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COMPREHENSIVE INFORMATION FORM

I. INFORMATION ABOUT YOU:

Full name

Home address:
Street and number

City

County

State, zip

Telephone (work)

Telephone (home)

E-mail address

Fax number

How long have you resided in this city/county?

How long have you resided in this state?

Full name at birth

All former names from previous marriages

Date of birth

Place of birth

Age

Social Security number

DMV number, if different

Occupation

Employer's address

Have you ever been a member of the U.S. Armed Forces?

If so, give branch and dates of service

Do you have a criminal record?_____

If so, what are the charge(s), conviction(s) and outcome:_____

II. INFORMATION ABOUT YOUR SPOUSE:

Full name

Home address:

Street and number

City

County

State, zip

Telephone (work)

Telephone (home)

E-mail address

Fax number

How long has your spouse resided in this city/county?

How long has your spouse resided in this state?

Full name at birth

All former names from previous marriages

Date of birth

Place of birth

Age

Social Security number

DMV number, if different

Occupation

Employer's address

Has your spouse ever been a member of the U.S. Armed Forces?

If so, give branch and dates of service

Does your spouse have a criminal record? _____

If so, what are the charge(s), conviction(s) and outcome: _____

III. DEPENDENTS:

For each child, please provide the following information:

First child:

Full name

Date of birth

Place of birth

Age

Social Security number

Does this child currently live with you?

If not, with whom does the child reside?

If not, list the child's address

Does this child have any extraordinary medical or dental needs?

If yes, please describe

Are you and your spouse the birth parents of this child?

Was this child adopted by you and your spouse?

Is there any question about the paternity of this child?

Was this child born during a former marriage?
If so, who is the other parent?

Was this child born of a non-marital relationship?
If so, who is the other parent?

Name of school/day care currently attended by child

Do you want legal custody of the child?

Below, list each place where the child has resided during the past five years, together with the dates when the child resided there, the name of the person with whom the child resided, and the current address of that person:

Have you participated, either as a party, witness, or in any other capacity in any court proceeding concerning custody of this child, in any state?

If your answer is yes, please provide that information below:

Do you have knowledge or information of any custody proceeding concerning this child that is pending in a court of this state or any other state?

If your answer is yes, please provide this information below:

Do you know of any person who has physical custody of this child, or who claims to have custody or visitation rights with respect to this child?

If so, please provide the information below:

Second child:

Full name

Date of birth

Place of birth

Age

Social Security number

Does this child currently live with you?

If not, with whom does the child reside?

If not, list the child's address

Does this child have any extraordinary medical or dental needs?

If yes, please describe

Are you and your spouse the birth parents of this child?

Was this child adopted by you and your spouse?

Is there any question about the paternity of this child?

Was this child born during a former marriage?

If so, who is the other parent?

Was this child born of a non-marital relationship?

If so, who is the other parent?

Name of school/day care currently attended by child

Do you want legal custody of the child?

Below, list each place where the child has resided during the past five years, together with the dates when the child resided there, the name of the person with whom the child resided, and the current address of that person:

Have you participated, either as a party, witness, or in any other capacity in any court proceeding concerning custody of this child, in any state?

If your answer is yes, please provide that information below:

Do you have knowledge or information of any custody proceeding concerning this child that is pending in a court of this state or any other state?

If your answer is yes, please provide this information below:

Do you know of any person who has physical custody of this child, or who claims to have custody or visitation rights with respect to this child?

If so, please provide the information below:

IV. MARITAL HISTORY:

This marriage:

Date of marriage

Location of marriage

Number of this marriage: You

Spouse

Do you and your spouse currently live together?

If not, date of separation

If not, who left the marital residence?

Have you or your spouse previously filed a divorce suit, suit for annulment, or suit for support or child custody?

If yes:

Who filed?

What type of law suit?

When was it filed?

Where was it filed?

City/County

State

Name of court

How did the suit end?

Your previous attorney

Name

Address

Telephone number

Have you or your spouse participated in any type of marital counseling concerning this marriage, either individually or jointly?

If yes, describe

Written agreements:

Have you reached any agreement with your spouse concerning custody, visitation, child support, spousal support, or property issues?

If yes:

Was this agreement reached before you and your spouse married, or during your marriage?

Date of agreement

Please provide a copy of the agreement.

Do either you or your spouse desire reconciliation?

If so, who?

Previous divorces:

If either you or your spouse was previously divorced, please provide the following information for each divorce:

Names of parties

Court (state and county)

Case number

Date divorce was granted

Attorneys

Names

Addresses

V. TRAINING, EDUCATION, AND EMPLOYMENT:

Information about you:

The highest level of education completed:

Your level of education at the time you were married:

Have you received any specialized training?

If so, please describe

Did your spouse help finance your education?

If so, describe your spouse's contributions:

If you are currently employed, describe

Your occupation

Your employer

Your salary

If you are currently unemployed, describe
Your last occupation

Your last employer

Date your last employment ended

Your last salary

Do you hold any license, certificate, registration, or other authorization to engage in a profession,
trade, business, or occupation?

