

DATE: \_\_\_\_\_

CONFLICT CHECK: \_\_\_\_\_

RETAINER: \_\_\_\_\_

## DISSOLUTION OF MARRIAGE

### CLIENT INFORMATION

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Days & Hours You Work: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Gross Monthly Income (before deductions and taxes) \_\_\_\_\_

How long have you been employed by current employer? \_\_\_\_\_

### SPOUSE

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Days & Hours Spouse Works: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Gross Monthly Income (before deductions and taxes) \_\_\_\_\_

How long has he/she been employed by current employer? \_\_\_\_\_

**CHILDREN (if applicable)**

How many children do you have of this marriage?

Name

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____

Where do the children currently live? \_\_\_\_\_

List the previous residence(s) and dated of residence of each child during the last five years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many children do you have from a prior marriage/relationship: \_\_\_\_\_

Do you pay court ordered child support for any other children? 9 Yes 9 No

if so, how much? \$\_\_\_\_\_ List names, ages, and date of birth:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many children does your spouse have from a prior marriage/relationship: \_\_\_\_\_

Does your spouse pay court ordered child support for any other children? 9 Yes 9 No

if so, how much? \$\_\_\_\_\_ List names, ages, and date of birth:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any court orders in effect for any of the children? 9 Yes 9 No

if yes, list the court(s) and case number(s):

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**MARRIAGE**

Are you separated at this time? 9 Yes 9 No Date of separation: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Place of marriage: \_\_\_\_\_

Do you think your spouse will be agreeable as to custody of the children? \_\_\_\_\_

Is there any danger past or current incidence of domestic violence? Explain:

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Do you pay Court-ordered spousal maintenance? 9 Yes 9 No

Does your spouse pay Court-ordered spousal maintenance? 9 Yes 9 No

**PROPERTY**

To the best of your ability, please give the current values or estimates of the following:

Property value of home \_\_\_\_\_ Mortgage balance \_\_\_\_\_

How do you want this property divided? \_\_\_\_\_

Make model and value of your car \_\_\_\_\_

Loan balance \_\_\_\_\_

Make model and value of spouse=s car \_\_\_\_\_

Loan balance \_\_\_\_\_

List other property that needs to be divided and approximate value:

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List credit card debts and approximate balance owed, and who will be responsible for debt:

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Do you have life insurance?  Yes  No If so, what is the value? \_\_\_\_\_

Does your spouse have life insurance?  Yes  No If so, what is the value? \_\_\_\_\_

Do you have medical insurance coverage through your employment?  Yes  No

Does your spouse have medical insurance coverage through their employment?  Yes  No

Who provides the medical insurance for the children?  Mother  Father

How much does that parent pay each month for the children=s medical insurance? \_\_\_\_\_

Do you have a retirement plan?  Yes  No

Does your spouse have a retirement plan?  Yes  No

Do you have a pension plan?  Yes  No

Does your spouse have a pension plan?  Yes  No

Do you or your spouse wish to retain your/their former name?  Yes  No

If so, state former name \_\_\_\_\_

**REFERRALS**

Name, Address and Telephone Number of Person who referred you:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name, Address and Telephone Number of Nearest Relative or Friend NOT living with you:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE