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(NEW CLIENT INFORMATION SHEET FOR  
DIVORCE/LEGAL SEPARATION/DISSOLUTION)  
(please use back of page if space provided is not sufficient for answer)

YOUR PERSONAL INFORMATION

YOUR COMPLETE LEGAL NAME: \_\_\_\_\_

Your Prior names (if any) \_\_\_\_\_

Names of your Prior Spouse (if any) \_\_\_\_\_

Your Present Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long? \_\_\_\_\_ Part of town \_\_\_\_\_

Your Preferred Mailing Address: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Citizenship \_\_\_\_\_

Your place of Birth: \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Is call to you needed before fax sent? \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ City and State of Marriage: \_\_\_\_\_

Date of Separation: \_\_\_\_\_ Who Left? \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

How Often Are You Paid? \_\_\_\_\_ Gross Pay: \_\_\_\_\_ Net Pay: \_\_\_\_\_

Overtime: \_\_\_\_\_ Average number of hours per month: \_\_\_\_\_

Bonuses: \_\_\_\_\_ Average per year: \_\_\_\_\_

Commissions: \_\_\_\_\_ Average per month: \_\_\_\_\_

Deductions from wages other than taxes and social security? \_\_\_\_\_

Are you under Social Security? \_\_\_\_\_ if not, what government pensions are you under?

Do you have any additional earned income: \_\_\_\_\_

If yes, what do you do, where and what is your monthly income? \_\_\_\_\_

If Unemployed:

Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Where did you attend High School? \_\_\_\_\_ Did you graduate? \_\_\_\_\_

If not, how many years of schooling have you completed? \_\_\_\_\_

Colleges, Professional Schools or Training Programs Attended:

\_\_\_\_\_ Degree: \_\_\_\_\_

\_\_\_\_\_ Degree: \_\_\_\_\_

\_\_\_\_\_ Degree: \_\_\_\_\_

Did your spouse contribute to financing your education? \_\_\_\_\_ If so, how? \_\_\_\_\_

Did you contribute to financing your spouse's education? \_\_\_\_\_ If so, how? \_\_\_\_\_

If you did not complete your education, please state reasons specifically: \_\_\_\_\_

Have you ever discussed this matter with any other attorney? \_\_\_\_\_

If so, state name of Attorney and when: \_\_\_\_\_

Do you have any other claims against anyone? \_\_\_\_\_

Are you a party to any active lawsuit? \_\_\_\_\_

Have you ever filed Bankruptcy? \_\_\_\_\_ If so, when? \_\_\_\_\_

Do you have a current Will? \_\_\_\_\_

Residence: 1. County in which spouse resides. \_\_\_\_\_

2. County in which real of personal property is located: \_\_\_\_\_

3. County or your residency for at least the last 10 years. \_\_\_\_\_

PERSONAL INFORMATION OF SPOUSE

SPOUSE'S COMPLETE LEGAL NAME \_\_\_\_\_

Prior names of Spouse (if any) \_\_\_\_\_

Name of Spouse's prior Spouses: \_\_\_\_\_

Spouse's Present Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Spouse's Mailing Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Spouse's Citizenship: \_\_\_\_\_ Spouse's Religious affiliation: \_\_\_\_\_

Spouse's home phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Has Spouse ever consulted an Attorney? \_\_\_\_\_ If so, who? \_\_\_\_\_

Place of Employment and Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Hours: \_\_\_\_\_ Gross Pay: \_\_\_\_\_ Net Pay: \_\_\_\_\_

How often is Spouse Paid? \_\_\_\_\_ Date of Hire \_\_\_\_\_

High School attended by Spouse Paid? \_\_\_\_\_

Did Spouse graduate? \_\_\_\_\_

If not, years of education completed by Spouse: \_\_\_\_\_

Colleges, Professional Schools of Training Programs attended:

\_\_\_\_\_ Degree: \_\_\_\_\_

\_\_\_\_\_ Degree: \_\_\_\_\_

\_\_\_\_\_ Degree: \_\_\_\_\_

If your Spouse did not complete his/her education, please state reasons specifically: \_\_\_\_\_

Has your Spouse ever filed for bankruptcy? \_\_\_\_\_ If yes, when & where: \_\_\_\_\_

Does Your Spouse have any claims against anyone? \_\_\_\_\_

Does anyone have any claims against your Spouse? \_\_\_\_\_

If yes, who? \_\_\_\_\_

Is your spouse presently involved in any other pending Litigation? \_\_\_\_\_ If so, state details:

\_\_\_\_\_  
Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

CHILD/SPOUSAL SUPPORT

Does your Spouse receive or pay any child support? \_\_\_\_\_ Monthly amount? \_\_\_\_\_

