

**Information Sheet Re:
Legal Separation or Dissolution of Marriage**

Date:

CLIENT INFORMATION

Client Full Name:

First Middle Last

Telephone Number: (Home/Cell)
(Work)

Email Address:

I prefer to be contacted by Phone Text Email

Date of Birth: **Age:** **Social Security #:**
Drivers License Number: **Date Issued:**

Current Address: Mailing Address
From:
To: Present

Previous Address(es):
(List all addresses for past 5 years)

Address:
From: **To:**

Address:
From: **To:**

Address:
From: **To:**

Address:
From: **To:**

EDUCATION

I have completed High School or equivalent? Yes No

If no highest grade completed:

I have attended college? Yes No **Number of years completed:**

Degrees:

Number of Years of Graduate School completed:

Degrees:

I have the following vocational training and/or professional/occupational licenses:

EMPLOYMENT

Employer:

Phone Number:

If unemployed still list all info.

Occupation:

Address:

From: To:

Date Job Ended:

Salary: _____ Per Year _____ Per Month

How Many Hours per week do you work? _____

I receive _____ W2 _____ 1099 _____ Commission _____ Distributions

If receive commission and/or Distributions did you include this in Salary?

If not included please estimate yearly commission and/or Distributions?

TAX INFORMATION

Are your taxes current? Yes No

When did you last file?

What state did you file in?

How were taxes filed?

___ single ___ head of household ___ married, filing separately ___ married, filing jointly

STATISTICAL FACTS

Date of Marriage:

Place/City of Marriage:

Date of Separation:

Does either party currently have an attorney? ___ Yes ___ No

Name of Party:

Name of attorney:

Has any paperwork been filed in your case? ___ Yes ___ No

Have you been served with any paperwork? ___ Yes ___ No

If so please provide separate copy of filed paperwork.

Do you have information about, or are you a party to another court case or custody visitation proceeding, in California or elsewhere, concerning a child listed below? (Including Family Law, Guardianship, Juvenile Delinquency/Dependency or Adoption.)

___ Yes ___ No

Are there any Domestic Violence/Protective Orders that are now in effect? ___ Yes ___ No

Do you know of any person who is not party to this proceeding that has physical custody or claims to have custody rights or visitation rights with any child in this case? ___ Yes ___ No

CHILDREN

Do you have Children? Yes No How Many: _____
Is there a pregnancy involving unborn child to parties? Yes No

CHILD 1

Full Name:
Birthdate:
Birthplace:
Age:
Have Child/Children Resided with you at all addresses listed? Yes No
Explain:

If no please list all addresses and dates that child resided in past 5 years and with whom:

Address:
From: To:

Address:
From: To:

Address:
From: To:

Address:
From: To:

CHILD 2

Full Name:
Birthdate:
Birthplace:
Age:
Have Child/Children Resided with you at all addresses listed? Yes No
Explain:

If no please list all addresses and dates that child resided in past 5 years and with whom:

Address:	Address:
From:	From:
To:	To:

Address:	Address:
From:	From:

To:

To:

CHILD 3

Full Name:

Birthdate:

Birthplace:

Age:

Have Child/Children Resided with you at all addresses listed? ___Yes ___No

Explain:

If no please list all addresses and dates that child resided in past 5 years and with whom:

Address:

Address:

From:

From:

To:

To:

Address:

Address:

From:

From:

To:

To:

CHILD 4

Full Name:

Birthdate:

Birthplace:

Age:

Have Child/Children Resided with you at all addresses listed? ___Yes ___No

Explain:

If no please list all addresses and dates that child resided in past 5 years and with whom:

Address:

Address:

From:

From:

To:

To:

Address:

Address:

From:

From:

To:

To:

SPOUSE INFORMATION

Spouse Full Name:

First

Middle

Last

Telephone Number: (Home/Cell)
(Work)

Email Address:

Date of Birth:

Social Security #:

Drivers License Number:

Date Issued:

Current Address:

From:

To: Present

Previous Address(es):

(List all addresses for past 5 years)

Address:

From:

To:

Address:

From:

To:

Address:

From:

To:

Address:

From:

To:

SPOUSES EMPLOYMENT

Employer: Phone Number:

If unemployed still list all info.

Occupation:

Address:

From:

To:

Date Job Ended:

Salary: _____ Per Year _____ Per Month

How Many Hours per week do you work? _____

I receive _____ **W2** _____ **1099** _____ **Commission** _____ **Distributions**

If receive commission and/or Distributions did you include this in Salary?

If not included please estimate yearly commission and/or Distributions?

SEPARATE, COMMUNITY & QUASI COMMUNITY PROPERTY

1. Do you own a home? ___Yes ___No

(If own multiple homes list info for all unless investment property.)

- Address:
- Date Acquired:
- Estimated Current Value?
- Estimated Balance Owed?

- Address:
- Date Acquired:
- Estimated Current Value?
- Estimated Balance Owed?

2. Do you rent a home or apartment? ___Yes ___No

- Your lease started:
- Your lease ends:
- Monthly lease payment:

3. Household Furniture, Appliances and Furnishings: (List all with approx value)

4. Jewelry, Antiques, Art, Coin Collections or other valuable items: (List all with approx value)

5. Vehicles, Boats, Trailers

(List all. Put approx value, amount owed if applicable, monthly payment if applicable, Date Acquired and if bought before or during marriage.)

6. Checking, Savings Accounts and any Cash on hand (location)

(List bank name, last 4 digits of account and current balance)

7. Credit Cards, Student Loans, Other Loans/Liens (including tax), Encumbrances , support arrears or Debts

(Give name of bank or creditor, amount owed and if debt incurred during or before marriage.)

8. List any Life Insurance Policies, IRA's, Investment Accounts , Profit Sharing or 401K's

(Give name of company, type of policy/investment, account number and cash value)

9. Do you have any accounts receivable, unsecured notes, partnerships and/or other business interests? (If so describe.)