**ESSENTIAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| **NAME:** |       |  |
|  |  |  |

**Please complete this information sheet entirely, for all applicable and known information. If your case is not a dissolution of marriage, you do not need to complete any questions regarding marriage. Further, for custody cases, any question that refers to a spouse means the other parent of the minor child(ren) at cause in this case.**

**\*REQUIRED RESPONSES**

|  |  |  |
| --- | --- | --- |
| Date of marriage: |       |  |
|  |  |  |
| Length of marriage: |       | Year(s) |       | Month(s) |
|  |
| City where married: |       |  |
|  |
| State/Country where married: |       |  |
|  |
| County where married: |       |  |
|  |
| City where license was obtained: |       |  |
|  |
| Have you or your spouse/parent of child(ren) filed any action before? |       |  |
|  |
| Date of separation: |       |  |
|  |
| Are you employed? |       |  |
|  |
| Name, address and phone number of employer: |       |
|  |
|       |
|  |
| Do you and your spouse/parent of child(ren) still reside together? |       |  |
|  |

**Explain:**

|  |  |  |
| --- | --- | --- |
| Is your spouse or parent of child(ren) employed: |       |  |
|  |  |  |
| Name, address and phone number of employer |       |
|  |  |
|       |
|  |

|  |
| --- |
| Do you or your spouse/parent of child(ren) own your principal residence? |
|  |
|       |  |
| Do you or your spouse/parent of child(ren) own any other real estate? |
|  |
|       |  |
|  |
| Was there a pre-nuptial agreement? |       |  |
|  |
| Are you a party to any pending lawsuits? |       |  |
| **Explain:**  |
|       |
| Do you receive any Government support? |       |  |
| **Explain:** |
|       |
| Is there a Restraining Order against you? |       |  |
| **Explain:** |
|       |
| Is there a Restraining Order against your spouse/other parent? |       |  |
| **Explain:** |
|       |
| Have you or your spouse had counseling? |       |  |
| **Explain:** |
|       |
| Has your spouse already filed for divorce? |       | If so, please provide the county and |
|  |
| case number: |       |
|  |
| Do you want maintenance/alimony? |       |  |
|  |
| Does your spouse want maintenance/alimony? |       |  |
|  |
| Is Wife pregnant at this time? |       |  |
|  |
| Who should be designated as custodial parent? |       |  |

**Please list children less than 18 years of age**

**\*PLEASE PROVIDE FULL LEGAL NAMES FOR ALL CHILDREN**

|  |  |  |
| --- | --- | --- |
| Number of children born/adopted: |       |  |
|  |  |  |
| Name: |       | DOB: |       | SSN: |       |
|  |
| Place of Birth: |       | Sex: |       |
|  |
|  |
|  |
| Name: |       | DOB: |       | SSN: |       |
|  |
| Place of Birth: |       | Sex: |       |
|  |
|  |
|  |
| Name: |       | DOB: |       | SSN: |       |
|  |
| Place of Birth: |       | Sex: |       |
|  |
|  |

**Please list children who have graduated from college but are less than 23 years of age**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |       | DOB: |       | SSN: |       |
|  |
| Place of Birth: |       | Sex: |       |
|  |
|  |
|  |
| Number of your children not of this marriage/relationship: |       | Name: |       |
|  |
| Number of spouses children not of this marriage/relationship: |       | Name: |       |
|  |  |
|  |
|  |
| Do any of you and your spouse’s children attend daycare? |       | If so, please state the |
|  |
| monthly cost: $ |       | . Who pays for the children’s daycare expense (you, your spouse or |
|  |
| someone else)? |       |  |
|  |
| Do your children have health insurance? |       | If so, please state the monthly cost |
|  |
| for the children only (do not include the monthly amount for any adult): $ |       |
|  |

|  |  |  |
| --- | --- | --- |
| Do your children have dental insurance? |       | If so, please state the monthly cost |
|  |  |  |
| for the children only (do not include the monthly amount for any adult): $ |       |  |
|  |
|  |
|  |
| Have you or your spouse/parent of child(ren) ever been a member of a cooperative association |
| (including, but not limited to, a telephone company, electrical and/or gas company, farm service |
| provider, etc.)? |       |  |
|  |
|  |
|  |
| Please list the present address, periods of residence and places where each child has lived within |
| the past five years, and the name and relationship to the child of each person with whom the |
| child has lived during that time. If you need more room, please attach an additional sheet. |
|  |
| Period of | With Whom |
| Residence | Address | Lived | Relationship |
| Birth –       |  |       |  |       |  |       |  |
|  |  |  |  |  |
|       |  |       |  |       |  |       |  |
|  |  |  |  |  |
|       |  |       |  |       |  |       |  |
|  |  |  |  |  |
|       |  |       |  |       |  |       |  |
|  |  |  |  |  |
|       |  |       |  |       |  |       |  |
|  |  |  |  |  |
|       |  |       |  |       |  |       |  |
|  |  |  |  |  |
|       |  |       |  |       |  |       |  |
|  |  |  |  |  |
|       |  |       |  |       |  |       |  |
|  |  |  |  |  |
|       |  |       |  |       |  |       |  |

