ _____	\$ _____

Tax withholding figures above are based upon married or single taxpayer with number of exemptions (i.e. M-4 or S-0):

Attach Most Recent State and Federal Tax Returns.

Attach Prior Month's Paycheck Stub(s) For Both You and Spouse.

(b) Employment Benefits: Identify all benefits in addition to wages including commissions, bonus paid or due, automobile or travel expense reimbursement, other per diem compensation, membership paid by the employer, etc.:

HUSBAND	WIFE
_____	_____
_____	_____
_____	_____

(c) Medical Insurance: Check any of the following which are available:

___ Medical ___ Hospitalization ___ Dental
___ Provided by your employer and/or labor union. Cost to you: \$ _____
___ Provided by spouse's employer and/or labor union. Cost to spouse: \$ _____
___ Purchased privately. Through whom? _____ Cost: \$ _____

If any of the above insurance does not cover the entire family, explain:

Will your medical and dental coverage be available for your spouse after the dissolution? Yes ___ No ___

(d) Other Income:	HUSBAND	WIFE
(1) Public Assistance (AFDC/GA)	\$ _____	\$ _____
(2) Social Security benefits for party or child(ren)	\$ _____	\$ _____
(3) Unemployment/Workers Comp.	\$ _____	\$ _____
(4) Interest income per _____	\$ _____	\$ _____
(5) Dividend income per _____	\$ _____	\$ _____
(6) Other income: _____	\$ _____	\$ _____
(7) Last Year's Tax Refunds	Federal: _____	State: _____
(8) Outstanding Tax Refunds Due	Federal: _____	State: _____

3. Child Support/Spousal Maintenance:

(a) Does either party receive child support or spousal maintenance from a separate proceeding? No Yes

If yes, specify the \$ _____ received each month for child support/alimony for _____ by the Order of _____ County dated _____.

(b) Child Support or Spousal Maintenance established by court Order for person(s) not included in this proceeding currently being paid:

HUSBAND

WIFE

\$ _____ \$ _____

To whom is this obligation owed? _____

County and date of such Order: _____

(c) Current Monthly Child Support or Spousal Maintenance Order established by temporary order for either party and minor children in this proceeding:

Child Support: \$ _____ Spousal Maintenance (Alimony): \$ _____

Any claimed arrearages under existing court Order(s)? No Yes

If yes, specify the amount(s) claimed: Child Support: \$ _____
Spousal Maintenance (Alimony): \$ _____

4. Living Expenses:

WIFE/
HUSBAND

CHILDREN'S PORTION
OF TOTAL

(a) Rent	\$ _____	\$ _____
(b) Mortgage Payment	_____	_____
(c) Contract for Deed Payment	_____	_____
(d) Homeowner's/Renters' Insurance	_____	_____
(e) Real Estate Taxes	_____	_____
(f) Utilities	_____	_____
(g) Heat	_____	_____
(h) Food and Household Goods	_____	_____
(i) Clothing and Grooming	_____	_____
(j) Laundry and Drycleaning	_____	_____

(k) Uninsured Medical and Dental	_____	_____
(l) Transportation (includes \$_____ car payment)	_____	_____
(m) Car Insurance and License	_____	_____
(n) Life Insurance	_____	_____
(o) Recreation, Entertainment & Travel	_____	_____
(p) Newspapers and Magazines	_____	_____
(q) Social and Church Obligations	_____	_____
(r) Personal Allowances and Incidentals (includes gifts)	_____	_____
(s) Babysitting and Child Care	_____	_____
(t) Home Maintenance	_____	_____
(u) Children School Needs and Allowances	_____	_____
(v) Children's Extra-curricular Activities and Lessons	_____	_____
(w) OTHER	_____	_____
_____	_____	_____
Monthly Debt Repayment (not otherwise included above)	_____	_____
TOTAL:	\$ _____	\$ _____

5. Spousal Maintenance (alimony):

Are you seeking spousal maintenance: _____

Is your spouse seeking spousal maintenance: _____

What is the state of your health: _____

Physician's name: _____

Under treatment for: _____

What is the state of your spouse's health: _____

Physician's name: _____

Under treatment for: _____

What is your educational background:

High school: _____

College: _____

Graduate: _____

Other: _____

What is your spouse's educational background:

High school: _____

College: _____

Graduate: _____

Other: _____

Previous work history (if you are seeking spousal maintenance)

Describe the standard of living established during your marriage:

Describe any contribution you have made to your spouse's business career or education or that he/she has made toward your business career or education:

6. Real Property:

	a. Homestead	b. Other*
(1) Date Acquired	_____	_____
(2) Purchase Price	\$ _____	\$ _____
(3) Present Fair Market Value	\$ _____	\$ _____
(4) First Mortgage Balance	\$ _____	\$ _____
Through Whom (Debts)	_____	_____
(5) Second Mortgage Balance	\$ _____	\$ _____
Through Whom	_____	_____
or Home Improvement Loan	\$ _____	\$ _____
Through Whom	_____	_____
(6) Real Estate Taxes	\$ _____	\$ _____
(7) Insurance	\$ _____	\$ _____

- (8) Net Value \$ _____ \$ _____
- (9) Monthly Payment: (PITI) \$ _____ \$ _____
- (10) Rental Income, if any \$ _____ \$ _____

State date, type, and cost of any major improvements since purchase:

Down payment: \$ _____
 Where did down payment come from: _____

Legal Description: _____

* Other Real Estate: Provide the same information for other real property such as rental property, lake cabin.

