

CASE INFORMATION FORM

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE: Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

CLIENT (YOUR) INFORMATION

Full name: _____
(Last) (First) (Middle) (Maiden - if applicable)

Birthdate: _____ City & State where born: _____

SSN: _____ Driver's license/State: _____

Employer: _____
(Name) (Address) (title/position)

Wk Phone: _____ May we call you at work? Yes No

Your salary \$ _____ yr mo hour Length of employment: _____

Education: _____
(Last School Attended) (Highest Grade/Degree Attained)

Has your spouse advise you that he/she has filed for divorce/custody modification? Yes No

Have you been served with court papers in this case? Yes No When: _____

THE OTHER PARTY'S INFORMATION your spouse/former spouse/
the child's other parent

Full name: _____
(Last) (First) (Middle) (Maiden - if applicable)

Birthdate: _____ City & State where born: _____

SSN: _____ Driver's license/State: _____

Employer: _____
(Name) (Address) (title/position)

Wk Phone: _____ May we call you at work? Yes No

Your salary \$ _____ yr mo hour Length of employment: _____

Education: _____
(Last School Attended) (Highest Grade/Degree Attained)

Have you advised him/her that you are seeking a divorce/custody modification? Yes No

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If you are already divorce, or were never married to the other parent, skip this page.

Date of Marriage: _____ Date of Separation: _____

Where did marriage take place: _____
(City) (State) (Country if outside US)

Will your spouse agree to the divorce? Yes No Don't Know

Are there children born/adopted during the marriage? Yes No

Will you & your spouse be able to agree to division of the property? Yes No Don't know

Have you or your spouse ever filed bankruptcy? You Your spouse Both

Do you expect to receive Spousal Maintenance (alimony) after the divorce? Yes No

Will your spouse ask for Spousal Maintenance after the divorce? Yes No Don't know

Should the wife's maiden name be restored? Yes No Don't know at this time

What is reason/basis for Divorce? (Check all that apply)

- drugs/alcohol sexual disappointment infidelity financial dispute
- physical violence incompatibility/irreconcilable differences (a/k/a no fault)

Are you accusing your spouse or will your spouse accuse you of any of the following? (check "self" if you believe your spouse will accuse you, check "spouse" if you are accusing him/her:

	Self	Spouse
Adultery/having an extramarital affair	<input type="checkbox"/>	<input type="checkbox"/>
Alcoholism/Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Assault of a family member within the past 24 months:	<input type="checkbox"/>	<input type="checkbox"/>
Causing injury to a child	<input type="checkbox"/>	<input type="checkbox"/>
Child Abuse or Child Neglect	<input type="checkbox"/>	<input type="checkbox"/>
Cohabiting with or dating a known sex offender	<input type="checkbox"/>	<input type="checkbox"/>
Drug abuse/drug addition	<input type="checkbox"/>	<input type="checkbox"/>
Using drugs with children present?	<input type="checkbox"/>	<input type="checkbox"/>
DWI/DUI in last 5 years or at any time with children present	<input type="checkbox"/>	<input type="checkbox"/>
Felony Criminal Conduct	<input type="checkbox"/>	<input type="checkbox"/>
Sexual assault of any type	<input type="checkbox"/>	<input type="checkbox"/>
Spousal abuse (physical)	<input type="checkbox"/>	<input type="checkbox"/>
Spousal abuse (mental or other non-physical)	<input type="checkbox"/>	<input type="checkbox"/>
Having substantial ties to another country	<input type="checkbox"/>	<input type="checkbox"/>

Substantial ties means close family, property or citizenship in a foreign country that validates concerns that the children may be removed to that country if the Court does not make a specific finding prohibiting the children's passports/travel

CASE INFORMATION FORM

If this is a divorce case with no children, skip this page. All Paternity/Custody/Child Support clients as well as divorce clients with children involved must complete this page.

Will there be a fight over custody of the children?: Yes No Don't Know

If you believe there NOT be a fight over custody, who will have the kids? You Your Spouse

Will you be able to agree to the child support amount? Yes No Don't know

If "Yes" what is the agreed amount? _____ Standard Guideline to be determined

Will there be a dispute over paternity? Yes No Don't Know

Are the children currently covered by medical insurance? Yes No Don't know

If "yes" who is currently providing the insurances? Dad Mom Chips/Medicaid
 What is the cost? _____ / Weekly Month Semi-Monthly Annually

If there will be a fight over custody of the children, please indicate what issues or claims will be made. (check "self" if you believe your spouse will accuse you, check "spouse" if you are accusing him/her:

