

**UNMARRIED CHILD CUSTODY/DISSOLUTION OF DOMESTIC PARTNERSHIP
INFORMATION FORM**

Date: _____

CLIENT INFORMATION

Full Name: _____

Address: _____

Home: _____ **Cell:** _____ **Email:** _____

Date of Birth: _____ **SSN:** _____ **Driver's License:** _____

Maiden Name: _____ **Restore?** Y / N

Previous Married Name: _____ **Restore?** Y / N

Is your mail secure (adverse party can't access?) Y / N

Is your email secure (adverse party can't access?) Y / N

Relationship: **Date of Start of Relationship:** _____ **Date of Living Together:** _____

Date of Separation: _____

Prior Marriages? Y / N **How Many:** _____

Reasons Ended (death, divorce, annulment): _____

Date(s) Ended: _____

Current Employment: _____ **Where?** _____

Average Monthly Income: **Gross:** \$ _____ **Net:** \$ _____

Length of Employment: _____ **Work Phone:** _____

Job Duties: _____

Other Sources of Current Income (Ex: Social Security, Unemployment):

1. _____ Amount \$ _____
2. _____ Amount \$ _____
3. _____ Amount \$ _____

Previous Employment:

Dates

Wage

1. _____
2. _____
3. _____

Education: (Ex: High School Diploma; BA, higher ed): _____

Any licensing? _____

Heath issues? _____

Prior Children (non-joint):

	Name	Age	Other Parent	Reside w/You?
1.	_____	_____	_____	Y/N
2.	_____	_____	_____	Y/N
3.	_____	_____	_____	Y/N

Existing Child Support Orders You Receive: \$ _____ Case No. _____

What Court? _____ For who?: _____

Existing Child Support Orders You Pay?: \$ _____ Case No. _____

What Court? _____ For who?: _____

Medical Insurance:

Name of Company: _____ Policy No.: _____

Type of Coverage: _____

Who is insured? _____

Cost of premium for your individual coverage: \$ _____

Cost of premium for child(ren)'s coverage: \$ _____

Other Important Questions:

- Are you or your partner currently pregnant? Y / N
 - If Yes, name of putative father: _____
- Have there been any incidents of Domestic Violence? Y / N
- Is there a restraining order currently in place? Y / N
 - If Yes, Case No. _____ County: _____
- Do you feel afraid of or controlled by the other party? Y / N
- Is substance abuse or addiction a factor in this case? Y / N
- Is mental illness a factor in this case? Y / N
- Have there been any instances of child abuse? Y / N
-

DOMESTIC PARTNER

Full Name: _____

Address: _____

Home: _____ **Cell:** _____ **Email:** _____

Date of Birth: _____ **SSN:** _____ **Driver's License:** _____

Maiden Name: _____ **Restore?** Y / N

Previous Married Name: _____ **Restore?** Y / N

Current Employment: _____ **Where?** _____

Average Monthly Income: Gross: \$ _____ Net: \$ _____

Length of Employment: _____ **Work Phone:** _____

Job Duties: _____

Other Sources of Current Income (Ex: Social Security, Unemployment):

1. _____ Amount \$ _____
2. _____ Amount \$ _____
3. _____ Amount \$ _____

Previous Employment:DatesWage

1. _____
2. _____
3. _____

Education: (Ex: High School Diploma; BA, higher ed): _____

Any licensing? _____

Heath issues? _____**Domestic Partner Prior Children (non-joint):**

	Name	Age	Other Parent	Reside w/You?
1.	_____			Y/N
2.	_____			Y/N
3.	_____			Y/N

Existing Child Support Orders You Receive: \$ _____ Case No. _____

What Court? _____ For who?: _____

Existing Child Support Orders You Pay?: \$ _____ Case No. _____

What Court? _____ For who?: _____

Medical Insurance:

Name of Company: _____ Policy No.: _____

Type of Coverage: _____

Who is insured? _____

Cost of premium for your individual coverage: \$ _____

Cost of premium for child(ren)'s coverage: \$ _____

JOINT CHILDREN (OF THIS RELATIONSHIP)

Name	Date of Birth	SSN	Lives With:
1.			
2.			
3.			
4.			

• Where Has/Have the Joint Child(ren) Lived for the Past 5 Years?

<u>Dates</u>	<u>Address</u>	<u>Person Child Lived With:</u>
__/__/__ to Present		
__/__/__ to __/__/__		
__/__/__ to __/__/__		
__/__/__ to __/__/__		
__/__/__ to __/__/__		
__/__/__ to __/__/__		
__/__/__ to __/__/__		

- Client's desired **custody** arrangement: _____
- Client's desired **parenting time** arrangement (generally):
 - Local Court Rules
 - Other
 - Please explain: _____

- Do you have work-related child care expenses? Y/ N

Who takes care of the child/ren? How much per month/hour do you pay? \$ _____

Do you have receipts or can you get receipts? _____

- Do any of the children have **special needs or on-going medical expenses?** Y / N

○ If Yes, please describe: _____

- Any other special considerations (transportation)? _____

ASSETS/LIABILITIES

Are there any jointly acquired assets or liabilities which need to be divided? Y/ N

IF NO, DO NOT COMPLETE THE REST OF THIS FORM!

