

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: \_\_\_\_\_

Joint Ownership: \_\_\_\_\_ Other: \_\_\_\_\_  
 Purchase Price: \_\_\_\_\_ Purchase Date: \_\_\_\_\_  
 Value: \_\_\_\_\_ Equity: \_\_\_\_\_  
 Monthly Payment: \_\_\_\_\_ Balance: \_\_\_\_\_ Years Remaining: \_\_\_\_\_  
 Mortgage Holder: \_\_\_\_\_

\*\*\*\*\*VEHICLES\*\*\*\*\*

Type of Vehicle:	How Titled:	Monthly Payment:	Balance:
_____	_____	_____	_____
_____	_____	_____	_____

\*\*\*\*\*BANK/CREDIT UNION ACCOUNTS, ETC.\*\*\*\*\*

NAME OF BANK, Etc.	TYPE OF ACCT	OWNER	BALANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*\*\*\*\*INVESTMENT ASSETS, Stocks, Bonds, Etc.\*\*\*\*\*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\*\*\*\*DEBTS\*\*\*\*\*

NAME OF CREDITOR	MONTHLY PAYMENT	TOTAL OWED	SECURITY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*\*\*\*\*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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_