Does your Spouse receive or pay any spousal support? \_\_\_\_\_ Monthly amount? \_\_\_\_\_

CHILDREN

<u>Children of this Marriage</u>	<u>Birth Date of Child</u>	<u>Social Security No.</u>	<u>Current Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address of Children for the last 5 Years if different from current:

Child: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Resides with: \_\_\_\_\_

Address: \_\_\_\_\_

Child: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Resides with: \_\_\_\_\_

Address: \_\_\_\_\_

Child: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Resides with: \_\_\_\_\_

Address: \_\_\_\_\_

<u>Your Other Children</u>	<u>Birth Date of Child</u>	<u>Custodian</u>
_____	_____	_____
_____	_____	_____

<u>Your Spouse's</u>	<u>Birth Date of Child</u>	<u>Custodian</u>
<u>Other Children</u>	_____	_____
_____	_____	_____
_____	_____	_____

Do you receive any child support? \_\_\_\_\_ How much? \_\_\_\_\_

Do you pay child support? \_\_\_\_\_ How much? \_\_\_\_\_

Do you pay spousal support? \_\_\_\_\_ How much? \_\_\_\_\_

Do you pay any other court-ordered obligation? \_\_\_\_\_ State \_\_\_\_\_ Details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do any of the children listed above have any medical or psychological needs or disabilities that require ongoing medical treatment or special schooling or training? If yes, please state the child's name , brief description of the nature of the condition or disability and if applicable, the child's treating physician?

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HEALTH

Do you or your spouse have any disabilities or ongoing medical conditions? \_\_\_\_\_

Please give a brief description of the disability or the condition and any special or ongoing treatment you or your spouse receive for the condition:

<u>Condition</u>	<u>Name of Doctor</u>	<u>Address and Phone No. Of Doctor</u>
_____	_____	_____
_____	_____	_____

Have you or your spouse participated in any counseling or therapy concerning the problems of this marriage or otherwise? \_\_\_\_\_ If yes. Please state the name, address of treatment provider and periods of time of such services: \_\_\_\_\_

MEDICAL INSURANCE COVERAGE

Is your family covered under a medical insurance policy? \_\_\_\_\_

Does your employer provide this coverage? \_\_\_\_\_

What is the name of the insurance company? \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Is there any cost to you for this coverage? \_\_\_\_\_ If so, how much and how often? \_\_\_\_\_

What is the cost for your children to be covered above the cost for you and your spouse to be covered?

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Does your spouse's employer provide this coverage? \_\_\_\_\_

If so, what is the name of the insurance company? \_\_\_\_\_

What is the address of the insurance company? \_\_\_\_\_

What is the policy number? \_\_\_\_\_ Group number: \_\_\_\_\_

Is there any cost to you or your spouse for this coverage? \_\_\_\_\_

If so, how much and how often? \_\_\_\_\_

What is the cost for your children to be covered? \_\_\_\_\_

REAL ESTATE

Do you and/or your spouse own any real estate? \_\_\_\_\_ If yes please provide the following information:

	1	2	3	4
Address of property:	_____	_____	_____	_____
Date of Purchase	_____	_____	_____	_____
Purchase Price	_____	_____	_____	_____
Mortgage Co.	_____	_____	_____	_____
Down payment Amt.	_____	_____	_____	_____
Source of Dwn pymt	_____	_____	_____	_____
Monthly payment	_____	_____	_____	_____
Balance due on mtg.	_____	_____	_____	_____
2 <sup>nd</sup> Mtg. Amount	_____	_____	_____	_____
Home equity loan amt	_____	_____	_____	_____
Is mortgage current	_____	_____	_____	_____
Are taxes included in mortgage	_____	_____	_____	_____
Tax per 1/2 year	_____	_____	_____	_____
Are taxes current?	_____	_____	_____	_____
Is insurance included in mortgage?	_____	_____	_____	_____
Yearly cost of Insurance?	_____	_____	_____	_____
Use of property?	_____	_____	_____	_____
Any liens against property	_____	_____	_____	_____
Estiment of current property value	_____	_____	_____	_____
Basis for above valuation (ex. appraisal, comp. price, etc)	_____	_____	_____	_____

MOTOR VEHICLES, BOATS, ETC.

	1	2	3
Make Model & year	_____	_____	_____
Who uses the item	_____	_____	_____
Titleholder	_____	_____	_____
VIN Number	_____	_____	_____
Loan Company	_____	_____	_____
Loan Balance	_____	_____	_____
Monthly Payments	_____	_____	_____
Payments Current	_____	_____	_____
Insurance Coverage	_____	_____	_____

MONEY ASSETS (CD'S, OTHER DEPOSITS, MONEY MARKET ACCOUNTS

SAVINGS ACCOUNTS)

<u>Location of Account/Address</u>	<u>Account No.</u>	<u>Current Balance</u>	<u>Name on Acct.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHECKING ACCOUNTS

<u>Location of Account/Address</u>	<u>Account No.</u>	<u>Current Balance</u>	<u>Name on Acct.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CREDIT UNION ACCOUNTS

<u>Location of Account/Address</u>	<u>Account No.</u>	<u>Current Balance</u>	<u>Name on Acct.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATE OF DEPOSIT

Do you or your spouse have any certificates of deposit? \_\_\_\_\_ If so, please state the following:

<u>Location of Acct.</u>	<u>Acct No.</u>	<u>Current Bal.</u>	<u>Name on Acct.</u>	<u>Maturity Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SAVINGS BONDS/OTHER GOVERNMENT SECURITIES

Do you or your spouse have any U.S. Savings Bonds? \_\_\_\_\_

State the number and types of bonds owned, if known. \_\_\_\_\_

Where are the bonds located? \_\_\_\_\_

State the value of the bonds; if known. \_\_\_\_\_

DEFERRED COMPENSATION:KEOUGH, 401K PLANS. IRA'S ETC.

	1	2	3	4
Name of Trustee	_____	_____	_____	_____
Location of Acct.	_____	_____	_____	_____
Type	_____	_____	_____	_____
Account No.	_____	_____	_____	_____
Current Balance	_____	_____	_____	_____
Name on Acct.	_____	_____	_____	_____
Single or Joint	_____	_____	_____	_____

OTHER BONDS, STOCKS, STOCK PLANS, FUTURES, OPTIONS, ETC.

	1	2	3	4
Name of Company	_____	_____	_____	_____
No. Of Shares	_____	_____	_____	_____
Name Appearing On Certificate	_____	_____	_____	_____
Who has Possession	_____	_____	_____	_____
Value per share or Unit	_____	_____	_____	_____
Purchase Date	_____	_____	_____	_____

Cost \_\_\_\_\_  
 Are any securities pledged or encumbered? \_\_\_\_\_

PENSION OR PROFIT SHARING PLANS

	1	2	3	4
Name of Plan	_____	_____	_____	_____
Address	_____	_____	_____	_____
Type	_____	_____	_____	_____
Party Covered	_____	_____	_____	_____
Employer Provided	_____	_____	_____	_____
Value	_____	_____	_____	_____

BUSINESSES

Do you or your Spouse have any interest in any business? \_\_\_\_\_ If so, please state the following for each business.

	1	2	3	4
Name of company	_____	_____	_____	_____
Address	_____	_____	_____	_____
Type of Business	_____	_____	_____	_____
Date of Acquisition	_____	_____	_____	_____
Amount Invested	_____	_____	_____	_____
% of Interest	_____	_____	_____	_____
Value	_____	_____	_____	_____

Notes and Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

LIFE INSURANCE, ANNUITIES, ETC.

	1	2	3	4
Company	_____	_____	_____	_____
Face Amount	_____	_____	_____	_____
Type	_____	_____	_____	_____
Owner	_____	_____	_____	_____
Insured	_____	_____	_____	_____
Issue Date	_____	_____	_____	_____
Beneficiary	_____	_____	_____	_____
Cash Value	_____	_____	_____	_____

SAFE DEPOSIT BOX

Institution	Address	Name	Contents
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER PROPERTY

	<u>Assets</u>	<u>Present Fair Market Value</u>
Accounts receivable and/or	_____	_____
other claims due to you:	_____	_____
Cash:	_____	_____
Other liquid assets:	_____	_____
Machinery:(value \$500)	_____	_____
Tools (value \$500)	_____	_____
Artwork	_____	_____
Camera/Video	_____	_____

Sport Equip (value \$500) \_\_\_\_\_  
Musical Inst (value\$500) \_\_\_\_\_  
Coins precious metal \_\_\_\_\_  
Collectibles/Antiques: \_\_\_\_\_  
Jewelry \_\_\_\_\_  
pets/livestock \_\_\_\_\_  
Trusts \_\_\_\_\_  
Guardianship \_\_\_\_\_  
Anything else of \_\_\_\_\_  
Substantial Value \_\_\_\_\_  
Anticipated tax refunds \_\_\_\_\_  
Have you given anyone else a financial statement in the last 5 years? \_\_\_\_\_  
If so, state the following:  
To Whom? \_\_\_\_\_ When \_\_\_\_\_

COMPUTER RECORDS

Do you and/or your spouse keep personal and/or business financial  
Is information on a computer? \_\_\_\_\_  
If so, where is the computer? \_\_\_\_\_  
Who has access to it? \_\_\_\_\_  
Does access require a password? \_\_\_\_\_  
Who knows the password? \_\_\_\_\_  
Is the computer information backed up on a regular basis? \_\_\_\_\_  
If yes, where are back-up tapes/discs stored? \_\_\_\_\_  
Who has access to back-up tapes/discs? \_\_\_\_\_  
Do you have an e-mail account? \_\_\_\_\_  
Does your spouse have an e-mail account? \_\_\_\_\_  
Do you each have access to the other's account? \_\_\_\_\_  
Do you have a Website? \_\_\_\_\_ Address \_\_\_\_\_  
Do you have a Facebook page? \_\_\_\_\_ Does your spouse have a Facebook page? \_\_\_\_\_  
Does your spouse have a website? \_\_\_\_\_ Address \_\_\_\_\_

DEBTS

Please provide the following information on each debt. List all debts including credit cards (Visa, Mastercard, Discover, etc.) and loan companies (Beneficial, Household Finance, etc.)

Name of Company: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Name account is in: \_\_\_\_\_ Balance as of last billing: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Personal or Joint: \_\_\_\_\_ Comments: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Name account is in: \_\_\_\_\_ Balance as of last billing: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Personal or Joint: \_\_\_\_\_ Comments: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Name account is in: \_\_\_\_\_ Balance as of last billing: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Personal or Joint: \_\_\_\_\_ Comments: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Name account is in: \_\_\_\_\_ Balance as of last billing: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Personal or Joint: \_\_\_\_\_ Comments: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Name account is in: \_\_\_\_\_ Balance as of last billing: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Personal or Joint: \_\_\_\_\_ Comments: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Name account is in: \_\_\_\_\_ Balance as of last billing: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Personal or Joint: \_\_\_\_\_ Comments: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Name account is in: \_\_\_\_\_ Balance as of last billing: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Personal or Joint: \_\_\_\_\_ Comments: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Name account is in: \_\_\_\_\_ Balance as of last billing: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Personal or Joint: \_\_\_\_\_ Comments: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Name account is in: \_\_\_\_\_ Balance as of last billing: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Personal or Joint: \_\_\_\_\_ Comments: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Name account is in: \_\_\_\_\_ Balance as of last billing: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Personal or Joint: \_\_\_\_\_ Comments: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Name account is in: \_\_\_\_\_ Balance as of last billing: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Personal or Joint: \_\_\_\_\_ Comments: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Name account is in: \_\_\_\_\_ Balance as of last billing: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Personal or Joint: \_\_\_\_\_ Comments: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Name account is in: \_\_\_\_\_ Balance as of last billing: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Personal or Joint: \_\_\_\_\_ Comments: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Acct. No.: \_\_\_\_\_

Name account is in: \_\_\_\_\_ Balance as of last billing: \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Personal or Joint: \_\_\_\_\_ Comments: \_\_\_\_\_

If there are debts owed for hospital or doctor services, please give the following information:

Name of Doctor/Hospital: \_\_\_\_\_ Amount of Debt: \_\_\_\_\_

Reason for Debt: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Name of Doctor/Hospital: \_\_\_\_\_ Amount of Debt: \_\_\_\_\_

Reason for Debt: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Name of Doctor/Hospital: \_\_\_\_\_ Amount of Debt: \_\_\_\_\_

Reason for Debt: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Name of Doctor/Hospital: \_\_\_\_\_ Amount of Debt: \_\_\_\_\_

Reason for Debt: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

INHERITANCE/ADVANCEMENT/HEIRLOOMS

During the course of your marriage, did you or your spouse ever receive any inheritances or advancements on inheritances? \_\_\_\_\_ If so, please give the following information:

Name of Deceased/Donor:: \_\_\_\_\_

Relationship to you or your spouse: \_\_\_\_\_

What was inherited/advanced? (Include dollar amount or value): \_\_\_\_\_

How was the inherited/advancement used? \_\_\_\_\_

What are the current locations of the inheritance/advancement? \_\_\_\_\_

GIFTS

During the course of your marriage, did you or your spouse receive any property or monetary gifts exceeding \$1,000.00 from anyone?? \_\_\_\_\_ If the answer is yes, then please give the following information:

Name of the person who gave gift: \_\_\_\_\_

Amount of gift: \_\_\_\_\_

To whom was the gift specifically given? \_\_\_\_\_

How was the gift used? \_\_\_\_\_

PRIOR AGREEMENTS

Have you and your spouse entered into any prior agreements? \_\_\_\_\_

Prenuptial: \_\_\_\_\_

Separation: \_\_\_\_\_

PRE-MARITAL PROPERTY

Did you bring any real estate, stocks, bonds, bank accounts, retirement, pension benefits, personal property, household goods, vehicles, etc, into the marriage with you? \_\_\_\_\_

If the answer is yes, please describe what was brought into the marriage?  
\_\_\_\_\_

Did your spouse bring any real estate, stocks, bonds, bank account, retirement accounts, pension benefits, personal property, household goods, vehicles, etc. into the marriage? \_\_\_\_\_

If the answer is yes, please describe what was brought into the marriage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER NON-MARITAL PROPERTY

Have you or your spouse received any of the following?

- A. V.A. Benefits: \_\_\_\_\_
- B. Any Social Security (SSI, SSD) benefits: \_\_\_\_\_
- C. Personal injury claims money: \_\_\_\_\_
- D. Trust money: \_\_\_\_\_

Are there any other assets or liabilities owned or owed by you or your spouse which have not been disclosed in this worksheet: including, but not limited to, anything of value you have put into trust, or received from a trust? \_\_\_\_\_

If the answer is yes, please state these in detail. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MONTHLY LIVING EXPENSES

DO NOT INCLUDE ON THIS SHEET ITEMS DEDUCTED FROM YOUR SALARY

To determine the monthly amount, multiply the weekly amount by 4.3

or divide yearly total by 12

(fill out only those items which apply)

(if estimated, so state)

1. HOUSING COSTS:

- Amount Due Monthly \_\_\_\_\_
- Mortgage or rent \_\_\_\_\_
- Insurance (homeowners, renters) \_\_\_\_\_
- Taxes \_\_\_\_\_
- Maintenance:
  - Repairs & Upkeep \_\_\_\_\_
  - Replacement \_\_\_\_\_
  - Lawn & Garden \_\_\_\_\_
  - Garbage & trash collection \_\_\_\_\_
  - Snow Removal \_\_\_\_\_
  - Maid/Cleaning Service \_\_\_\_\_
  - Furniture/furniture replacement \_\_\_\_\_

2. UTILITIES

- Gas \_\_\_\_\_
- Electric \_\_\_\_\_

Telephone \_\_\_\_\_  
Water/Sewerage \_\_\_\_\_  
Cable \_\_\_\_\_

3. FOOD

Groceries \_\_\_\_\_  
School Meals \_\_\_\_\_  
Meals out \_\_\_\_\_

4. CLOTHING AND GROOMING

Clothing for self \_\_\_\_\_  
Clothing for children \_\_\_\_\_  
Work related uniforms/clothing \_\_\_\_\_  
Dry cleaning or laundry \_\_\_\_\_  
Shoe repair, alterations \_\_\_\_\_

5. TRANSPORTATION

Vehicle payment(s) \_\_\_\_\_  
Gas & Oil \_\_\_\_\_  
Insurance (collision, liability) \_\_\_\_\_  
Maintenance & replacement of parts \_\_\_\_\_  
Auto club \_\_\_\_\_

6. CHILD CARE

School Tuition \_\_\_\_\_  
Work Related Day Care \_\_\_\_\_  
Sitters (other than work related) \_\_\_\_\_  
Special education, training, sports, activities \_\_\_\_\_  
Musical instruments \_\_\_\_\_  
Children's allowances \_\_\_\_\_  
Other: \_\_\_\_\_

7. MEDICAL, DENTAL, ETC...

Medical Insurance (not payroll deducted) \_\_\_\_\_  
Uninsured:  
Doctor \_\_\_\_\_  
Dentist \_\_\_\_\_  
Eye Doctor \_\_\_\_\_  
Counseling \_\_\_\_\_  
Prescriptions \_\_\_\_\_  
Non-prescriptions \_\_\_\_\_

Over the counter remedies \_\_\_\_\_

Other \_\_\_\_\_

8. EDUCATION

Tuition: exclude child(ren)

Organizational dues

Books

Newspapers and magazines

Professional subscriptions

9. RELIGION

Donations and contributions

Other

10. OTHER EXPENSES

Pet expense

Club dues & Contributions

Life Insurance

Charities

Entertainment

Savings

Vacation

Spousal Support

Child Support

11. GIFTS \_\_\_\_\_  
Children's birthdays, relatives, Christmas, etc. \_\_\_\_\_

12. MISCELLANEOUS EXPENSES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Are you requesting a name change? \_\_\_\_\_ If so what change? \_\_\_\_\_