1. Address or Location: _____

Value: \$ _____ Mortgage: _____

Balance of Mortgage: \$ _____

Owned by: you / joint **Award to:** you / partner

Intent in acquiring the property? _____

2. Address or Location: _____

Value: \$ _____ Mortgage: _____

Balance of Mortgage: \$ _____

Owned by: you / joint **Award to:** you / partner

Intent in acquiring the property? _____

3. Address or Location: _____

Value: \$ _____ Mortgage: _____

Balance of Mortgage: \$ _____

Owned by: you / joint **Award to:** you / partner

Intent in acquiring the property? _____

Bank Accounts

1. Name of Bank: _____ Location: _____
Type (Savings, Checking): _____ Account #: _____
Balance of Account: \$ _____
Owned by: you / joint / partner **Award to:** you / partner
Intent in acquiring the property? _____

2. Name of Bank: _____ Location: _____
Type (Savings, Checking): _____ Account #: _____
Balance of Account: \$ _____
Owned by: you / joint / partner **Award to:** you / partner
Intent in acquiring the property? _____

3. Name of Bank: _____ Location: _____
Type (Savings, Checking): _____ Account #: _____
Balance of Account: \$ _____
Owned by: you / joint / partner **Award to:** you / partner
Intent in acquiring the property? _____

4. Name of Bank: _____ Location: _____
Type (Savings, Checking): _____ Account #: _____
Balance of Account: \$ _____
Owned by: you / joint / partner **Award to:** you / partner
Intent in acquiring the property? _____

Investments (stocks, annuities)

Name/Location:	Account No.:	Owner(s):	Value:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Intent in acquiring the investment? _____

Retirement Benefits

Account:	Owner:	Beneficiary (if any):	Present Value:
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Intent in acquiring the investment? _____

Vehicles

(Cars, Trucks, Rvs, Boats, ATVs, Trailers)

1. Vehicle Year: _____ Make: _____ License Plate No.: _____

Balance Due: \$ _____ Payable to: _____

Monthly payment: \$ _____ Intent when acquired? _____

- Title: you / joint / partner
- Current Possession: you / partner
- **Award to:** you / partner

2. Vehicle Year: _____ Make: _____ License Plate No.: _____

Balance Due: \$ _____ Payable to: _____

Monthly payment: \$ _____ Intent when acquired? _____

- Title: you / joint / partner
- Current Possession: you / partner / other
- **Award to:** you / partner

3. Vehicle Year: _____ Make: _____ License Plate No.: _____

Balance Due: \$ _____ Payable to: _____

Monthly payment: \$ _____ Intent when acquired? _____

- Title: you / joint / partner
- Current Possession: you / partner / other
- **Award to:** you / partner

4. Vehicle Year: _____ Make: _____ License Plate No.: _____

Balance Due: \$ _____ Payable to: _____

Monthly payment: \$ _____ Intent when acquired? _____

- Title: you / joint / partner
- Current Possession: you / partner / other
- **Award to:** you / partner

Life Insurance

Company: _____ Owner: _____ Beneficiary: _____ Death Benefit: _____

Intent when acquired? _____

Jewelry

Description: _____ Value: _____ Award to: _____

Intent when acquired? _____

Other Assets (guns, collections, antiques)

Description: _____ Value: _____ Award to: _____

Intent when acquired? _____

Household Furnishings & Appliances

Description: _____ Current Location: _____ Value: _____ Award to: _____

Intent when acquired? Who paid? _____

Pre-Relationship Property? Was any of the above property owned by one of you before the relationship? What property? _____

DEBTS

1. Creditor: _____
Balance Due: \$ _____ Monthly Payments: \$ _____
Name on Debt: you / joint / partner **Who Should Pay:** you / partner
Why? _____
2. Creditor: _____
Balance Due: \$ _____ Monthly Payments: \$ _____
Name on Debt: you / joint / partner **Who Should Pay:** you / partner
Why? _____
3. Creditor: _____
Balance Due: \$ _____ Monthly Payments: \$ _____
Name on Debt: you / joint / partner **Who Should Pay:** you / partner
Why? _____
4. Creditor: _____
Balance Due: \$ _____ Monthly Payments: \$ _____
Name on Debt: you / joint / partner **Who Should Pay:** you / partner
Why? _____
5. Creditor: _____
Balance Due: \$ _____ Monthly Payments: \$ _____
Name on Debt: you / joint / partner **Who Should Pay:** you / partner
Why? _____
6. Creditor: _____
Balance Due: \$ _____ Monthly Payments: \$ _____
Name on Debt: you / joint / partner **Who Should Pay:** you / partner
Why? _____
7. Creditor: _____
Balance Due: \$ _____ Monthly Payments: \$ _____
Name on Debt: you / joint / partner **Who Should Pay:** you / partner
Why? _____

Pre-Relationship Debt? Was any of the above debt owed by one of you before the relationship?
What debts? _____