

DIVORCE INFORMATION FORM - WITH CHILDREN

DATE OF INTERVIEW _____

REFERRED BY _____

GENERAL INFORMATION

Your full name _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Place of Birth (City and State) _____

Social Security # _____ Driver's License # _____

Phone Numbers: Home _____ Work _____
Pager _____ Cell _____
Home Fax _____ Work Fax _____

Do you want to be notified before faxes are sent to you so that you
can be "standing by" at the fax machine? _____

E-Mail Address: _____

Eye Color Hair Color Height Weight Race Scars, Tattoos
_____/_____/_____/_____/_____/_____

INFORMATION REGARDING SPOUSE

Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Place of Birth (City and State) _____

Home Telephone _____ Work Telephone _____

Social Security # _____ Driver's License # _____

Eye Color Hair Color Height Weight Race Scars, Tattoos
_____/_____/_____/_____/_____/_____

Other Distinguishing Features _____

INFORMATION REGARDING MARRIAGE:

Place of marriage (City and State) _____

Date of marriage _____

Wife's maiden name _____ Would you like to have this name restored? _____

Date of separation (note: if you or your spouse are currently residing in the same household, please indicate the date in which you first felt that your marriage was over) _____

Date you last resided in same household _____

No. of minor children living in household at time of separation _____

INCOME INFORMATION - YOURSELF

Occupation _____

Your employer (if unemployed, name of last employer) _____

Employer's address _____

Employer's Phone No. _____ Employer's Tax Identification No. _____

Date hired _____

Gross earnings per pay period (earnings before taxes) \$ _____

Weekly _____ Bi-weekly _____ Bi-monthly _____ Monthly _____

Hourly pay rate (including shift premium and Cola) _____. Total regular hours worked per pay period _____. Average monthly gross income from overtime, if any _____

Do you have a second job? If so, please indicate:

Type of work: _____

Date hired _____

Employer's name and address _____

Gross earnings per pay period (earnings before taxes) \$ _____

Weekly _____ Bi-weekly _____ Bi-monthly _____ Monthly _____

Hourly pay rate (including shift premium and Cola) _____.

List MONTHLY income from all other sources, such as government benefits, commissions, bonuses, interests, pensions, child support, etc _____

Do you have any medical conditions/restrictions that affect your ability to work? _____

If yes, please explain _____

INCOME INFORMATION REGARDING YOUR SPOUSE

Occupation _____

Spouse's employer (if unemployed, name of last employer) _____

Date hired _____

Employer's address _____

Employer's phone no. _____ Employer's Tax Identification No. _____

Gross earnings per pay period (earnings before taxes) \$ _____

Weekly _____ Bi-weekly _____ Bi-monthly _____ Monthly _____

Hourly pay rate (including shift premium and Cola) _____.

Average monthly gross income from overtime, if any _____

Does your spouse have a second job? If so, please indicate:

Type of work: _____

Employer's name and address _____

Date hired _____

Gross earnings per pay period (earnings before taxes) \$ _____

Weekly _____ Bi-weekly _____ Bi-monthly _____ Monthly _____

Hourly pay rate (including shift premium and Cola _____).

Total regular hours worked per pay period _____.

List spouse's MONTHLY income from all other sources, such as government benefits, commissions, bonuses, interests, pensions, child support, etc _____

Do your spouse have any medical conditions/restrictions that affect his/her ability to work? _____

If yes, please explain medical condition/restriction _____

HEALTH CARE INSURANCE INFORMATION

Medical insurance company name & policy numbers _____
Which spouse carries this insurance? _____

Dental insurance company name & policy numbers _____
Which spouse carries this insurance? _____

Optical insurance company name & policy numbers _____
Which spouse carries this insurance? _____

Are you required to pay all or a portion of your health care premiums? _____
If so, what is the total cost to you per pay period?
How much of your cost is for your child or children?

EDUCATION

Highest grade achieved _____
Degrees: date, type, date, name of college/ university _____
Did your spouse put you through school? _____

SPOUSE'S EDUCATION

Highest grade achieved _____
Degrees: date, type, date, name of college/ university _____
Did you put your spouse through school? _____

DEBTS (NOT INCLUDING MORTGAGE ON HOME)

<u>Creditor</u>	<u>Amount Owed</u>	<u>Nature of Debt</u>	<u>Whose name is this debt in? (You, spouse, both)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL PROTECTION ORDER

Has your spouse been violent towards you and/or do you fear future violence from him/her? If so, please provide details

When was the most recent act of violence? _____

Do you now have, or have you in the past had or applied for Personal Protection Order? If so, please provide details:

CHILDREN BORN OR ADOPTED OF THIS MARRIAGE:

<u>NAME</u>	<u>BIRTH DATE</u>	<u>GRADE</u>	<u>SCHOOL</u>	<u>SOCIAL SECURITY NO.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you or the other parent in this case pregnant? Yes ___ No ___ If yes,
(a) When is the child due? _____
(b) Are the parties in this case the biological parents of the expected child? Yes ___
No ___

Do you have any minor children not born of this marriage? If so, please specify:

NAME BIRTH DATE GRADE SOCIAL SECURITY NO.

