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**DIVORCE INFORMATION SHEET**

A. **PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOURSELF :**

Name : \_\_\_\_\_

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

Home Phone : \_\_\_\_\_ Cell Phone : \_\_\_\_\_ Bus. Phone : \_\_\_\_\_

Birthdate : \_\_\_\_\_ Place of birth : \_\_\_\_\_ SS# : \_\_\_\_\_  
State

Email address : \_\_\_\_\_

Resident of : \_\_\_\_\_ How long : \_\_\_\_\_  
County

Occupation : \_\_\_\_\_ Employer : \_\_\_\_\_

Employer's phone number : \_\_\_\_\_ Length of employment : \_\_\_\_\_

Employer's address : \_\_\_\_\_

State weekly take-home pay : \$ \_\_\_\_\_ State weekly gross pay : \$ \_\_\_\_\_

Receives :  
ADC \_\_\_\_\_ Unemployment \_\_\_\_\_ Social Security \_\_\_\_\_ Worker's Comp \_\_\_\_\_

Number of previous marriages : \_\_\_\_\_ How terminated : \_\_\_\_\_

State your educational background : \_\_\_\_\_

Eye color \_\_\_\_\_ Hair color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_

Distinguishing marks \_\_\_\_\_ Other names known by : \_\_\_\_\_

Your driver's license number : \_\_\_\_\_

Do you have any arrests or convictions, and if so, what and when? \_\_\_\_\_

B. PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR SPOUSE :

Name : \_\_\_\_\_

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

Home Phone : \_\_\_\_\_ Cell Phone : \_\_\_\_\_ Bus. Phone : \_\_\_\_\_

Birthdate : \_\_\_\_\_ Place of birth : \_\_\_\_\_ SS# : \_\_\_\_\_  
State

Email address: \_\_\_\_\_

Resident of : \_\_\_\_\_ How long : \_\_\_\_\_  
County

Occupation : \_\_\_\_\_ Employer : \_\_\_\_\_

Employer's phone number : \_\_\_\_\_ Length of employment : \_\_\_\_\_

Employer's address : \_\_\_\_\_

Is spouse currently working? \_\_\_\_\_ If not, why : \_\_\_\_\_

State weekly take-home pay : \$ \_\_\_\_\_ State weekly gross pay \$ \_\_\_\_\_

Receives :  
ADC \_\_\_\_\_ Unemployment \_\_\_\_\_ Social Security \_\_\_\_\_ Worker's Comp \_\_\_\_\_

Number of previous marriages : \_\_\_\_\_ How terminated : \_\_\_\_\_

State your spouse's educational background : \_\_\_\_\_

Eye color \_\_\_\_\_ Hair color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_

Distinguishing marks \_\_\_\_\_ Other names known by : \_\_\_\_\_

Spouse's driver's license number : \_\_\_\_\_

Does your spouse have any arrests or convictions, and if so, what and when? \_\_\_\_\_

C. PLEASE PROVIDE THE FOLLOWING GENERAL INFORMATION :

Date of marriage : \_\_\_\_\_ Place of marriage : \_\_\_\_\_  
City County State

Date of separation : \_\_\_\_\_

Please state wife's former name : \_\_\_\_\_

Please state wife's maiden name : \_\_\_\_\_

Does wife want her former or maiden name restored? \_\_\_\_\_ If yes, please spell complete name : \_\_\_\_\_

Husband's former name(s) : \_\_\_\_\_  
 Have either of you filed for divorce from each other before? \_\_\_\_\_  
 If yes, provide date, county, case number, and Judge's name : \_\_\_\_\_  
 \_\_\_\_\_

Is wife pregnant? \_\_\_\_\_ If yes, when is baby due? \_\_\_\_\_

If yes, is husband baby's father? \_\_\_\_\_

**D. PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR CHILDREN :**

State the names, social security numbers, birthdates, and ages of children born or adopted by you and your spouse :

Full Name	SS#	Birthdate	Age

State the names, social security numbers, and ages of children either spouse has which are NOT a product of this marriage :

Full Name	SS#	Birthdate	Age

Are you or your spouse paying child support for children outside this marriage? \_\_\_\_\_

If yes, state amount paid : \_\_\_\_\_

Do any children have special needs? \_\_\_\_\_

If so, what are they? \_\_\_\_\_

Address of children during the last five years :

Address	Person in charge of children	Years

Are there any childcare expenses? \_\_\_\_\_

If so, how many hours per week and what is the cost : \_\_\_\_\_

Is there currently a family support order? \_\_\_\_\_

If yes, please state the case number : \_\_\_\_\_

If yes, please state amount ordered to be paid : \_\_\_\_\_

If yes, please state if payor is behind in child support : \_\_\_\_\_

If yes, state amount : \_\_\_\_\_

Have you participated in any child custody litigation regarding the minor children of this marriage?  
\_\_\_\_\_