Attach a copy of deed for each parcel of property. (They usually take legal description from tax statements.)

7. Personal Property: Fair Market Value

In Possession of:

	HUSBAND	WIFE	JOINT
(a) Household Contents	\$ _____	\$ _____	\$ _____
(b) Stocks, Bonds, etc.	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
(c) Checking Accounts:			
_____ \$ _____	\$ _____	\$ _____	\$ _____
_____ \$ _____	\$ _____	\$ _____	\$ _____
Savings Accounts:			
_____ \$ _____	\$ _____	\$ _____	\$ _____
_____ \$ _____	\$ _____	\$ _____	\$ _____
(d) Receivables and Claims:			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

(e) Motor Vehicles:

	(1) _____ year/make/model	(2) _____ year/make/model	(3) _____ year/make/model
Bank Holding Title (Debts):	_____	_____	_____
Market Value	\$ _____	\$ _____	\$ _____
Encumbrance	\$ _____	\$ _____	\$ _____
Net Value	\$ _____	\$ _____	\$ _____
Monthly Payment	\$ _____	\$ _____	\$ _____
In Possession of	_____	_____	_____

(f) Boats, Motors, Campers, Trailers, etc.:

	(1) _____ year/make/model	(2) _____ year/make/model	(3) _____ year/make/model
Market Value	\$ _____	\$ _____	\$ _____
Encumbrance	\$ _____	\$ _____	\$ _____
Net Value	\$ _____	\$ _____	\$ _____
Monthly Payment	\$ _____	\$ _____	\$ _____
In Possession of	_____	_____	_____

(g) Other: (Such as power equipment, tools, guns, valuable animals, etc.)

(i) Description: _____ Fair Market Value: \$ _____
 _____ Encumbrance: \$ _____
 _____ Net Value: \$ _____

(ii) Description: _____ Fair Market Value: \$ _____
 _____ Encumbrance: \$ _____
 _____ Net Value: \$ _____

(iii) Description: _____ Fair Market Value: \$ _____
 _____ Encumbrance: \$ _____
 _____ Net Value: \$ _____

8. Nonmarital Claims: i.e., inheritance, gift, personal injury suit, property, stock, cash, etc., before or during marriage.

(a) Description: (1) _____ (2) _____

(b) Amount Claimed: \$ _____

Set forth the basis and method used to arrive at your claims:

9. Life Insurance:

Company	(a) _____	(b) _____	(c) _____
Policy Number	_____	_____	_____
Type of Insurance	_____	_____	_____
Face Amount	\$ _____	\$ _____	\$ _____
Cash Value	\$ _____	\$ _____	\$ _____
Loans	\$ _____	\$ _____	\$ _____
Insured	_____	_____	_____
Beneficiary	_____	_____	_____
Owner	_____	_____	_____

10. Pension Plan and/or Profit Sharing Plan:

	HUSBAND	WIFE
(a) Through Employment:		
(1) Present Cash Value	\$ _____	\$ _____
(2) Vested or Nonvested	_____	_____
(b) Private Plans:		
Through Whom	_____	_____
Type - IRA, Keogh, SEP, etc.	_____	_____
(1) Present Cash Value	\$ _____	\$ _____
(c) Deferred Compensation:	\$ _____	\$ _____
(d) Military Pension or Disability:	Yes ___ No ___	Yes ___ No ___

11. Debts:

(a) Secured Debts:

Creditor	(1) _____	(2) _____	(3) _____
Total Amount Owng	\$ _____	\$ _____	\$ _____
Monthly Payment	\$ _____	\$ _____	\$ _____
When Incurred	_____	_____	_____
Party Obligated (H,W,J)	_____	_____	_____
Reason for Debt	_____	_____	_____
Totals	Husband:\$ _____	Wife:\$ _____	Joint:\$ _____

(b) Unsecured Debts:

Creditor	(1) _____	(2) _____	(3) _____
Total Amount Owed	\$ _____	\$ _____	\$ _____
Monthly Payment	\$ _____	\$ _____	\$ _____
When Incurred	_____	_____	_____
Party Obligated (H,W,J)	_____	_____	_____
Reason for Debt	_____	_____	_____

Creditor	(4) _____	(5) _____	(6) _____
Total Amount Owed	\$ _____	\$ _____	\$ _____
Monthly Payment	\$ _____	\$ _____	\$ _____
When Incurred	_____	_____	_____
Party Obligated (H,W,J)	_____	_____	_____
Reason for Debt	_____	_____	_____

Totals Husband:\$ _____ Wife:\$ _____ Joint:\$ _____

Previous Separations: From _____ To _____

Previous Court Action: Date Action Commenced _____
Date Dismissed _____

What makes you feel you must institute this action: _____

How do you feel your spouse has contributed to the marital problems: _____

If your spouse is seeking a divorce, what makes him/her feel that he/she must institute this action? _____

How do you feel you have contributed to the marital problems? _____

Do you consider your marital problems irreconcilable? _____

Have you had marriage counseling? _____ If so, when? _____

Name of Counselor: _____

Address: _____

Phone No.: _____

Do you feel that further counseling, either to preserve the marriage or to aid in adjustment to a divorce, would be helpful? _____