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MATRIMONIAL CASE-FACTUAL INFORMATION

File No. _____

Case No. _____

(Where space is found insufficient, use blank sheet and refer to question number).

Interviewed by _____

Date _____

Time _____ To _____

Referred by _____

Fee Arrangement _____

CLIENT

1. Full name _____ S.S. # _____

2. Maiden name _____ Do you want to change to your
maiden name (Y/N)? _____ Birthdate _____

3. Other names used _____

4. Residence _____

Res. Phone _____ Bus. Phone _____

5. State Driver's License Number _____ Eye Color _____

Email Address: _____

SPOUSE

6. Full name _____ S.S. # _____

7. Maiden name _____ Birthdate _____

8. Other names used _____

9. Residence _____

10. Physical Description: Height _____ Weight _____

Color Eyes _____ Color Hair _____

Glasses _____ Scars or Marks _____

Other _____

Phone # _____

Email Address: _____

PRESENT MARRIAGE

11. Date _____ Place _____

12. Availability of marriage certificate _____

Date of Separation _____

13. Residences since marriage (show dates) _____

MATRIMONIAL CASE-FACTUAL INFORMATION

CHILDREN OF PRESENT MARRIAGE

14. Names and birthdates of minor or handicapped children _____

15. Residence and custody _____

16. School _____

17. Names, birthdates and residence of adult children _____

18. Which children are adopted _____ Date _____

19. Health status and nature of physical or other disability _____

20. Support received or paid for any children _____

21. Voluntary () or by Court Order () if by Court Order, give details

22. Party involved: Client () Spouse () Date _____

Place _____

23. Prior marriage name _____

Name of prior spouse _____

24. Cause of dissolution _____

25. Court and date of dissolution _____

26. Copy of judgment _____

OTHER CHILDREN OF CLIENT OR SPOUSE

27. Names and birthdates of minor or handicapped children (name parent)

28. Residence and Custody _____

29. Names, birthdates and residence of adult children (name parent)

30. Health status and nature of physical or other disability

31. Support received or paid for any children _____

32. Voluntary () or by Court Order () (if by Court Order, give details)

EMPLOYMENT--CLIENT

33. Occupation _____ Job Title _____

How long employed _____

34. Employer's name, address & phone # _____

35. Average weekly earnings: Gross \$ _____ Net \$ _____

Work days and hours _____

36. Itemize deductions from pay _____

MATRIMONIAL CASE-FACTUAL INFORMATION

37. Fringe benefits and other income _____

38. Union Non/Union

Union Name _____

Union Card No. _____

EMPLOYMENT--SPOUSE

39. Occupation _____ Job Title _____

How long employed _____

40. Employer's name, address & phone # _____

41. Average weekly earnings: Gross \$ _____ Net \$ _____

Work days and hours _____

42. Itemize deductions from pay _____

43. Fringe benefits and other income _____

44. Union Non/Union

Union Name _____

Union Card No. _____

HEALTH INSURANCE

45. State all available medical and dental insurance benefits and/or insurance. Include type of coverage, name and address of company, I.D. number, group number and cost and who pays premiums.

OTHER FAMILY ACTIONS--PRESENT MARRIAGE

46. List Court, docket number, nature of proceedings, dates, by whom instituted, disposition, and names of attorneys involved. Include all family actions involving support, custody or domestic violence (pending and closed) _____

CAUSES OF ACTION

47. Irretrievably Broken ()

Desertion ()

Extreme Cruelty ()

Adultery or Deviant Sexual Conduct ()

48. Drug Addiction or Drunkenness ()

Imprisonment ()

Institutionalization for Mental Illness ()

MATRIMONIAL CASE-FACTUAL INFORMATION

FACTS AND CIRCUMSTANCES

49. Likelihood of reconciliation _____
50. Custody of children as expressed by:
Client _____
Spouse _____
Children _____
51. Reasons why either party should or should not have custody of children

SUPPORT

52. Client's estimate of support needed: For self \$ _____
For children \$ _____
53. Client's estimate of support to be paid: For spouse \$ _____
For children \$ _____
54. Client's education, training and skills, and plans for employment, if any

55. Spouse's education, training and skills, and plans for employment, if any

56. Health status of both parties _____
57. General description of standard of living enjoyed by parties while living together _____

MONTHLY EXPENSES (computed at 4.3 wks/mo.)

Should reflect standard of living established during marriage.

REAL PROPERTY

Location:
Acquired: _____ Title in name _____
Purchase price \$ _____ FMV \$ _____
Condition _____
First Mtg., _____ years, apprx. bal. \$ _____, at \$ _____/mo
held by _____, pd. the _____ day of ea. mo
Second Mtg., _____ years, apprx. bal. \$ _____, at \$ _____/mo
held by _____, pd. the _____ day of ea. mo

MATRIMONIAL CASE-FACTUAL INFORMATION

Location:

Acquired: _____ Title in name _____
Purchase price \$ _____ FMV \$ _____
Condition _____
First Mtg., _____ years, apprx. bal. \$ _____, at \$ _____/mo
held by _____, pd. the _____ day of ea. mo
Second Mtg., _____ years, apprx. bal. \$ _____, at \$ _____/mo
held by _____, pd. the _____ day of ea. mo

PERSONALTY:

BANK ACCOUNTS:

Bank _____ Account No. _____ In Name of _____
Bank _____ Account No. _____ In Name of _____
Bank _____ Account No. _____ In Name of _____

STOCKS/BONDS:

RETIREMENT FUNDS:

PENSION:

VEHICLES:

OTHER:

DEBTS (other than real estate mortgages)

Creditor	Item	Mo. Pymt.	Apprx. Bal.
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

MATRIMONIAL CASE-FACTUAL INFORMATION

25. NONMARITAL PROPERTY

Basis For Exclusion	FMV
_____	_____
_____	_____
_____	_____