

****PLEASE COMPLETE BEFORE & BRING TO INITIAL CONSULTATION****

_____ Date _____ County

Client Information Form

MARRIAGE INFORMATION:

Date of Marriage: _____ Date of Separation: _____

Place of Marriage:

City: _____ County: _____ State: _____

Registered Same: Yes / No (Circle One)

Wife Currently Pregnant: Yes / No (Circle One)

CLIENT INFORMATION: Husband / Wife (Circle One)

Full Name: _____ Maiden/Former Name: _____

Home Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email Address: _____

Date of Birth: _____ Age: _____

Birthplace: City: _____ State: _____

Social Security Number: _____ Race: _____

Active in Military: Yes / No (Circle One)

Mother's Name: _____ Father's Name: _____

How Long Lived In: State: _____ County: _____

Employer: _____

Employer's Address: _____

Position: _____ Wages: _____ Salary / Hourly (Circle One)

Average Hours per Week: _____ Number of Paychecks per Year: 12 24 26 52 (Circle One)

Bonuses/Commissions for past three years (starting with most recent)

1. _____ 2. _____ 3. _____

Other Income: _____

Number of Marriages (Including this Marriage): _____ Prior Spouses Name(s) _____

ADVERSE PARTY INFORMATION: Husband / Wife (Circle One)

Full Name: _____ Maiden/Former Name: _____

Home Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email Address: _____

Date of Birth: _____ Age: _____

Birthplace: City: _____ State: _____

Social Security Number: _____ Race: _____

Active in Military: Yes / No (Circle One)

Mother's Name: _____ Father's Name: _____

How Long Lived In: State: _____ County: _____

Employer: _____

Employer's Address: _____

Position: _____ Wages: _____ Salary / Hourly (Circle One)

Average Hours per Week: _____ Number of Paychecks per Year: 12 24 26 52 (Circle One)

Bonuses/Commissions for past three years (starting with most recent)

1. _____ 2. _____ 3. _____

Other Income: _____

Number of Marriages (Including this Marriage): _____ Prior Spouses Name(s) _____

CHILDREN: IF NONE, SKIP TO PAGE 4

Child #1: Full Name: _____

Date of Birth: _____ Age: _____ Social Security Number: _____

School: _____ Grade: _____

Child #2: Full Name: _____

Date of Birth: _____ Age: _____ Social Security Number: _____

School: _____ Grade: _____

Child #3: Full Name: _____

Date of Birth: _____ Age: _____ Social Security Number: _____

School: _____ Grade: _____

Child #4: Full Name: _____

Date of Birth: _____ Age: _____ Social Security Number: _____

School: _____ Grade: _____

Who has Custody: _____

Prior Custody Orders: Yes / No (Circle One) If Yes, Explain: _____

Prior Child Support Orders: Yes / No (Circle One) If Yes, Explain: _____

Addresses for Past 5 Years:

Other Living Children with Someone Other Than Adverse Party:

1. Name: _____ Date of Birth: _____ Age: ____ Parent: _____

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1. Name: _____ Date of Birth: _____ Age: ____ Parent: _____

1. Name: _____ Date of Birth: _____ Age: ____ Parent: _____

MARITAL ESTATE:

REAL ESTATE: (Include Time Shares and Rental Property)

Property #1

Description	Value	Whose Name (Husband, Wife, Joint)	Marital/Mixed/Separate
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Mortgage: Holder	Amount	Whose Name (Husband, Wife, Joint)	Equity
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2nd Mortgage/HELOC: Holder	Amount	Whose Name (Husband, Wife, Joint)	Equity
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Where did funds for purchase come from: _____

Amount for Down Payment: _____

Property #2

Description	Value	Whose Name (Husband, Wife, Joint)	Marital/Mixed/Separate
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Mortgage: Holder	Amount	Whose Name (Husband, Wife, Joint)	Equity
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2nd Mortgage/HELOC: Holder	Amount	Whose Name (Husband, Wife, Joint)	Equity
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Where did funds for purchase come from: _____

Amount for Down Payment: _____

VEHICLES: (Cars, Vans, Trucks, Boats, Motorcycles, ATV's, Etc.)

	Who Drives Primarily	Description	Value	Loan (Institution & Amount Owed)
1				
2				
3				
4				

BANK ACCOUNTS:

	Institution	Balance	Whose Name (H, W, J)	Checking or Savings	Marital/Mixed/ Separate
1					
2					
3					
4					

RETIREMENT ACCOUNTS:

	Participant	Institution	Vest (Y/N)	Description	Value	Marital/Mixed/ Separate
1						
2						
3						
4						

STOCKS:

	Corp. Name	Whose Name	No. of Shares	Marital/Mixed/Separate
1				
2				
3				
4				

TAX REFUND:

Tax Year	Amount	Marital / Separate

HOUSEHOLD ITEMS: To be divided / already divided / other: _____ (Circle One)

INVESTMENT ACCOUNTS:

	Participant	Institution	Description	Value	Marital / Mixed / Separate
1					
2					
3					
4					

INSURANCE:

	Company/ Policy Number	Insured	Beneficiary	Whole/Term	Cash Value	Face Value
1						
2						
3						
4						

OTHER ASSETS:

	Description	Value	Marital/Mixed/Separate
1			
2			
3			
4			

LIABILITIES/DEBTS:

	Name of Creditor	Type of Debt	Who is Liable Husband/Wife	Balance Due	Marital/Mixed/ Separate
1					
2					
3					
4					
5					
6					

7					
8					

MONTHLY LIVING EXPENSES:

Housing:

Rent or Mortgage \$ _____

Utilities

 Gas and Electric \$ _____

 Water and Sanitation \$ _____

 Telephone \$ _____

 Trash Collection \$ _____

 Cable \$ _____

 Internet \$ _____

 Other \$ _____ Describe: _____

Total Housing Expenses: \$ _____

Other Expenses:

Car Repairs and Licenses \$ _____

Insurance

 Health \$ _____

 Car \$ _____

 Other \$ _____ Describe: _____

Medical Expenses \$ _____

Clothing \$ _____

Grocery Items \$ _____

 (to include food, laundry, cleaning products/toiletries, etc.)

Child Related Expenses

 Daycare \$ _____

 Other \$ _____

Gasoline and Oil \$ _____

Other \$ _____ Describe: _____

Total Other Expenses: \$ _____

MONTHLY INSTALLMENT PAYMENTS:

	To Whom	Purpose	Balance	Monthly Payment
1				
2				
3				
4				
5				

HOW DID YOU HEAR ABOUT OUR FIRM:

_____ Personal Referral From: _____
_____ Website: www.mspglaw.com
_____ Northern Kentucky Bar Association Referral
_____ Other: _____

FOR ATTORNEY'S USE

Relief Requested:

_____ Dissolution of Marriage/Divorce/Legal Separation
_____ Sole Custody of Minor Child(ren), Temporary and Permanent
_____ Joint Custody of Minor Child(ren), Temporary and Permanent
_____ Equitable Division of the Marital Property
_____ Restoration of Non-Marital Property
_____ Determination of Child Support
_____ Child Support, Temporary and Permanent
_____ Spousal Support, Temporary and Permanent
_____ Restoration of Maiden/Former Name
_____ Other
_____ All Other Relief to Which He/She May Be Entitled

FILE INFORMATION

File Name: _____
File Number: _____
Retainer: _____
Hourly Rate: _____