

CLIENT INFORMATION SHEET – DIVORCE

You are about to initiate the serious step of dissolving your marriage. Our office has agreed to assist you in this matter. In order for us to do so effectively, we will need certain specific information about your personal and financial situation. Both your answers to the questions on the Client Information Sheet and the documents are confidential matters that we will not disclose to third parties. However, your spouse may be entitled to some of the financial information if he/she initiates discovery proceedings during the divorce. It is imperative that you cooperate fully in disclosing financial information to us. Without that information we cannot determine the best course of action for you. In addition, your failure to disclose relevant information could lead to court sanctions against you. Our representation of you will always be based on the theory that you have made a full financial disclosure to us.

The Client Information Sheet is a lengthy questionnaire. We would like for you to fill out the questionnaire to the best of your ability. We are going to ask you to sit in the office in a quiet place and work on the questionnaire. If you do not know the answer to a question, please leave that question blank. After you have finished filling out the form, an attorney will meet with you to discuss filing/answering the divorce petition. The attorney will be able to answer any questions that you have at that time.

We hope that you will understand the reason for the procedure. The questionnaire should help you begin to think about some important issues that arise in almost every divorce case. In addition, it assures us that we have all of the information necessary to plan a strategy that is in your best interest.

I. Client Information

A. Personal information

1. Name _____

Maiden Name (If Wife) _____

Do you want your maiden name back (If Wife) _____

2. Telephone No. (Home) _____ (Office) _____

3. Social Security No. _____

4. Date of Birth _____ Age _____ Place of Birth _____

5. Current Street Address _____

Length of time at above address _____

If less than 5 years, please list all previous addresses for the last five years:

6. If your mailing address is not the same as the street address, please list mailing address below

7. Date of separation from your spouse _____ (Please note that separation includes living in the same house if you are not having sexual intercourse with your spouse.)

8. Length of residence in Kentucky _____

9. Name of person who could swear that you have resided in Kentucky for more than 180 days _____ Where can this person be contacted? Phone _____

Address _____

10. Have you ever been married before? _____

11. If the answer is yes, please complete the following section:

a. Name of former spouse _____

b. Date of marriage _____

c. Date marriage ended _____

d. How was former marriage ended? (death, divorce, etc.)

IF YOU HAVE MORE THAN ONE PREVIOUS MARRIAGE PLEASE GIVE THE SAME INFORMATION FOR EACH MARRIAGE IN THE SPACE BELOW.

12. What is the highest level of education that you have attained?

B. Employment information

1. Are you currently employed outside the home? Yes/No

2. If the answer is yes:

a. Name of employer _____

b. Employer's address _____

c. Telephone no. _____

d. Your job title _____

e. Length of employment _____

f. Compensation per hour and number of hours per week: _____

g. Do you have deductions for any of the following. If so, please circle those applicable and list the amount of the deduction.

Medical insurance	Yes/No	
Dental insurance	Yes/No	
Life insurance	Yes/No	
Savings accounts	Yes/No	
Credit Union	Yes/No	
Loan repayment	Yes/No	
Retirement	Yes/No	
Union/other dues	Yes/No	
Charitable contributions	Yes/No	

h. Does your employer provide any of the following benefits without cost to you?

Benefit		Approximate value
Medical insurance	Yes/No	
Dental insurance	Yes/No	
Life insurance	Yes/No	
Meals	Yes/No	
Transportation	Yes/No	
Uniforms/Clothing	Yes/No	
Lodging	Yes/No	
Retirement benefits	Yes/No	
Professional or union dues	Yes/No	
Child care	Yes/No	

i. Do you have a second job? Yes/No If the answer is yes, please give the following information?

1. Employer _____

2. Address _____

3. No. of hours per week _____

4. Net take home pay per week/mo. _____

5. Do you receive any other benefits from this job such as transportation, meals, etc.? If so, please describe those benefits below

j. If you do not work outside the home, please complete the following section. Check the category that applies to you.