Are you the custodial parent of the above children not born of the marriage? If so, do you receive child support from other parent? _____ Weekly amount _____
If you are not the custodial parent of the above children not born of the marriage, do you pay child support for them? _____ Weekly amount: _____

Does your spouse have any minor children not born of this marriage? If so, please specify:

NAME BIRTH DATE GRADE SOCIAL SECURITY NO.

Is your spouse the custodial parent of the above children not born of the marriage? If so, does he/she receive child support from other parent? _____ Weekly amount: _____
If your spouse is not the custodial parent of the above children not born of the marriage, does he/she pay child support for them? _____ Weekly amount: _____

CHILD CARE INFORMATION

Do you have work or education related care expenses for the minor children of this marriage during any time of the year? Yes ___ No ___

Name of child care provider _____

Names of children receiving child care _____

Estimated number of weeks of child care provided per calendar year _____

Current weekly child care cost _____.

Are any of your children handicapped or in poor health? Please provide details:

Please list all addresses where your children have lived in the past five years, and indicate with whom they lived:

PROPERTY OWNED

Marital Home

Address _____

When purchased _____ Purchase Price _____

Down payment _____ Source of Payment _____

Amount Owed _____ Mortgage ___ Land Contract

Mortgage Payments _____ Does payment include taxes and insurance?

Do you have a home equity loan outstanding? ___ If so, what is the balance owed and amount of monthly payments? _____

Improvements to house since purchased _____

Legal title in whose name _____

Fair Market Value _____ Assessed Value _____

Other Real Estate

Address _____

When purchased _____ Purchase Price _____

Down payment _____ Source of Payment _____

Amount Owed _____ Mortgage ___ Land Contract

Mortgage Payments _____ Does payment include taxes and insurance?

Improvements to property since purchased _____

Legal title in whose name _____

Fair Market Value _____ Assessed Value _____

Vehicles

Please list vehicles owned:

Vehicle 1. Make, Model and Year of Vehicle _____
In whose name _____
Who drives _____
Paid for? _____ If not, amount of monthly payment _____.
Balance owed: _____ Current Market Value: _____
Mileage _____ VIN # _____

General Condition: Excellent, Fair, or Poor _____

Vehicle 2. Make, Model and Year of Vehicle _____
In whose name _____
Who drives _____
Paid for? _____ If not, amount of monthly payment _____.

Balance owed: _____ Current Market Value: _____
Mileage _____ VIN # _____

General Condition: Excellent, Fair, or Poor _____

Vehicle 3. Make, Model and Year of Vehicle _____
In whose name _____
Who drives _____
Paid for? _____ If not, amount of monthly payment _____.

Balance owed: _____ Current Market Value: _____
Mileage _____ VIN # _____

General Condition: Excellent, Fair, or Poor _____

Vehicle 4. Make, Model and Year of Vehicle _____
In whose name _____
Who drives _____
Paid for? _____ If not, amount of monthly payment _____.

Balance owed: _____ Current Market Value: _____

Mileage _____ VIN # _____

General Condition: Excellent, Fair, or Poor _____

Inheritance

Have you or your spouse inherited any property during the course of the marriage? If so, please indicate what property was inherited, when it was inherited, and how the inheritance has been invested, used, etc.

Law Suits

Have you or your spouse received any proceeds from any law suits during the course of this marriage? _____ If so, please indicate:

1. The nature of the lawsuit _____
2. When monies were received _____
3. The amount received after attorney fees and costs: _____
4. What was done with the monies received _____

Furniture/Furnishings

Do you have any household furniture or furnishings of particular value, such as new furniture or antiques? If so, please provide details.

PENSION/RETIREMENT PLANS

Do you have a pension, profit sharing, deferred compensation, IRA, etc. account(s) for yourself? If so, please provide whatever details you can regarding this _____

Does your spouse have a pension, profit sharing, deferred compensation, IRA, etc. account(s) for him/herself? If so, please provide whatever details you can regarding this _____

Cash Surrender Value _____

Beneficiary _____

2. Insurance Company _____

Insured _____

Cash Surrender Value _____

Beneficiary _____

MARRIAGE COUNSELING

Have you had marriage counseling? _____

Attitude Towards Reconciliation

Client _____

Spouse _____