

DIVORCE SEPARATE MAINTENANCE ANNULMENT DATE: _____

CLIENT: _____ DOB _____ AGE: _____
(FULL NAME)

ADDRESS: _____ STATE BORN _____

PHONE: _____ SS#: _____

COUNTY: _____ DRIVER'S LIC.
NO.: _____

HOW LONG: _____ HEIGHT: _____
WEIGHT: _____

OCCUPATION: _____ RACE: _____ HAIR
COLOR: _____

EMPLOYER'S NAME: _____ EYE COLOR: _____
SCARS/TATTOOS: _____

EMPLOYER'S ADDRESS: _____ DOES CLIENT RECEIVE ADC OR PUBLIC
AIDE? IF SO, PLEASE SPECIFY TYPE
AND ID#: _____

WORK PHONE: _____

WEEKLY GROSS INCOME: _____ WEEKLY NET
INCOME: _____

SPOUSE: _____ DOB: _____ AGE: _____
(FULL NAME)

ADDRESS: _____ STATE BORN: _____

PHONE: _____ SS#: _____

COUNTY: _____ DRIVER'S LIC.
NO.: _____

HOW LONG: _____ HEIGHT: _____
WEIGHT: _____

OCCUPATION: _____
COLOR: _____

RACE: _____ HAIR

EMPLOYER'S NAME: _____
SCARS/TATTOOS: _____

EYE COLOR: _____

EMPLOYER'S ADDRESS: _____
PUBLIC

DOES SPOUSE RECEIVE ADC OR

AIDE? IF SO, SPECIFY TYPE AND
ID#: _____

WORK PHONE: _____

EDUCATION: _____

WEEKLY GROSS INCOME: _____
INCOME: _____

WEEKLY NET

DATE OF MARRIAGE: _____

CITY OF MARRIAGE:

COUNTY OF MARRIAGE : _____
MARRIAGE: _____

STATE OF

DATE OF SEPARATION: _____

MARRIED BY: JUDGE MINISTER PRIEST RAB (PLEASE CIRCLE ONE)

ANY PREVIOUS MARRIAGES?: _____ (YES OR NO)

IF SO:

HOW MANY FOR CLIENT: _____

HOW MANY FOR

SPOUSE: _____

MAIDEN NAME: _____ FORMER NAMES:

MAIDEN NAME OR FORMER NAME RESTORED? _____

TOTAL MINOR CHILDREN OF THIS MARRIAGE: _____

FULL NAME DOB AGE SS# ADDRESS

_____	_____	_____	_____

_____	_____	_____	_____

_____	_____	_____	_____

TOTAL OTHER MINOR CHILDREN OF EITHER PARTY:

_____	_____	_____	_____

_____	_____	_____	_____

_____	_____	_____	_____

_____	_____	_____	_____

HEALTH CARE COVERAGE AVAILABLE FOR EACH MINOR CHILD

A. NAME OF MINOR CHILD

B. NAME OF POLICY HOLDER

1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

C. NAME OF INSURANCE CO./HMO NO.

D. POLICY/CERTIF./CONTRACT NO.

1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

NAMES AND ADDRESSES OF PERSON(S) OTHER THAN PARTIES, IF ANY, WHO MAY HAVE CUSTODY OF CHILD(REN) DURING PENDENCY OF THIS CASE.

LIST ALL RESIDENCES FOR MINORS FOR THE LAST EIGHT YEARS.

ANY COURT PROCEEDING PREVIOUSLY?

WHOM REAL PROPERTY: SECURED	VALUE	MORTGAGE BALANCE	MONTHLY PAYMENT	WITH LOAN
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WHOM PERSONAL PROPERTY: SECURED	VALUE	BALANCE OWED	MONTHLY PAYMENT	WITH LOAN
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METHOD BY WHICH TO SERVE THE OPPOSING PARTY: _____

RETAINER SIGNED: _____