If yes, is it pending? \_\_\_\_\_

If yes, name of the court and case number : \_\_\_\_\_

Do you know of any past or present court case concerning the custody of your children? \_\_\_\_\_

If yes, state where : \_\_\_\_\_

Has Child Protective Services (CPS) been involved with any complaints concerning any of your children, and if yes, state the person who investigated the charges, what was the concern or charges alleged by CPS, and the outcome of any proceeding or services provided by CPS : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anyone (grandparent, etc.) who is not a party (your or your spouse) to this litigation who has physical custody of any of the children, or who claims a right to visitation or custodial rights? \_\_\_\_\_

If yes, please name person, give address, relationship, and explain : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will receive IRS child dependency exemption :

Child	Age	Person to receive exemption

Have you and your spouse agreed who will receive custody of children? \_\_\_\_\_

Are you interested in joint custody? \_\_\_\_\_

Please state what your agreement is regarding custody : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state whether you are anticipating any problem with visitation and what visitation is anticipated : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. INSURANCE

Are the children involved in this case covered by medical insurance? \_\_\_\_ If yes, state the provider, policy number, group number and member name : \_\_\_\_\_

Are the children involved in this case covered by dental insurance? \_\_\_\_ If yes, state the provider, policy number, group number and member name : \_\_\_\_\_

Are the children involved in this case covered by life insurance? \_\_\_\_ If yes, state the provider, policy number, member name and amount of coverage : \_\_\_\_\_

Are either/both spouses covered by health insurance? \_\_\_\_ If yes, state the provider, policy number, group number and member name :

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

F. PROPERTY

1. REAL ESTATE. Please provide the following information regarding any real property whether owned by you or your spouse: (Attach the most recent tax statement for each piece of real estate)

Address	Name of Owner	Approximate value	Amount still owed

State the date of purchase of the property : \_\_\_\_\_

State the amount and source of the down payment : \$ \_\_\_\_\_ Source: \_\_\_\_\_

Please state monthly mortgage payment : \_\_\_\_\_

Does the mortgage payment include taxes and insurance? \_\_\_\_\_

Who makes payments? \_\_\_\_\_

Is the home where you are living rented? \_\_\_\_ If yes, who pays : \_\_\_\_\_

If yes, amount of rent? \_\_\_\_\_

Have you and your spouse agreed how the property will be divided? \_\_\_\_\_

Please state agreement : \_\_\_\_\_

\_\_\_\_\_

2. VEHICLES. Please provide the following information regarding any automobiles, motorcycles, vans, motor homes, boats or other vehicles owned by you and your spouse :

Type and year of vehicle	Name of Owner	Value of vehicle	Amount owed and monthly payment	VIN

3. BANK ACCOUNTS. Please provide the following information regarding bank accounts, CDs, money market accounts, or other such assets held by you or your spouse :

Bank or credit union	Names on account	Amount in account	Account number

4. STOCKS. Please provide the following information regarding any stocks owned by you or your spouse :

Stock Name	Number	Shares	Approximate value

5. PENSIONS. Do you or your spouse have a pension, IRA or 401k plan, etc.? Please provide copies of the most recent statement of each plan and the following information :

Name of the Plan/Account	Amount in Plan/Account	Name of Coordinator	Address

6. OTHER ASSETS. Please describe any other assets owned by you or your spouse and estimate their value :

Asset	Value

7. EXTRAORDINARY ASSETS. Have either you or your spouse received any money through a lawsuit, inheritance, lottery or any other means? If yes, please describe : \_\_\_\_\_  
\_\_\_\_\_

8. SEGREGATED ASSETS. Did you or your spouse bring into the marriage significant sums of money or property which has been kept segregated during the course of the marriage? If yes, please describe : \_\_\_\_\_  
\_\_\_\_\_

G. DEBTS

Please provide the following information regarding your debts :

Creditor	Amount owed	Names on account	Monthly payment	Responsible party
1				
2				
3				
4				
5				
6				
7				
8				

**Please provide copies of the following information :**

1. Copies of all the bills referenced under the Debts section above.
2. Copies of your tax returns for the past two years.
3. Copies of the last four pay stubs for both you and your spouse.

4. Copies of any deeds or land contracts along with tax statements for any real estate owned by you or your spouse.
5. Copies of insurance cards and policies, both with regard to health insurance, dental insurance, and life insurance.
6. Copies of all statements for pensions, 401(k)s, IRAs, etc.
7. Copies of all vehicle titles.
8. Any other documentation showing the value or existence of assets.
9. A list of personal property.