

DOMESTIC RELATIONS INFORMATION FORM

RETAINER FEE: _____ DATE _____

*****CLIENT INFORMATION*****

NAME (include maiden name): _____

Social Security #: _____ E-mail Address: _____

ADDRESS: _____

HOME PHONE: _____ CELLULAR PHONE: _____

DRIVERS LICENSE NO. & STATE OF ISSUE: _____

ALTERNATE ADDRESS FOR CORRESPONDENCE:

EMPLOYMENT: _____ POSITION: _____

EMPLOYMENT ADDRESS: _____

WORK PHONE: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____ (INCLUDING CITY, COUNTY, STATE)

How many years of education did client complete? _____ High School _____ College

*****SPOUSE INFORMATION*****

SPOUSE NAME (include maiden name): _____

SOCIAL SECURITY #: _____

ADDRESS: _____

HOME PHONE: _____

EMPLOYMENT: _____ POSITION: _____

WORK PHONE: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____ (INCLUDE CITY, COUNTY, STATE)

How many years of education did spouse complete? _____ High School _____ College

*****MARRIAGE STATISTICS*****

DATE OF MARRIAGE: _____ MAIDEN NAME: _____

PLACE OF MARRIAGE: _____ (INCLUDING CITY, COUNTY, STATE)

DATE SEPARATED: _____

NUMBER OF THIS MARRIAGE? _____ IF APPLICABLE, HOW DID LAST MARRIAGE END?

SPOUSE: NUMBER OF THIS MARRIAGE? _____ IF APPLICABLE, HOW DID LAST MARRIAGE END?

*****CHILDREN*****

Children of this marriage:

Name: _____ SSN# _____ DOB: _____
 Name: _____ SSN# _____ DOB: _____
 Name: _____ SSN# _____ DOB: _____
 Name: _____ SSN# _____ DOB: _____
 Name: _____ SSN# _____ DOB: _____
 Name: _____ SSN# _____ DOB: _____

Minor Children of prior marriage:

Name: _____ SSN# _____ DOB: _____
 Name: _____ SSN# _____ DOB: _____

Child support paid by either party: _____ Paid by: _____
 Monthly Day Care paid by either party: _____ Paid by: _____
 Monthly Health Insurance premium: _____ Paid by: _____
 Family Counselor: _____ Phone: _____
 Personal Physician: _____ Phone: _____
 Accountant: _____ Phone: _____

*****INCOME*****

	CLIENT	SPOUSE
Gross income from wages, etc.	_____	_____
Other income: Specify: _____	_____	_____
Total Gross Monthly Income:	_____	_____
Total Net Monthly Income:	_____	_____

*****REAL ESTATE*****

Marital Residence: _____ Joint Ownership: _____
 Purchase Price: _____ Purchase Date: _____
 Value: _____ Equity: _____
 Monthly Payment: _____ Balance: _____ Years Remaining: _____
 Mortgage Holder: _____

***** OTHER REAL ESTATE*****

Location: _____

*****INSURANCE AND ESTATE PLANNING*****

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

1. Company: _____ Type of Policy: _____ Face Amt _____
Beneficiary: _____ Owner: _____
2. Company: _____ Type of Policy: _____ Face Amt _____
Beneficiary: _____ Owner: _____
3. Company: _____ Type of Policy: _____ Face Amt _____
Beneficiary: _____ Owner: _____

*****PENSION OR PROFIT-SHARING PLAN*****

Client: _____

Spouse: _____

*****OTHER ASSETS*****

*****REFERRAL*****

Referred to this firm by: _____

*****FEES*****

Fee: _____ Filing Fees: _____ Serving Fees: _____

*****MARITAL HISTORY*****

Problems in the marriage: _____