1. Full-time homemaker _____

2. Retired _____

3. Other _____

4. If you are a full-time homemaker, how long have you worked in that capacity? _____

5. Please fill out the next section if you were employed outside the home before you became a full-time homemaker.

k. Have you been employed by anyone other than your current employers during your marriage? Yes/No If the answer is yes, please complete the following section. List all jobs held during your marriage. Please begin with the most current employer and work backward in chronological order. If you need more space please use the back of the page. List only those jobs held during the marriage.

1. Employer _____

2. Address _____

3. Job Title _____

4. Length of employment _____

5. Reason for leaving _____

1. Employer _____

2. Address _____

3. Job Title _____

4. Length of employment _____

5. Reason for leaving _____

1. Employer _____

2. Address _____

3. Job Title _____

4. Length of employment _____

5. Reason for leaving _____

1. Employer _____

2. Address _____

3. Job Title _____

4. Length of employment _____

5. Reason for leaving _____

3. Does your monthly income include amounts from any of the following sources? If so, please state the amount.

Social Security	Yes/No	
Retirement benefits	Yes/No	
Workers' comp.	Yes/No	
Disability	Yes/No	

4. Please list all physical disabilities or ailments with regards to yourself and your treating physician for said health issue:

C. Current Marriage Information

1. Date of Marriage: _____

2. Place of Marriage:

County: _____, City: _____, State: _____

3. Date of Separation: _____

4. If attended Marriage Counseling, please list counselors name, address and phone number:

5. Are there any prospects for reconciliation: _____

6. Is the marriage irretrievably broken: _____

D. Opposing Party Information

1. Please give the following information regarding your *current* spouse.

a. Name _____

Maiden Name (If Wife) _____

Do you want your maiden name back (If Wife) _____

2. Telephone No. (Home) _____ (Office) _____

3. Social Security No. _____

4. Date of Birth _____ Age _____ Place of Birth _____

5. Current Street Address _____

Length of time at above address _____

If less than 5 years, please list all previous addresses for the last five years:

6. If your mailing address is not the same as the street address, please list mailing address below

7. Date of separation from your spouse _____ (Please note that separation includes living in the same house if you are not having sexual intercourse with your spouse.)

8. Length of residence in Kentucky _____

9. Name of person who could swear that you have resided in Kentucky for more than 180 days _____

Where can this person be contacted? Phone _____

Address _____

10. Have you ever been married before? _____

11. If the answer is yes, please complete the following section:

a. Name of former spouse _____

b. Date of marriage _____

c. Date marriage ended _____

d. How was former marriage ended? (death, divorce, etc.)

12. Are you currently employed outside the home? Yes/No

If the answer is yes:

a. Name of employer _____

b. Employer's address _____

c. Telephone no. _____

d. Your job title _____

e. Length of employment _____

f. Compensation per hour and number of hours per week: _____

g. Do you have deductions for any of the following. If so, please circle those applicable and list the amount of the deduction.

Medical insurance	Yes/No	
Dental insurance	Yes/No	
Life insurance	Yes/No	
Savings accounts	Yes/No	
Credit Union	Yes/No	
Loan repayment	Yes/No	
Retirement	Yes/No	
Union/other dues	Yes/No	
Charitable contributions	Yes/No	

h. Does your employer provide any of the following benefits without cost to you?

Benefit		Approximate value
Medical insurance	Yes/No	
Dental insurance	Yes/No	
Life insurance	Yes/No	
Meals	Yes/No	
Transportation	Yes/No	
Uniforms/Clothing	Yes/No	
Lodging	Yes/No	
Retirement benefits	Yes/No	
Professional or union dues	Yes/No	
Child care	Yes/No	

i. Do you have a second job? Yes/No If the answer is yes, please give the following information?

1. Employer: _____

2. Address _____

3. No. of hours per week _____

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5. Do you receive any other benefits from this job such as transportation, meals, etc.? If so, please describe those benefits below

j. If you do not work outside the home, please complete the following section. Check the category that applies to you.

