

CLIENT INFORMATION SHEET
DIVORCE WITHOUT CHILDREN

OFFICE USE ONLY:

QUOTED RETAINER

DATE OF OFFICE APT.

HOW DID YOU HEAR ABOUT US?

WEB SITE

FACEBOOK

PRINT AD

YELLOW
PAGES

REFERRAL

OTHER (Please explain)

HUSBAND INFORMATION

NAME: _____
 FIRST MIDDLE LAST

ADDRESS _____
 ADDRESS CITY STATE ZIP CODE

TELEPHONE _____, CELL _____

EMAIL _____

EMPLOYER: _____

ADDRESS _____
 ADDRESS CITY STATE ZIP CODE

TELEPHONE _____

TYPE OF WORK _____

GROSS WEEKLY INCOME _____ NET _____

OTHER INCOME _____

COUNTY RESIDING IN _____

LENGTH OF RESIDENCE IN STATE _____

DRIVER'S LICENSE # _____

DATE OF BIRTH ____/____/____

PLACE OF BIRTH _____,
CITY STATE

NO. OF MARRIAGE: FIRST, SECOND, THIRD, FOURTH, (*CIRCLE ONE*)

EDUCATION: _____

SOCIAL SECURITY NUMBER _____

WIFE INFORMATION

NAME: _____
FIRST MIDDLE LAST

ADDRESS _____
ADDRESS CITY STATE ZIP CODE

TELEPHONE _____, CELL _____

EMAIL _____

EMPLOYER: _____

ADDRESS _____
ADDRESS CITY STATE ZIP CODE

TELEPHONE _____

TYPE OF WORK _____

GROSS WEEKLY INCOME _____ NET _____

OTHER INCOME _____

COUNTY RESIDING IN _____

LENGTH OF RESIDENCE IN STATE _____

DRIVER'S LICENSE # _____

MAIDEN NAME _____ DATE OF BIRTH ____/____/____

PLACE OF BIRTH _____,
CITY STATE

NO. OF MARRIAGE: FIRST, SECOND, THIRD, FOURTH
(CIRCLE ONE)

EDUCATION: _____

SOCIAL SECURITY NUMBER _____

GENERAL INFORMATION

DATE OF MARRIAGE _____

BY WHOM MARRIED: PRIEST, MINISTER, JUSTICE OF THE PEACE (CIRCLE ONE)

LOCATION OF MARRIAGE CITY, COUNTY, STATE _____

DATE OF SEPARATION _____

PREVIOUS DIVORCE(S) OF EITHER PARTY

WHICH PARTY	LOCATION CITY & STATE	DATE OF DIVORCE
_____	_____	_____
_____	_____	_____

ASSETS, DEBTS & EXPENSES

HOME:

_____	_____	_____
COST	WHEN BOUGHT	BALANCE DUE

_____	_____	_____
AMT. OF PAYMENT	COST OF IMPROVEMENT	PRESENT VALUE

_____ OWNED IN WHOSE NAME

OTHER REAL ESTATE:

_____ LOCATION	_____ COST	_____ WHEN BOUGHT
_____ BALANCE DUE	_____ AMT. OF PAYMENT	_____ COST OF IMPROVEMENT
_____ PRESENT VALUE	_____ OWNED IN WHOSE NAME	

VEHICLES:

_____ YEAR	_____ YEAR	_____ YEAR	_____ YEAR
_____ MODEL	_____ MODEL	_____ MODEL	_____ MODEL
_____ PRESENT VALUE	_____ PRESENT VALUE	_____ PRESENT VALUE	_____ PRESENT VALUE
_____ BALANCE DUE	_____ BALANCE DUE	_____ BALANCE DUE	_____ BALANCE DUE

OTHER ASSETS: (DESCRIBE)

DEBTS: (INCLUDE CREDIT CARD DEBT)

AMOUNT TO WHOM FOR WHAT PAYMENT AMT.

BANK ACCOUNTS:

AMT.	TYPE OF ACCOUNT	BANK NAME	NAME ON ACCOUNT
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STOCKS:

COMPANY	NO. OF SHARES	VALUE TOTAL	WHOSE NAME
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BONDS:

TYPE	VALUE TOTAL	WHOSE NAME
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LIFE INSURANCE:

COMPANY	TYPE	BENEFICIARY	FACE VALUE	CASH VALUE
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OTHER TYPES OF INSURANCE AND PREMIUMS PAID:

HAS EITHER PARTY APPLIED FOR OR ARE RECEIVING PUBLIC ASSISTANCE? IF YES,

WHO IS RECEIVING

**TYPE OF ASSISTANCE
(BRIDGE CARD, MEDICAID ETC)**

CASE #

IMPORTANT

IF YOU DO NOT WISH TO HAVE ANY MAIL SENT TO YOUR ADDRESS SIGN HERE:

PRINT NAME

DATE

WE NEED AN ALTERNATE ADDRESS IN THE MEANTIME (I.E. FAMILY MEMBER OR WORK) PLEASE PROVIDE:
