

DIVORCE INFORMATION SHEET

DATE: _____

1. NAME: _____
 First Middle Last Maiden

2. ADDRESS (Street & Mailing):

Physical: _____

Mailing: _____
 City County State Zip

3. HOME PHONE: _____ **BUS. PHONE:** _____

CELL PHONE: _____ **OTHER PHONE:** _____

EMAIL ADDRESS: _____

4. SPOUSE'S FULL NAME: _____
 First Middle Last Maiden

5. SPOUSE'S ADDRESS: (Street & Mailing):

Physical: _____

Mailing: _____
 City County State Zip

6. STATISTICAL INFORMATION:

- A) Self:
- 1. Date of Birth: _____
 - 2. Place of Birth: _____
 - 3. Social Security Number: _____
 - 4. Education: _____

- B) Spouse:
- 1. Date of Birth: _____
 - 2. Place of Birth: _____
 - 3. Social Security Number: _____
 - 4. Education: _____

7. MARRIAGE INFORMATION:

- A) Date of Marriage: _____
 - B) Place of Marriage: _____
 - C) Date of Separation: _____
 - D) Number of this Marriage for Wife: _____
 - E) Number of this Marriage for Husband: _____
 - F) Any prior divorce actions filed between you and current spouse:
 _____ YES _____ NO
- 1. County of filing: _____
 - 2. Date of filing: _____
 - 3. Status: _____
 - 4. Civil Action File Number: _____

8. CHILDREN: (Please provide a copy of each child's *social security card & birth certificate*)

NAME (FIRST, MIDDLE, LAST) DATE OF BIRTH AGE SS#

9. List all addresses at which the children have lived in the past five (5) years and the person with whom they lived:

10. If there have been prior proceedings, concerning custody of the children, please list the date, typed of action, the county of such action, the Civil Action File Number, and the present status of such action:

11. Do any persons besides the parties claim any right to custody of or visitation with the minor children? If so, list who, and the reasons for such claim:

12. ASSETS

A. **REAL ESTATE** - For each place list the following:

1. Address: _____

2. Date of Purchase: _____
3. Purchase Price: \$ _____
4. Mortgage Company: _____
5. Mortgage Balance: \$ _____
6. Monthly Mortgage Payment Amount: \$ _____
7. Status of Loan: _____
8. Titled Owner: _____
9. Value: \$ _____
10. Source of purchase funds: _____
11. Name of Lender/Bank: _____

REAL ESTATE – Continued:

1. Address: _____

2. Date of Purchase: _____
3. Purchase Price: \$ _____
4. Mortgage Company: _____
5. Mortgage Balance:\$ _____

- 6. Monthly Mortgage Payment Amount: \$ _____
- 7. Status of Loan: _____
- 8. Titled Owner: _____
- 9. Value: \$ _____
- 10. Source of purchase funds: _____
- 11. Name of Lender/Bank: _____

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- 11. Name of Lender/Bank: _____

B. AUTOMOBILES – For each list:

- 1. Make and Model: _____
- 2. Amount of Loan Balance Owed: \$ _____
- 3. Amount of Monthly Payment: \$ _____
- 4. Name of Lender/Bank: _____
- 5. Value: \$ _____
- 6. Titled Owner: _____
- 7. Driver of Vehicle: _____

- 1. Make and Model: _____
- 2. Amount of Loan Balance Owed: \$ _____
- 3. Amount of Monthly Payment: \$ _____
- 4. Name of Lender/Bank: _____
- 5. Value: \$ _____
- 6. Titled Owner: _____
- 7. Driver of Vehicle: _____

- 1. Make and Model: _____
- 2. Amount of Loan Balance Owed: \$ _____
- 3. Amount of Monthly Payment: \$ _____
- 4. Name of Lender/Bank: _____
- 5. Value: \$ _____
- 6. Titled Owner: _____
- 7. Driver of Vehicle: _____

C. OTHER ASSETS – Include value and indicate any debt owing:

- 1. _____ \$
- 2. _____ \$
- 3. _____ \$
- 4. _____ \$
- 5. _____ \$

D. RETIREMENT ACCOUNTS / IRA:

- A. Wife:
1. Place of funds: _____
 2. Value: \$ _____
 3. Years of Service: _____
- B. Husband:
1. Place of funds: _____
 2. Value: \$ _____
 3. Years of Service: _____

E. HEALTH/DENTAL INSURANCE:

(*Please provide a copy of all Medical/Dental Insurance Cards*)

Insurance Carrier: _____
Insurance Company Address: _____

Insurance Company Telephone #: _____
Policy/Group Number: _____
Amount of Insurance: \$ _____ per week / month / year
Insured's Full Name: _____
Type of Insurance available: Medical Dental Vision
 Prescription
List individuals covered by plan: _____

13. EMPLOYMENT INFORMATION:

(*Please provide a copy of W-2's, Tax Returns, and 3 most recent paystubs for both parties*)

- A) Wife:
1. Employer: _____
 2. Address: _____
 3. Income: \$ _____ per Hour \$ _____ Yearly
 4. Number of years at this job: _____
 5. Prior employment: _____
- B) Husband:
1. Employer: _____
 2. Address: _____
 3. Income: \$ _____ per Hour \$ _____ Yearly
 4. Number of years at this job: _____
 5. Prior employment: _____

14. DEBTS:

Debt Owed to:	Balance Due:	Monthly Payments:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

\$

\$

\$

\$

15. GROUNDS FOR DIVORCE:

Irretrievably Broken

Other (please explain):

16. ANY VIOLENCE, THREATS OF VIOLENCE, TRANSFER OF ASSETS, THREAT OF TRANSFER OF ASSETS? IF YES, EXPLAIN:

.....
OFFICE USE ONLY:

Retainer: \$ _____

Seminar: _____

Fin Aff. _____

Affidavits: _____

Ct Dates: _____

ADDITIONAL CONSULATION NOTES:

