

CLIENT INFORMATION SHEET
DISSOLUTION

I. HUSBAND

NAME:

First _____ Middle _____ Last _____

RESIDENCE:

Street _____ City _____

County _____ State _____ Zip _____

How long a resident of this State _____ County _____

State of Birth _____ Date of Birth _____ Age _____

Race: White ___ Black ___ American Indian ___ Other _____

Married Previously? _____ If so, number of this Marriage? _____

If previously marriage, how many ended by death? ___ Divorce ___

Education: Elementary - Secondary (1-12) ___ College (1-4 or 5+) ___

Employment:

Job Title _____ Hours of employment _____

Employer's Name: _____

Address: _____ City _____

State _____ Zip _____ How long with employer? _____

Salary: _____ per _____

Social Security No.: _____ Driver's License No. _____

Phone Numbers:

Home _____ Work _____

Cellular/Mobile _____ Email: _____

Physical Health: _____

Names of Children of previous marriages	ages	support obligation	support received

Additional Information: _____

II. **WIFE**

NAME:

First _____ Middle _____ Last _____

Maiden Name: _____

Want to resume maiden name? Yes / No

RESIDENCE:

Street _____ City _____

County _____ State _____ Zip _____

How long a resident of this State _____ County _____

State of Birth _____ Date of Birth _____ Age _____

Race: White ___ Black ___ American Indian ___ Other _____

Married Previously? _____ If so, number of this Marriage? _____

If previously marriage, how many ended by death? ___ Divorce ___

Education: Elementary - Secondary (1-12) ___ College (1-4 or 5+) ___

Employment:

Job Title _____ Hours of employment _____

Employer's Name: _____

Address: _____ City _____

State _____ Zip _____ How long with employer? _____

Salary: _____ per _____

Social Security No.: _____ Driver's License No. _____

Phone Numbers:

Home _____ Work _____

Cellular/Mobile _____ Email: _____

Physical Health: _____

Names of Children of previous marriages	ages	support obligation	support received

Additional Information: _____

III. **MARRIAGE**

Date of this marriage? _____

Date of Separation? _____

Place of this marriage:

City _____ County _____ State _____

Relief Sought: Dissolution / Legal Separation / Annulment

Grounds: Adultery Bigamy Conviction/Felony Desertion

 Drunkenness Venereal Disease Physical Cruelty

 Mental Cruelty Impotency Attempt to take life

 Use of Addictive Drugs Irreconcilable Differences

Physical Violence? _____

What does your spouse complain about? _____

What are your future plans? _____

Additional Information: _____

IV. **CHILDREN**

Number of children born alive to this marriage? _____

Number of children under age 18 in this family? _____

Name	Date of Birth	Age	SSN

Any mental or physical handicaps? Yes / No If yes, please specify:

Is Wife presently pregnant? Yes / No

Are any of the children adopted? Yes / No

With whom are the children now? _____

Is custody contested? _____

Have your children revealed a custodial preference? _____

Frozen eggs or other fertility treatments? _____

Additional Information: _____

V. **PROPERTY**

Non-marital property (prior to marriage, by gift or inheritance)

Description	When Received	Value

Marital Property you wish to keep: _____

Was there a pre-nuptial agreement? Yes / No

If so, date signed? _____ Location? _____

REAL ESTATE:

Address of marital residence: _____ City _____

State _____ Zip _____ Own or Rent? _____

Landlord _____

Name of Mortgage Holder? _____

Current Balance: _____ Monthly payments: _____

Market Value: _____ Purchase Price _____

Purchase Date _____ Down payment _____

Source of Down Payment? _____

Taxes _____ Insurance Carrier _____ Premium _____

Currently occupied by: _____

Address of OTHER real estate: _____ City _____

State _____ Zip _____ Own or Rent? _____

Name of Mortgage Holder? _____

Current Balance: _____ Monthly payments: _____

Market Value: _____ Purchase Price _____

Purchase Date _____ Down payment _____

Source of Down Payment? _____

Taxes _____ Insurance Carrier _____ Premium _____

Currently occupied by: _____

Annual Rent Received _____

Annual Expenses _____ Net Income _____

Signed Agreement? Yes / No

BUSINESS INTERESTS:

Type of Business _____ How Held _____

When Acquired _____

Source of Investment _____ Annual Net Income _____

Value _____

BANKING ACCOUNTS:

Type of Account	Location	Current Balance	In whose name(s)

STOCKS:

Company	# of Shares	Current Value	Income Received

AUTOMOBILES:

Year/Make/Model	In whose Name(s)	Loan Payoff	Who Drives it

RETIREMENT/PENSION:

Type	Whose Account	Company	Value

Jewelry / Furs / Paintings? _____

OTHER ASSETS:

Description	Value	When Acquired	How titled

DEBTS:

Creditor	Basis for Debt	Amount Owed	Payment Schedule

INSURANCE:

Type	Company	Premium	Policy #	Insured	Beneficiary

PLEASE PROVIDE THE FOLLOWING:

- **THE MOST RECENT YEAR-TO-DATE PAY STUB FOR WIFE AND HUSBAND**
- **MOST RECENT FEDERAL AND STATE INCOME TAX RETURN WITH ATTACHMENTS**
- **MOST RECENT ACCOUNT STATEMENTS FOR ALL BANK, CREDIT CARD, RETIREMENT, INVESTMENT, AND LOAN ACCOUNTS**