	Self	Spouse
Alcoholism/Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Assault of a family member within the past 24 months:	<input type="checkbox"/>	<input type="checkbox"/>
Causing injury to a child	<input type="checkbox"/>	<input type="checkbox"/>
Child Abuse or Child Neglect	<input type="checkbox"/>	<input type="checkbox"/>
Cohabiting with or dating a known sex offender	<input type="checkbox"/>	<input type="checkbox"/>
Drug abuse/drug addition	<input type="checkbox"/>	<input type="checkbox"/>
Using drugs with children present?	<input type="checkbox"/>	<input type="checkbox"/>
Failure to pay child support	<input type="checkbox"/>	<input type="checkbox"/>
Felony Criminal Conduct	<input type="checkbox"/>	<input type="checkbox"/>
Neglecting the children	<input type="checkbox"/>	<input type="checkbox"/>
Hiding/secreting or denying the other parent access to children	<input type="checkbox"/>	<input type="checkbox"/>
Having substantial ties to another country	<input type="checkbox"/>	<input type="checkbox"/>

Substantial ties means close family, property or citizenship in a foreign country that validates concerns that the children may be removed to that country if the Court does not make a specific finding prohibiting the children's passports/travel.

Are there children over the age of 10 years who are subject of this suit? Yes No

Do you believe the child (over 10) should speak to the Judge about his/her desires in this case?
 Yes No - *Note: The Judge will speak to the child if you ask, but the Child's desires are not dispositive, it is only some evidence for the Judge to consider.*

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Provide the following information for each child who is involved in this case:

Name: _____ Sex: Male Female
Date of birth: _____ State where born: _____ Age: _____
Place of birth: _____ Child's SSN: _____
With whom does this child live now? _____
 Born during the relationship Adopted during marriage Paternity in question

Name: _____ Sex: Male Female
Date of birth: _____ State where born: _____ Age: _____
Place of birth: _____ Child's SSN: _____
With whom does this child live now? _____
 Born during the relationship Adopted during marriage Paternity in question

Name: _____ Sex: Male Female
Date of birth: _____ State where born: _____ Age: _____
Place of birth: _____ Child's SSN: _____
With whom does this child live now? _____
 Born during the relationship Adopted during marriage Paternity in question

Name: _____ Sex: Male Female
Date of birth: _____ State where born: _____ Age: _____
Place of birth: _____ Child's SSN: _____
With whom does this child live now? _____
 Born during the relationship Adopted during marriage Paternity in question

Name: _____ Sex: Male Female
Date of birth: _____ State where born: _____ Age: _____
Place of birth: _____ Child's SSN: _____
With whom does this child live now? _____
 Born during the relationship Adopted during marriage Paternity in question

CASE INFORMATION FORM

Misc. Information - *please skip questions that are not applicable*

If you believe the other parent has acted in some way that has endangered the health, education, or emotional well-being of the children, please describe the events giving rise or forming the basis of this belief:

If this is a divorce case - have you or your spouse ever filed for divorce (this marriage) before now? Yes No: If "Yes, please give details:

If this is a Custody/Child Support modification - do you currently have court orders setting out custody/visitation or support of the children subject of this suit? Yes No If "Yes" please provide a copy. If a copy is not available, provide all information you have to help us locate:

Has CPS or any similar organization ever investigated you or the home where your children live or have lived? If so, please give details including approximate dates, who called, who investigated, the result of the investigation, etc. Yes No: If "Yes, Please Describe:

Often times during a divorce or custody suit, one party will say things that are not true about the other side. In order to prepare for your case, it is important that we determine what the other party may say about you. Knowing that he or she may lie or stretch the truth, what do you expect he/she will say about you and why?

CASE INFORMATION FORM

The remainder of this form is for Divorce Clients only. Custody/child support clients do not need to continue. Divorce Clients should complete the following to the best of their knowledge, this information will help frame the issues so that we can develop the case appropriately.

PROPERTY DIVISION

Real Property - for each parcel of real estate that either you or your spouse claim and ownership interest, please provide the following information:

Address/description: _____

Is this the marital residence? Yes No Whose name is on the deed? Husband Wife

Year acquired: _____ Was the property acquired during marriage? Yes No

Is there a mortgage? Yes No If :”yes” whose name is on mortgage? Husband Wife

Bank/Mortgage holder: _____

Amount owed at this time: _____ Value of the property? _____

Do you assert this is your separate property, not subject to division in the divorce? Yes No

Will your spouse claim this is his/her separate property? Yes No

Why is this property "Separate Property? _____

If this property is community property, who should get it? Husband Wife Sell/Split

