

PERSONAL INFORMATION:

Full Name: _____ Age: _____ DOB: _____

Original Surname: _____ SSN _____ DL No. _____ Birthplace _____

Home Address: (marital residence? Y or N) _____

Who all lives with you at this address? _____

Can we send you mail at this address? If not, which address to send mail or best to email: _____

County: _____ Amount of time in this County: _____

Best Telephone Number: _____ Other Telephone Number: _____

Email Address: _____ How often is this checked: _____

Employer: _____ Hours: _____

Business Address: _____

Business Telephone Number: _____ Can you be reached at this number: _____

Job Title/Job Duties: _____ Salary/Income: _____

Length of Employment _____ Education _____

SPOUSE / EX-SPOUSE INFORMATION: Full Name: _____

Age: _____ DOB: _____ Original Surname: _____ SSN _____ DL No. _____

Birthplace _____ Home Address: _____

Who all lives at this address? _____ Best number to reach this person _____

County: _____ Length of time in this Co.: _____ Different mailing address: _____

Employer: _____ Hours: _____

Business Address: _____

Business Telephone Number: _____ Can spouse be reached at this number: _____

Job Title/Job Duties: _____ Salary/Income: _____

Length of Employment _____ Education _____

CURRENT MARRIAGE:

Date of Marriage: _____

Place of Marriage: _____ Date Separated (if separated) _____

Have you been to a marriage counselor? Y or N. If so, name _____

Does your marriage difficulties involve: _____ drugs/alcohol _____ Physical violence
_____ sexual disappointment _____ Religion _____ sexual infidelity _____ Incompatibility
_____ financial disputes _____ Mental abuse _____ Other: _____

Is there or has there ever been a protective order in effect: _____

Is your spouse aware that you are considering a divorce? _____

Does your spouse/ex-spouse have an attorney? Y or N If so, who? _____

Should the wife's maiden name be restored? Y or N If so, which name? _____

CHILD(REN) OF THIS MARRIAGE: TOTAL NUMBER OF CHILDREN OF THIS MARRIAGE: _____

Full Name: _____ Age: _____ DOB: _____

Gender: _____ Birthplace: _____ SSN _____

Full Name: _____ Age: _____ DOB: _____

Gender: _____ Birthplace: _____ SSN _____

Full Name: _____ Age: _____ DOB: _____

Gender: _____ Birthplace: _____ SSN _____

Does any child of this marriage suffer from any physical or psychological disability? _____

Will custody be disputed? Y or N If not, where will they live? _____

Does a 3rd party (grandparent, etc.) have court-ordered relationship with any child: _____

Property owned by the children? _____

PRIOR MARRIAGES / CHILDREN

Have either of you been married before? _____

Do either of you have children from prior marriage/relationship? Y or N If so, list:

Do either of you pay or receive child support? If so, who & how much? _____

COMMUNITY PROPERTY:

premarital agreement _____

post-marital agreement _____

describe briefly any community property (real estate, vehicles, boats, businesses):

DESCRIPTION	LIEN HOLDER	PRESENT VALUE

Bank Accounts and Retirement Accounts:

BANK NAME AND ADDRESS	TYPE OF ACCOUNT	AUTHORIZED SIGNATURES	PRESENT BALANCE

Have you or your spouse received anything by inheritance during your marriage: _____

Did you or your spouse own any property at the time you were married: _____

Do you anticipate an agreement for your property division: _____