**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): $ | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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): $ | | | | | | | | | |  | |  | |
|  | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | |
| 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 – |  | |  | | |  |  | |  | |  | |  |
|  | | |  | | |  |  | | | |  | | |
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**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 |