Address/description: _____

Is this the marital residence? Yes No Whose name is on the deed? Husband Wife

Year acquired: _____ Was the property acquired during marriage? Yes No

Is there a mortgage? Yes No If :”yes” whose name is on mortgage? Husband Wife

Bank/Mortgage holder: _____

Amount owed at this time: _____ Value of the property? _____

Do you assert this is your separate property, not subject to division in the divorce? Yes No

Will your spouse claim this is his/her separate property? Yes No

Why is this property "Separate Property? _____

If this property is community property, who should get it? Husband Wife Sell/Split

CASE INFORMATION FORM

Airplanes, Automobiles, Boats, Motorcycles and Recreational Vehicles

Year/Make/Model: _____

Who owns it? Husband Wife Was vehicle acquired during the marriage? Yes No

Is there a loan associated with the vehicle? Yes No If yes, monthly pmt:\$ _____

In whose name is the loan? Husband Wife Other _____

Bank/Lien holder: _____ Amount owed:\$ _____

Who should get this vehicle? Husband Wife Sell/Split

Year/Make/Model: _____

Who owns it? Husband Wife Was vehicle acquired during the marriage? Yes No

Is there a loan associated with the vehicle? Yes No If yes, monthly pmt:\$ _____

In whose name is the loan? Husband Wife Other _____

Bank/Lien holder: _____ Amount owed:\$ _____

Who should get this vehicle? Husband Wife Sell/Split

Year/Make/Model: _____

Who owns it? Husband Wife Was vehicle acquired during the marriage? Yes No

Is there a loan associated with the vehicle? Yes No If yes, monthly pmt:\$ _____

In whose name is the loan? Husband Wife Other _____

Bank/Lien holder: _____ Amount owed:\$ _____

Who should get this vehicle? Husband Wife Sell/Split

Year/Make/Model: _____

Who owns it? Husband Wife Was vehicle acquired during the marriage? Yes No

Is there a loan associated with the vehicle? Yes No If yes, monthly pmt:\$ _____

In whose name is the loan? Husband Wife Other _____

Bank/Lien holder: _____ Amount owed:\$ _____

Who should get this vehicle? Husband Wife Sell/Split

CASE INFORMATION FORM

Bank Accounts, Investments, Savings, and Retirement

Type of Account: Checking Savings IRA 401K Investment Safe Deposit Box

Name on Account: _____

Financial Institution: _____

Account Number: _____ Who has access? You Your spouse

Is this a joint account? Yes No When was account opened? _____

Balance: \$ _____ Who should get this item? Husband Wife Split

Type of Account: Checking Savings IRA 401K Investment Safe Deposit Box

Name on Account: _____

Financial Institution: _____

Account Number: _____ Who has access? You Your spouse

Is this a joint account? Yes No When was account opened? _____

Balance: \$ _____ Who should get this item? Husband Wife Split

Type of Account: Checking Savings IRA 401K Investment Safe Deposit Box

Name on Account: _____

Financial Institution: _____

Account Number: _____ Who has access? You Your spouse

Is this a joint account? Yes No When was account opened? _____

Balance: \$ _____ Who should get this item? Husband Wife Split

Type of Account: Checking Savings IRA 401K Investment Safe Deposit Box

Name on Account: _____

Financial Institution: _____

Account Number: _____ Who has access? You Your spouse

Is this a joint account? Yes No When was account opened? _____

Balance: \$ _____ Who should get this item? Husband Wife Split

CASE INFORMATION FORM

Debts not associated with real estate or motor vehicles listed above

Type of Account: AmEx Discover MasterCard Visa Tax Medical Other

Financial Institution: _____

Account Number: _____ Who has access? You Your spouse

Is this a joint account? Yes No When was account opened? _____

Balance: \$ _____ Who should get this item? Husband Wife Split

Type of Account: AmEx Discover MasterCard Visa Tax Medical Other

Financial Institution: _____

Account Number: _____ Who has access? You Your spouse

Is this a joint account? Yes No When was account opened? _____

Balance: \$ _____ Who should get this item? Husband Wife Split

Type of Account: AmEx Discover MasterCard Visa Tax Medical Other

Financial Institution: _____

Account Number: _____ Who has access? You Your spouse

Is this a joint account? Yes No When was account opened? _____

Balance: \$ _____ Who should get this item? Husband Wife Split

Type of Account: AmEx Discover MasterCard Visa Tax Medical Other

Financial Institution: _____

Account Number: _____ Who has access? You Your spouse

Is this a joint account? Yes No When was account opened? _____

Balance: \$ _____ Who should get this item? Husband Wife Split

Type of Account: AmEx Discover MasterCard Visa Tax Medical Other

Financial Institution: _____

Account Number: _____ Who has access? You Your spouse

Is this a joint account? Yes No When was account opened? _____

Balance: \$ _____ Who should get this item? Husband Wife Split