

DOMESTIC RELATIONS INFORMATION FORM

DATE: _____

Client's Full Name: _____
(First) (Middle/Maiden) Last

Home Phone: _____ Work Phone: _____

Address: _____
(City) (State) Zip Code

IF YOU PREFER YOUR CORRESPONDENCE MAILED TO AN ALTERNATE MAILING ADDRESS, PLEASE PROVIDE:

Birthdate & Place _____ / _____ / _____ Age: _____ State: _____ County: _____

Date & Place of Marriage: _____ / _____ / _____ State: _____ County: _____

Date Separated: _____ / _____ / _____ Social Security Number: _____ - _____ - _____

Employment: _____ Position: _____

Employment Address: _____

Spouse's Full Name: _____
(First) (Middle/Maiden) Last

Home Phone: _____ Work Phone: _____

Address: _____
(City) (State) Zip Code

Birthdate & Place _____ / _____ / _____ Age: _____ State: _____ County: _____

Spouse's Social Security Number: _____ - _____ - _____

Spouse's Employment: _____ Position: _____

Spouse's Employment Address: _____

Is this your first marriage? _____

If no give number for you: _____

If applicable, did your last marriage end in _____ Divorce _____ Death _____ Annulment
(Please mark one if applicable)

Is this your Spouse's first marriage? _____

If no, give number of this marriage: _____

If applicable, did your spouse's last marriage end in _____ Divorce _____ Death
_____ Annulment

Last Year of Education Completed: (Please Circle)

You: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 5 +

Your Spouse: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 5 +

Children of This Marriage:

(1) _____ Birthdate _____ (2) _____ Birthdate _____

(3) _____ Birthdate _____ (4) _____ Birthdate _____

Minor Children of Prior Marriage:

(1) _____ Birthdate _____ (2) _____ Birthdate _____

(3) _____ Birthdate _____ (4) _____ Birthdate _____

Custody: _____

Visitation: Reasonable/Standard/Restricted/Supervised

Monthly Daycare Expenses: _____

Current Child Support for other children: _____

Child Support Paid by EITHER Party: _____ Paid by: _____

Monthly Daycare Paid by EITHER Party: _____ Paid by: _____

Are you currently pregnant? _____ yes _____ no

Do you wish to resume your former maiden name? _____ yes _____ no

Family Counselor: _____

Accountant: _____

Personal Physician: _____

INCOME

YOURSELF

SPOUSE

Gross income from
Wages, etc.

Other Income:

Please Specify:

Total Gross
Monthly Income:

Total Net Monthly
Income:

ASSETS

(Real estate, furniture, furnishings, autos, stocks, etc.)

ITEM

OWNER(S)

ESTIMATED VALUE

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

DEBTS

CREDITOR

**MONTHLY
PAYMENT**

TOTAL OWED

**PROPERTY
MORTGAGED**

**PERSON
RESP.**

1. _____

2. _____

3. _____

4. _____

5. _____

BANK/CREDIT UNION ACCOUNTS, ETC.

<u>NAME OF BANK</u>	<u>TYPE OF ACCOUNT</u>	<u>OWNER</u>	<u>CURRENT BALANCE</u>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

CREDIT CARD ACCOUNTS.

<u>NAME OF CREDITOR</u>	<u>TYPE OF ACCOUNT</u>	<u>OWNER</u>	<u>CURRENT BALANCE</u>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

INSURANCE AND ESTATE PLANNING

INSURANCE POLICIES IN FORCE (Life, Health, etc.)

<u>TYPE POLICY</u>	<u>FACE AMOUNT</u>	<u>COMPANY</u>	<u>BENEFICIARY</u>	<u>OWNER</u>
1. _____				
2. _____				
3. _____				
4. _____				

Monthly premium for health insurance: _____ paid by: _____

Non Covered Medicals:

Income Tax Exemptions: Husband/Wife

PERSONAL PROPERTY

Jewelry: _____ Cash: _____ Checking: _____

Stock & Bonds: _____ Savings: _____ Cemetary Lots: _____

PENSION OR PROFIT SHARING PLAN (Please explain if applicable)

Yours: _____

Your Spouse: _____

Do you have a will: _____ yes _____ no

Referred to this firm by: _____

Attorney's fees and court costs:

Plaintiff's Testimony:

Opposing Party's Attorney (If Applicable)

Name: _____

Address: _____

Telephone: _____