

Law Office of
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DOMESTIC RELATIONS INFORMATION FORM

I. INFORMATION ABOUT YOU:

Full Name _____
Home Address: _____
Street and Number _____
City _____
County _____
State, Zip _____
Telephone (Work) _____
Telephone (Home) _____
E-Mail Address _____
Fax Number _____
How long have you resided in this city/county? _____
How long have you resided in this state? _____
Full name at birth _____
All former names from previous marriages _____
Date of Birth _____
Place of Birth _____
Age _____
Social Security Number _____
Occupation _____
Employer's Address _____

Religion _____
Race _____
Have you ever been a member of the U.S. Armed Forces? _____
If so, give branch and dates of service _____

II. INFORMATION ABOUT YOUR SPOUSE:

Full Name _____
Home Address: _____
Street and Number _____
City _____
County _____
State, Zip _____
Telephone (Work) _____
Telephone (Home) _____
E-Mail Address _____

Fax Number _____
How long has your spouse resided in this city/county? _____
How long has your spouse resided in this state? _____
Full name at birth _____
All former names from previous marriages _____
Date of Birth _____
Place of Birth _____
Age _____
Social Security Number _____
Occupation _____
Employer/Office Address (list all): _____

Religion _____
Race _____
Has your spouse ever been a member of the U.S. Armed Forces?

If so, give branch and dates of service _____

III. DEPENDENTS:

For each child, please provide the following information:

First Child:

Full Name _____
Date of Birth _____
Place of Birth _____
Age _____
Social Security Number _____
Does this child currently live with you? _____
If not, with whom does the child reside? _____
If not, list the child's address. _____

Does this child have any extraordinary medical or dental needs?

If yes, please describe _____

Are you and your spouse the birth parents of this child? _____
Was this child adopted by you and your spouse? _____
Is there any question about the paternity of this child? _____
Was this child born during a former marriage? _____
If so, who is the other parent? _____
Was this child born of a non-marital relationship? _____
If so, who is the other parent? _____

Name of school/day care currently attended by child _____
Do you want legal custody of the child? _____

On a separate sheet of paper, list each place where the child has resided during the past five years, together with the dates when the child resided there, the name of the person with whom the child resided, and the current address of that person.

Have you participated, either as a party, witness, or in any other capacity in any court proceeding concerning custody of this child, in any state? _____
If your answer is yes, please provide that information on a separate sheet.

Do you have knowledge or information of any custody proceeding concerning this child which is pending in a court of this state or any other state? _____
If your answer is yes, please provide this information on a separate sheet.

Do you know of any person who has physical custody of this child, or who claims to have custody or visitation rights with respect to this child? _____
If so, please provide the information on a separate sheet.

Second Child:

Full Name _____
Date of Birth _____
Place of Birth _____
Age _____
Social Security Number _____
Does this child currently live with you? _____
If not, with whom does the child reside? _____
If not, list the child's address. _____

Does this child have any extraordinary medical or dental needs?

If yes, please describe _____

Are you and your spouse the birth parents of this child? _____
Was this child adopted by you and your spouse? _____
Is there any question about the paternity of this child? _____

Was this child born during a former marriage? _____
If so, who is the other parent? _____
Was this child born of a non-marital relationship? _____
If so, who is the other parent? _____
Name of school/day care currently attended by child _____
Do you want legal custody of the child? _____

On a separate sheet of paper, list each place where the child has resided during the past five years, together with the dates when the child resided there, the name of the person with whom the child resided, and the current address of that person.

Have you participated, either as a party, witness, or in any other capacity in any court proceeding concerning custody of this child, in any state? _____

If your answer is yes, please provide that information on a separate sheet.

Do you have knowledge or information of any custody proceeding concerning this child which is pending in a court of this state or any other state? _____

If your answer is yes, please provide this information on a separate sheet.

Do you know of any person who has physical custody of this child, or who claims to have custody or visitation rights with respect to this child? _____

If so, please provide the information on a separate sheet.