**CLIENT INFORMATION**

**\*MUST COMPLETE**

**\*PLEASE BE SURE TO PROVIDE YOUR FULL LEGAL NAME**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*First Name: |       | Middle |       | Last: |       |
|  |  |  |  |  |  |
| Mr. |       | Mrs. |       | Maiden Name: |       |
|  |
| Return to maiden name? |       | yes |       | no |
|  |
| \*Social Security No: |       | \*Driver’s License No. |       |
|  |
| Home Phone: |       | Work Phone: |       |
|  |
| Cell Phone: |       | Fax Number: |       |
|  |
| Email Address: |       |
|  |

**Current Residence**

|  |  |
| --- | --- |
| \*Address: |       |
|  |
|       |
|  |
| \*City: |       | \*State: |       | \*Zip Code: |       |
|  |
| \*County: |       |  |
|  |
| \*Length at address: |       | year(s) |       | month(s) |
|  |
| \*Resident of state: |       | year(s) |       | month(s) |
|  |
|  |

**Mailing address for Attorney/Client confidential mail**

|  |  |
| --- | --- |
|       | **Same as residence** |
|  |  |
| Address: |       |
|  |
| City: |       | State: |       | Zip Code: |       |
|  |
|  |

**Date and Place of Birth**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| \*Date of birth: |       | Month |       | Day |       | Year |

**Below Information for Divorce Cases only:**

|  |  |  |
| --- | --- | --- |
| \*City of birth: |       |  |
|  |  |  |
| \*State of birth:  |       | \*County of birth:  |       |  |
|  |
| \*Race/Ethnicity: |       | \*Number of prior marriages: |       |  |
|  |
| \*This is your |       | marriage. |
|  |
| \*How did these marriages end? Death |       | ; Dissolution |       | ; Annulment |       |
|  |
| Are you a member of the armed forces? |            |  |
|  |

**\*Education**

|  |  |
| --- | --- |
|       | 8th Grade or less |
|  |  |
|       | 9th – 12th Grade; no diploma |
|  |  |
|       | High school graduate or GED complete |
|  |  |
|       | Some college credit, but no degree |
|  |  |
|       | Associate degree (e.g., AA AS) |
|  |  |
|       | Bachelor’s degree (e.g., RA, AB, BS) |
|  |  |
|       | Master’s degree (e.g., MA, MS, MEng, Med, MSW, MBA) |
|  |  |
|       | Doctorate (e.g., PhD, EdD) or Professional degree |
|  |  |
|       | (e.g., MD, DDS, DVM, LLB, JD) |
|  |  |
|       | Unobtainable |
|  |  |

**Spouse/Opposing Party/Parent of Child(ren) Information**

**\*PLEASE BE SURE TO PROVIDE THEIR FULL LEGAL NAME**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*First Name: |       | Middle: |       | \*Last: |       |
|  |  |  |  |  |  |
| Mr. |       | Mrs. |       | Maiden Name: |       |
|  |  |  |  |  |
| Return to maiden name?  |       | Yes |       | No |
|  |
| \*Social Security No. |       | Driver’s License No. |       |
|  |
| Home Phone: |       | Work Phone: |       |
|  |

**Current Residence:**

|  |  |
| --- | --- |
| **\***Address:  |       |
|  |
| \*City: |       | \*State: |       | \*Zip Code: |       |
|  |
| \*County: |       |  |
|  |

**Below Information for Divorce Cases only:**

|  |  |  |
| --- | --- | --- |
| \*City of birth: |       |  |
|  |
| \*Date of birth: |       | Month |       | Day |       | Year |
|  |
| \*State of birth:  |       | \*County of birth:  |       |  |
|  |
| \*Race/Ethnicity: |       | \*Number of prior marriages: |       |  |
|  |
| \*This is your |    | marriage. \*How did these marriages end? |
|  |
| Death |    | ; Dissolution |    | ; Annulment |    | ; |
|  |
| Are they a member of the armed forces? |       |  |
|  |

**\*Education**

|  |  |  |  |
| --- | --- | --- | --- |
|       | 8th Grade or less |       | Bachelor’s degree (e.g., RA, AB, BS) |
|  |  |  |  |
|       | 9th – 12th Grade; no diploma |       | Master’s degree (e.g., MA, MS, MEng, Med, MSW, MBA) |
|  |  |  |  |
|       | High school graduate or GED complete |       | Doctorate (e.g., PhD, EdD) or Professional degree |
|  |  |  |  |
|       | Some college credit, but no degree |       | (e.g., MD, DDS, DVM, LLB, JD) |
|  |  |  |  |
|       | Associate degree (e.g., AA AS) |       | Unobtainable |