

DISSOLUTION 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

Marriage/Relationship: **Date of Marriage:** _____ **Date of Separation:** _____

Where Married: _____
(City) (County) (State)

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

Reasons Ended (death, divorce, annulment): _____

Date(s) Ended: _____

Occupation: _____ **Employer:** _____

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

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

Work Address: _____

Other Sources of 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): _____

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 spouse 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

SPOUSE/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

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

Length of Employment: _____ Work Phone: _____

Work Address: _____

Other Sources of 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): _____**Heath issues?** _____**Spouse/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?: _____

JOINT CHILDREN (OF THIS RELATIONSHIP/MARRIAGE)

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

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

__/__/__ to

Present

__/__/__ to

__/__/__

__/__/__ to

__/__/__

__/__/__ to
__/__/__

__/__/__ to
__/__/__

__/__/__ to
__/__/__

- Client's desired **custody** arrangement: _____
- Client's desired **parenting time** arrangement (generally):
 - Local Court Rules
 - Other
 - Please explain: _____
- Do any of the children have **special needs**? Y / N
 - If Yes, please describe: _____
- Any other special considerations (transportation)? _____

ASSETS
Real Property

1. Address or Location: _____

Value: \$ _____ Mortgage: _____

Balance of Mortgage: \$ _____

Owned by: you / joint / spouse

Award to: you / spouse

2. Address or Location: _____

Value: \$ _____ Mortgage: _____

Balance of Mortgage: \$ _____

Owned by: you / joint / spouse

Award to: you / spouse

3. Address or Location: _____

Value: \$ _____ Mortgage: _____

Balance of Mortgage: \$ _____

Owned by: you / joint / spouse

Award to: you / spouse

Bank Accounts

1. Name of Bank: _____	Location: _____
Type (Savings, Checking): _____	Owner: you / joint / spouse
Account #: _____	Balance of Account: \$ _____
Owned by: you/joint/spouse	Award to: you / spouse
2. Name of Bank: _____	Location: _____
Type (Savings, Checking): _____	Owner: you / joint / spouse
Account #: _____	Balance of Account: \$ _____
Owned by: you/joint/spouse	Award to: you / spouse
3. Name of Bank: _____	Location: _____
Type (Savings, Checking): _____	Owner: you / joint / spouse
Account #: _____	Balance of Account: \$ _____
Owned by: you/joint/spouse	Award to: you / spouse
4. Name of Bank: _____	Location: _____
Type (Savings, Checking): _____	Owner: you / joint / spouse
Account #: _____	Balance of Account: \$ _____
Owned by: you/joint/spouse	Award to: you / spouse

Investments (stocks, annuities)

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

Retirement Benefits

<u>Account:</u>	Owner:	Beneficiary (if any):	Present Value:
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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

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

Balance Due: \$_____ Payable to:_____

Monthly payment: \$_____

- Title: you / Joint / spouse
- Current Possession: you / spouse / other
- **Award to:** you / spouse

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

Balance Due: \$_____ Payable to:_____

Monthly payment: \$_____

- Title: you / Joint / spouse
- Current Possession: you / spouse / other
- **Award to:** you / spouse

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

Balance Due: \$_____ Payable to:_____

Monthly payment: \$_____

- Title: you / Joint / spouse
- Current Possession: you / spouse / other
- **Award to:** you / spouse

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

Balance Due: \$_____ Payable to:_____

Monthly payment: \$_____

- Title: you / Joint / spouse
- Current Possession: you / spouse / other
- **Award to:** you / spouse

Life Insurance

Company:

Owner:

Beneficiary:

Death Benefit:

Jewelry

Description:

Value:

Award to:

Other Assets (guns, collections, antiques)

Description:

Value:

Award to:

Household Furnishings & Appliances

Description:

Current Location:

Value:

Award to:

Pre-Marital Agreement? Y / N

Pre-Marital Property? Is any of the above property Pre-Marital property (owned before the marriage? What property?

DEBTS

1. Creditor: _____

Balance Due: \$ _____ Monthly Payments: \$ _____

Name on Debt: you / Joint / spouse Who Should Pay: you / spouse

Why? _____

2. Creditor: _____

Balance Due: \$ _____ Monthly Payments: \$ _____

Name on Debt: you / Joint / spouse Who Should Pay: you / spouse

Why? _____

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