Other than children, do you have any dependents? _____

If so, describe. _____

IV. MARITAL HISTORY:

This marriage:

Date of Marriage _____

Location of Marriage _____

Number of this Marriage: You _____ Spouse _____

Do you and your spouse currently live together? _____

If not, date of separation _____

If not, who left the marital residence? _____

Have you or your spouse previously filed a divorce suit, suit for annulment, or suit for support or child custody? _____

If yes, _____

Who filed? _____

What type of law suit? _____

When was it filed? _____

Where was it filed? _____

City/County _____

State _____

Name of Court _____

How did the suit end? _____

Your previous attorney _____

Name _____

Address _____

Telephone Number _____

Have you or your spouse participated in any type of marital counseling concerning this marriage, either individually or jointly? _____

If yes, describe _____

Written agreements:

Have you reached any agreement with your spouse concerning custody, visitation, child support, spousal support, or property issues? _____

If yes,

Was this agreement reached before you and your spouse married, or during your marriage? _____

Date of agreement _____

Please provide a copy of the agreement.

Do either you or your spouse desire reconciliation? _____

If so, who? _____

Previous divorces:

If either you or your spouse was previously divorced, please provide the following information for each divorce:

Names of parties _____

Court (state and county) _____

Case number _____

Date divorce was granted _____

Attorneys

Names _____

Addresses _____

(Use additional sheets.)

V. TRAINING, EDUCATION AND EMPLOYMENT:

Information about you:

The highest level of education completed: _____

Your level of education at the time you were married: _____

Have you received any specialized training? _____

If so, please describe _____

Did your spouse help finance your education? _____

If so, describe your spouse's contributions: _____

If you are currently employed, describe

Your occupation _____

Your employer _____

Your salary _____

If you are currently unemployed, describe

Your last occupation _____

Your last employer _____
 Date when your last employment ended _____
 Your last salary _____
 Do you hold any license, certificate, registration, or other
 authorization to engage in a profession, trade, business, or
 occupation? _____
 If so, what type of authorization? _____
 If so, what state agency issued the authorization? _____

Information about your spouse:

The highest level of education completed: _____
 Your spouse's level of education at the time you were
 married: _____

Has your spouse received any specialized training? _____
 If so, please describe _____

Did you help finance your spouse's education? _____
 If so, describe your contributions: _____

If your spouse is currently employed, describe
 Your spouse's occupation _____
 Your spouse's employer _____
 Your spouse's salary _____

If your spouse is currently unemployed, describe
 Your spouse's last occupation _____
 Your spouse's last employer _____
 Date when your spouse's last employment ended _____
 Your spouse's last salary _____

Does your spouse hold any license, certificate,
 registration, or other authorization to engage in a
 profession, trade, business, or occupation? _____
 If so, what type of authorization? _____
 If so, what state agency issued the authorization? _____

VI. EXPENSES

Please provide the following information about your current
 monthly expenses:

<u>EXPENSES:</u>	<u>Monthly</u>		<u>Monthly</u>
<u>Household:</u>		<u>Health Expenses:</u>	
Mortgage/Rent	\$ _____	Doctor	\$ _____
Property Taxes	_____	Dentist	_____
Repairs & Maintenance	_____	Eyeglasses	_____
Furniture	_____	Hospital/Clinics	_____
Homeowners' Insurance	_____	Medicines, Vitamins	_____
		Other	_____

