

****PLEASE COMPLETE BEFORE & BRING TO INITIAL CONSULTATION****
VISIT www.nkydivorce.com BEFORE INITIAL CONSULTATION

Date

County

Client Information Form

MARRIAGE INFORMATION:

Date of Marriage: _____ Date of Separation: _____

Place of Marriage:

City: _____ County: _____ State: _____

Registered Same: Yes/No (Circle One)

Wife Currently Pregnant: Yes/No (Circle One)

CLIENT INFORMATION: Husband/Wife (Circle One)

Full Name: _____ Maiden/Former Name: _____

Home Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email Address: _____

Date of Birth: _____ Age _____

Birthplace: City: _____ State: _____

Social Security Number: _____ Race: _____

Active in Military: Yes/No (Circle One)

Mother's Name: _____ Father's Name: _____

How Long Lived In: State: _____ County: _____

Employer: _____

Employer's Address: _____

Position: _____ Wages: _____ Salary/Hourly (Circle One)

Average Hours Per Week: _____ Number of Paychecks per Year: 12 24 26 52 (Circle One)

Bonuses/Commissions for past three years (Starting with most recent)

1. _____ 2. _____ 3. _____

Other income: _____

Number of Marriages (Including this Marriage): _____ Prior Spouses Name(s): _____

ADVERSE PARTY INFORMATION: Husband/Wife (Circle One)

Full Name: _____ Maiden/Former Name: _____

Home Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email Address: _____

Date of Birth: _____ Age _____

Birthplace: City: _____ State: _____

Social Security Number: _____ Race: _____

Active in Military: Yes/No (Circle One)

Mother's Name: _____ Father's Name: _____

How Long Lived In: State: _____ County: _____

Employer: _____

Employer's Address: _____

Position: _____ Wages: _____ Salary/Hourly (Circle One)

Average Hours Per Week: _____ Number of Paychecks per Year: 12 24 26 52 (Circle One)

Bonuses/Commissions for past three years

1. _____

2. _____

3. _____

Other income: _____

Number of Marriages (Including this Marriage): _____ Prior Spouses

Name(s): _____

CHILDREN: IF NONE, SKIP TO PAGE 4

Child #1: Full Name: _____

Date of Birth: _____ Age: _____ Social Security Number: _____

School: _____ Grade: _____

Child #2: Full Name: _____

Date of Birth: _____ Age: _____ Social Security Number: _____

School: _____ Grade: _____

Child #3: Full Name: _____

Date of Birth: _____ Age: _____ Social Security Number: _____

School: _____ Grade: _____

Child #4: Full Name: _____

Date of Birth: _____ Age: _____ Social Security Number: _____

School: _____ Grade: _____

Who has Custody: _____

Prior Custody Orders: Yes/No (Circle One) If yes, explain: _____

Prior Child Support Orders: Yes/No (Circle One) If yes, explain: _____

Addresses For Past 5 Years:

Other Living Children with Someone Other Than Adverse Party:

1. Name: _____ Date of Birth: _____ Age: _____ Parent: _____

2. Name: _____ Date of Birth: _____ Age: _____ Parent: _____

3. Name: _____ Date of Birth: _____ Age: _____ Parent: _____

4. Name: _____ Date of Birth: _____ Age: _____ Parent: _____

MARITAL ESTATE:

REAL ESTATE: (Include Time Shares and Rental Property)

Property#1

Description	Value	Whose Name (Husband, Wife, Joint)	Marital/Mixed/Separate
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Mortgage:

Holder	Amount	Whose Name (Husband, Wife, Joint)	Equity
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2nd Mortgage/HELOC

Holder	Amount	Whose Name (Husband, Wife, Joint)	Equity
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Where did funds for purchase come from: _____

Amount for Down Payment: _____

Property#2

Description	Value	Whose Name (Husband, Wife, Joint)	Marital/Mixed/Separate
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Mortgage:

Holder	Amount	Whose Name (Husband, Wife, Joint)	Equity
--------	--------	--------------------------------------	--------

2nd Mortgage/HELOC

Holder	Amount	Whose Name (Husband, Wife, Joint)	Equity
--------	--------	--------------------------------------	--------

Where did funds for purchase come from: _____

Amount for Down Payment: _____

Vehicles: (Cars, Vans, Trucks, Boats, Motorcycles, ATVs, Etc.)

Who Drives Primarily Description Value Loan (Institution & Amount owed)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Bank Accounts:

Institution Balance Whose Name Checking or Marital/Mixed or Separate
(H,W,J) Savings

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Retirement Plans:

Participant Institution Vest (y/n) Description Value Marital/Mixed/Separate

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Stocks:

Corp. Name Whose name No. Of Shares Source Marital/Mixed/Separate

- 1. _____
- 2. _____
- 3. _____

Tax Refund:

Tax Year Amount Marital/Separate

Household Items: To be divided/Already divided/Other: _____ (Circle One)

Investment Accounts:

Participant	Institution	Description	Value	Marital/Mixed/Separate
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1. _____
2. _____
3. _____
4. _____

Insurance:

Company/Policy Number	Insured	Beneficiary	Whole/Term	Cash Value	Face Value
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1. _____
2. _____
3. _____
4. _____

Other Assets:

Description	Value	Marital/Separate/Mixed
-------------	-------	------------------------

1. _____
2. _____
3. _____
4. _____

Liabilities/Debts:

Name of Creditor	Type of Debt	Who is Liable Hus/Wife	Balance Due	Marital/Separate/ Mixed
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

MONTHLY LIVING EXPENSES:

Housing:

Rent or Mortgage \$ _____

Utilities

Gas and Electric \$ _____

Water and Sanitation \$ _____

Telephone \$ _____

Trash Collection \$ _____

Cable \$ _____

Internet \$ _____

Other \$ _____ Describe: _____

Total \$ _____

Other :

Car Repairs and Licenses \$ _____

Insurance

Health \$ _____

Car \$ _____

Other \$ _____ Describe: _____

Medical Expenses \$ _____

Clothing \$ _____

Grocery Items (to include food, laundry, cleaning products/toiletries, etc.)\$ _____

Child Related Expenses

Daycare \$ _____

Other \$ _____

Gasoline and Oil \$ _____

Other \$ _____ Describe: _____

Total \$ _____

Monthly Installment Payments:

	To Whom	Purpose	Balance	Monthly Payment
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

HOW DID YOU HEAR ABOUT OUR FIRM:

- Personal Referral From: _____
- Website: www.dofamilylaw.com
- Website: www.nkydivorce.com
- Northern Kentucky Bar Association Referral
- Other _____

WERE YOU REFERRED TO A PARTICULAR ATTORNEY: Yes/No (Circle One)

Who: _____

DID YOU VISIT www.nkydivorce.com FOR INFORMATION ON COLLABORATIVE DIVORCE:
Yes/No (Circle One)

FOR ATTORNEY'S USE

Relief Requested:

- Dissolution of Marriage/Divorce/Legal Separation
- Sole Custody of minor child(ren), Temporary and Permanent
- Joint Custody of minor child(ren), Temporary and Permanent
- Equitable division of the marital property
- Restoration of non-marital property
- Determination of child support
- Child support, Temporary and Permanent
- Spousal Support, Temporary and Permanent
- Restoration of Maiden/Former Name
- Other
- All other relief to which he/she may be entitled

FILE INFORMATION

File Name: _____

Retainer: _____

Hourly Rate: _____

Attorney: _____