1. Full-time homemaker _____

2. Retired _____

3. Other _____

4. If you are a full-time homemaker, how long have you worked in that capacity? _____

5. Please fill out the next section if you were employed outside the home before you became a full-time homemaker.

12. Please list all physical disabilities or ailments with regards to yourself and your treating physician for said health issue:

13. Please list all children of the marriage and the relevant information concerning these children.

Name	SS#	Gender	DOB	Current Address	Lives With

14. Have any of your children resided anywhere other than in your household during the past five years? If the answer is yes, please complete the following section.

Child's name	Residence	Time period

15. Do you want custody of the minor children? Yes/No

a. Do you expect your spouse to ask for custody? Yes/No

b. Are you interested in joint custody? Yes/No

16. Have you participated in any other litigation involving the custody of these children? Yes/No If the answer is yes, please explain.

17. Do any of your children have special needs? Are they physically handicapped, mentally handicapped, academically gifted, etc.? In addition, list any additional health expenses (or medication), which the child requires.

18. If any child has problems at school, list the child's name, the school which the child attends, and the nature of the problem.

19. Do you have any children by a previous marriage? If so please list following information for each child:

Name	Address	Gender	DOB	Name of Mother of Father	Lives With

20. Has your spouse physically assaulted you or threatened to do so?

21. What are the factors favorable and unfavorable to you in a custody action?

22. What are the factors favorable and unfavorable to your spouse in a custody action?

23. Custodial Preference of Children: _____

24. School and Present Grade of Each Child: _____

25. Church Attended: _____

26. Extracurricular Activities of Children: _____

27. Which parent participates in Extracurricular Activities? _____

28. Are the children enrolled in a daycare? If so, list the Daycare name, address and telephone number: _____

29. Also list the person primarily responsible for the child/children's care:

II. Additional Information

A. Have you and your spouse always filed joint tax returns? Yes/No If not, in what years of the marriage did you file separately?

B. Information for tracing of non-marital property.

1. During the marriage did you inherit any property from anyone? Property includes both real estate and personal property such as jewelry, antiques, stocks, etc. If you inherited property that you still retain, please complete the section below.

Property	Date inherited	Value then	Value now

2. During the marriage did you inherit property that you no longer retain? If so, please complete the following section.

In filling out this section, it is very important to put down what you did with the money received for any property sold. For example, if you inherited a house and then sold it to buy your current home, we need to know that fact.

Property	Disposition (Sold, traded, etc.)	Use of proceeds

3. During the marriage did your spouse inherit any property that he/she still retains? If so, please list and give the approximate value.

Property	Value

4. During the marriage, did your spouse inherit any property that he/she sold, traded, etc.? If so, please list the property and the disposition of the proceeds.

Property	Value	Disposition of proceeds

5. Have you ever recovered in an action for personal injury to you? Yes/No If so, please state the date of the injury, the date of recovery, and the amount.

Date of injury	Date you first received payment	Amount

6. Has your spouse been injured and received compensation for that injury either before or during the marriage? Yes/No If so, please state the date of injury, the date compensation was first received, and the amount.

Date of injury	Date compensation first received	Amount

7. If your spouse has an advanced/professional degree, were you married when your spouse was in school? Yes/No If so, did you work during that period? Yes/No Did your spouse also work? Yes/No Please complete the following if applicable.

Year	Your work	Your income	Spouse's work	Spouse's income

8. Are you the beneficiary of a trust? Yes/No

9. Are you currently receiving benefits from a trust fund? Yes/No If yes, please answer the following:

Name of person who created trust _____

Relationship to you _____

Name of trustee _____

Address of trustee _____

Approximate monthly income received from trust _____

10. If you are the beneficiary of a trust fund but do not now receive benefits, please answer the following:

Name of person who created trust _____

Relationship to you _____

Name of trustee _____

Address of trustee _____

When does the trust take effect? (on your 35th birthday, your parents' death, etc.)

11. Does your spouse have income from a trust fund? Yes/No If the answer is yes, please complete the following section:

Name of trustee _____

Amount of income _____

12. If your spouse does not currently receive income from a trust fund, is he/she the beneficiary of a trust that has not yet taken effect? Yes/No If the answer is yes, please complete the following section:

Name of trustee: _____