<u>Utilities:</u>		<u>Gifts:</u>	
Electricity	_____	Church/Charity	_____
Oil/Gas/Heat	_____	Christmas/Birthdays	_____
Cable TV	_____		
Telephone	_____	<u>Entertainment</u>	_____
Water/Sewer	_____		
Wood	_____	<u>Vacations</u>	_____
Trash	_____		
		<u>Dues:</u>	
<u>Food:</u>		Professional	_____
Groceries	_____	Homeowners' Assoc.	_____
Eat Out	_____	Social Clubs	_____
<u>Automobile:</u>		<u>Sundries:</u>	
Monthly Payment	_____	Newspapers/Magazines	_____
Gas/Oil	_____	Cosmetics	_____
Repair	_____	Other	_____
Tags/Inspection	_____		
Personal Property		<u>Miscellaneous:</u>	
Taxes	_____	Taxes	_____
Car Insurance	_____	Life Insurance	_____
Other	_____		
Transportation	_____	Disability Insurance	_____
Parking	_____		
		<u>Legal Expenses</u>	_____
<u>Children's Expenses:</u>			
School Supplies	_____		
School Tuition	_____	<u>Clothing:</u>	
Lunch Money	_____	New	_____
Allowance	_____	Cleaning/Laundry	_____
Lessons/Sports	_____	Special/Uniforms	_____
Child Care-Work	_____		
Child Care-Other	_____	<u>Debt Total:</u>	_____

Total Monthly Expenses \$ _____

VII. DEBTS

Most families have a variety of debts, including mortgage payments, automobile loans, credit card debts, and other obligations. For each debt or obligation, please provide the following information:

DEBT NO. 1
 Creditor's Name _____
 Creditor's Address _____
 Amount of original debt _____

Remaining balance to be paid _____
Amount of monthly payment _____
Final payment date (if any) _____
Who usually pays this debt? _____

DEBT NO. 2
Creditor's Name _____
Creditor's Address _____
Amount of original debt _____
Remaining balance to be paid _____
Amount of monthly payment _____
Final payment date (if any) _____
Who usually pays this debt? _____

DEBT NO. 3
Creditor's Name _____
Creditor's Address _____
Amount of original debt _____
Remaining balance to be paid _____
Amount of monthly payment _____
Final payment date (if any) _____
Who usually pays this debt? _____

DEBT NO. 4
Creditor's Name _____
Creditor's Address _____
Amount of original debt _____
Remaining balance to be paid _____
Amount of monthly payment _____
Final payment date (if any) _____
Who usually pays this debt? _____

****Please attach additional sheets containing the same information if necessary.***

VIII. DOCUMENTS TO PROVIDE TO YOUR ATTORNEY

Please provide copies of the items described below:

1. Tax returns. Please provide copies of your state and federal income tax returns for the past three years, including all schedules, W-2 forms, and 1099's.
2. Medical insurance. Please provide the name and address of your medical insurance company, as well as the policy and group number.
3. Life insurance. Please provide a copy of the face sheet of any life insurance policy you own, which contains the name and address of the insurance company, the face amount of the policy, the policy number, owner and beneficiary.

4. Bank accounts. Please provide copies of current statements showing your balance in all bank, savings and loan, or other financial institutions. The account number should appear on the statement.
5. Retirement plan. If you participate in any profit-sharing, pension, or retirement plan provided by your employer, please request a copy of the summary plan description and a statement of your current interest in the plan and its value.
6. Retirement accounts. If you or your spouse own any IRAs, please provide the name of the financial institution, the account number, the beneficiary, and a current statement indicating the account balance.
7. Real estate appraisal. If your property has been appraised during the past three years, please provide a copy of the appraisal. If your property has not been appraised during the past three years, please provide a copy of the current real estate tax assessment.
8. Written agreements. If you and your spouse have entered into any written agreement concerning support, property, or other matters, please provide a copy of the agreement.
9. Previous marriages. If either you or your spouse was previously married and divorced, please provide a copy of the final divorce decree.

IX. PROPERTY INVENTORY

Please complete the attached Property Inventory concerning all assets in your marriage. This includes all property of value, including your home, automobiles, furnishings, clothing, jewelry, tools or equipment, stocks, bonds, or other financial instruments, cash held in accounts as well as cash on hand, and any business interests that you may have. This list is not exhaustive, and if you own or have an interest in any other types of property, please list the information on the inventory form. Make a sufficient number of copies of the Property Inventory so that you can provide your attorney with complete information.