If so, what type of authorization?

If so, what state agency issued the authorization?

Information about your spouse:

The highest level of education completed:

Your spouse's level of education at the time you were married:

Has your spouse received any specialized training?

If so, please describe

Did you help finance your spouse's education?

If so, describe your contributions:

If your spouse is currently employed, describe

Your spouse's occupation

Your spouse's employer

Your spouse's salary

If your spouse is currently unemployed, describe

Your spouse's last occupation

Your spouse's last employer

Date your spouse's last employment ended

Your spouse's last salary

Does your spouse hold any license, certificate, registration, or other authorization to engage in a
profession, trade, business, or occupation?

If so, what type of authorization?

If so, what state agency issued the authorization?

VI. EXPENSES

Please provide the following information about your current monthly expenses:

EXPENSES: Monthly

Household:

Mortgage or rent \$ _____
Property taxes _____
Repairs and maintenance _____
Furniture _____
Homeowners' insurance _____

Utilities:

Electricity _____
Oil/gas/heat _____
Cable TV _____
Telephone _____
Water and sewer _____
Wood _____
Trash _____

Food:

Groceries _____
Eating out _____

Automobile:

Monthly payment _____
Gas and oil _____
Repair _____
Tags and inspection _____
Personal property taxes _____
Car insurance _____
Other transportation _____
Parking _____

Children's Expenses:

School supplies _____
School tuition _____
Lunch money _____
Allowance _____
Lessons and sports _____

Monthly

Health Expenses:

Doctors \$ _____
Dentists _____
Eyeglasses _____
Hospitals and clinics _____
Medicines and vitamins _____
Other _____

Gifts:

Church/charity _____
Christmas and birthdays _____

Entertainment

Vacations _____

Dues:

Professional _____
Homeowners' association _____
Social clubs _____

Sundries:

Newspapers, magazines _____
Cosmetics _____
Other _____

Miscellaneous:

Taxes _____
Life insurance _____
Disability insurance _____

Legal Expenses _____

Clothing:

New _____
Cleaning and laundry _____
Special/uniforms _____

Child care (work) _____
Child care (other) _____

Debt Total: _____

Total Monthly Expenses \$ _____

VII. DEBTS

Most families have a variety of debts, including mortgage payments, automobile loans, credit card debts, and other obligations. For each debt or obligation, please provide the following information:

DEBT NO. 1

Creditor's name

Creditor's address

Amount of original debt

Remaining balance to be paid

Amount of monthly payment

Final payment date (if any)

Who usually pays this debt?

DEBT NO. 2

Creditor's name

Creditor's address

Amount of original debt

Remaining balance to be paid

Amount of monthly payment

Final payment date (if any)

Who usually pays this debt?

DEBT NO. 3

Creditor's name

Creditor's address

Amount of original debt

Remaining balance to be paid

Amount of monthly payment

Final payment date (if any)

Who usually pays this debt?

DEBT NO. 4

Creditor's name

Creditor's address

Amount of original debt

Remaining balance to be paid

Amount of monthly payment

Final payment date (if any)

Who usually pays this debt?

VIII. DOCUMENTS TO PROVIDE TO YOUR ATTORNEY

Please provide copies of the items described below:

1. Tax returns. Please provide copies of your state and federal income tax returns for the past three years, including all schedules, W-2 forms, and 1099's.
2. Medical insurance. Please provide the name and address of your medical insurance company, as well as the policy and group number.
3. Life insurance. Please provide a copy of the face sheet of any life insurance policy you own, which contains the name and address of the insurance company, the face amount of the policy, the policy number, owner and beneficiary.
4. Bank accounts. Please provide copies of current statements showing your balance in all bank, savings and loan, or other financial institutions. The account number should appear on the statement.

5. Retirement plan. If you participate in any profit-sharing, pension, or retirement plan provided by your employer, please request a copy of the summary plan description and a statement of your current interest in the plan and its value.
6. Retirement accounts. If you or your spouse own any IRAs, please provide the name of the financial institution, the account number, the beneficiary, and a current statement indicating the account balance.
7. Real estate appraisal. If your property has been appraised during the past three years, please provide a copy of the appraisal. If your property has not been appraised during the past three years, please provide a copy of the current real estate tax assessment.
8. Written agreements. If you and your spouse have entered into any written agreement concerning support, property, or other matters, please provide a copy of the agreement.
9. Previous marriages. If either you or your spouse was previously married and divorced, please provide a copy of the final divorce decree.

IX. PROPERTY INVENTORY

Please complete the attached Property Inventory concerning all assets in your marriage. This includes all property of value, including your home, automobiles, furnishings, clothing, jewelry, tools or equipment, stocks, bonds, or other financial instruments, cash held in accounts as well as cash on hand, and any business interests that you may have. This list is not exhaustive, and if you own or have an interest in any other types of property, please list the information on the inventory form. Make a sufficient number of copies of the Property Inventory so that you can provide your attorney with complete information.

PROPERTY INVENTORY