

**IF YOUR CASE INVOLVES MARITAL RIGHTS OR CHILDREN,
COMPLETE THE FOLLOWING:**

1. CLIENT: _____ Date _____ of _____
Birth: _____
(Whole, complete name, no initials, including maiden name and first and middle name before marriage)

2. SPOUSE'S NAME: _____ Date _____ of _____
Birth: _____
(Whole, complete name, no initials, including maiden name and first and middle name before marriage)

3. **SPOUSE'S SOCIAL SECURITY NUMBER:** _____

4. **LIST YOUR DESIRED ADDRESS FOR ANY CORRESPONDENCE FROM THIS OFFICE:**

5. DATE OF MARRIAGE: _____
PLACE OF MARRIAGE: _____
(Town, County and State)

6. **EXACT** DATE OF SEPARATION, IF SEPARATED: _____

7. WHAT IS THE NATURE OF YOUR PROBLEM? KEEP IT BRIEF AT THIS POINT.

8. LIST **COMPLETE FULL NAME**, BIRTHDAY & SOCIAL SECURITY NO. OF EACH OF YOUR CHILDREN:

<u>Name</u>	<u>Birthday</u>	<u>Social Security Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. WHERE DO YOU WORK: _____

10. APPROXIMATE **YEARLY** INCOME FROM ALL SOURCES, INCLUDING **BONUSES, OVERTIME, ETC.**

11. WHERE DOES YOUR SPOUSE WORK? _____

12. SPOUSES APPROXIMATE **YEARLY** INCOME FROM ALL SOURCES, INCLUDING **BONUSES, OVERTIME, ETC:** _____

14. LIST COUNTY WHERE YOU LIVE: _____

15. LIST **COUNTY** AND **EXACT STREET ADDRESS** WHERE YOUR SPOUSE LIVES:

16. WHO REFERRED YOU TO THIS OFFICE? _____

Name: _____

17. COMPLETE THE FOLLOWING AS TO ALL MARITAL DEBT:

Mortgage Company: _____
Amount of Loan: _____
Monthly Payment: _____
Principal Balance: _____

List all credit card debt with balance owing and purpose of the debt:

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Automobile
Loan: _____ of
Amount _____
Loan: _____
Monthly
Payment: _____
Balance _____
Owing: _____

Other Debts and/or Obligations:

18. Briefly state any other information you feel will be beneficial to a positive outcome in your case:

