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ATTORNEYS | EST. 1901

CONFIDENTIAL CLIENT INFORMATION

PURPOSE: The purpose of this confidential client history/information form is to obtain and record information that will be readily available for our use in advising you and preparing necessary court documents. It saves time and money by having it completely filled out and in one place. All of the requested information is essential to the proper preparation and representation of you in this case. If you do not understand a request or why it is being asked, or you do not know or have access to the information, please fill it out to the best of your ability and let us know your questions and/or concerns.

CONFIDENTIALITY: As with all attorney-client communications, please note that all information you disclose to this office orally or in writing will be held in the strictest possible confidence and release to no one without your consent or a court order. Complete honesty in your responses will assist your attorney in providing you the best possible legal services, and will save you time and money.

MORE SPACE: If you require more space, please use and attach additional sheets of paper.

Client Name: _____

Date: _____

BACKGROUND

Client

Full Name: _____
First, Middle, Last

Home Address: _____

Township/City/Village: _____

Mailing Address: _____

Home Phone: _____

Work Phone: _____

Cell: _____

Email: _____

Birth Date: _____

Spouse

Full Name: _____
First, Middle, Last

Home Address: _____

Township/City/Village: _____

Mailing Address: _____

Home Phone: _____

Work Phone: _____

Cell: _____

Email: _____

Birth Date: _____

Age:_____

Birth Place:_____
State or Foreign Country

SS#_____

DL#_____

Armed Forces Status:_____

Age:_____

Birth Place:_____
State or Foreign Country

SS#_____

DL#_____

Armed Forces Status:_____

PHYSICAL DESCRIPTION

Client

Race:_____ Height:_____ Weight:_____

Eye Color:_____ Hair Color:_____

Identifying Marks:_____

AKAs (Maiden, Prior Married):_____

Spouse

Race:_____ Height:_____ Weight:_____

Eye Color:_____ Hair Color: _____

Identifying Marks:_____

AKAs (Maiden, Prior Married):_____

Are you or your spouse receiving public assistance: ()No ()Yes

If yes, what kind & DHS case number?_____

EMPLOYMENT & INCOME

Client

Employer:_____

Address:_____

Date of Hire:_____

Occupation:_____

Pay Period:_____

Gross Pay:_____

Net/Take Home:_____

Gross Income Last Year:_____

2nd Employer:_____

Address:_____

Spouse

Employer:_____

Address:_____

Date of Hire:_____

Occupation:_____

Pay Period:_____

Gross Pay:_____

Net/Take Home:_____

Gross Income Last Year:_____

2nd Employer:_____

Address:_____

Income: _____

Income: _____

Other income sources (pension, retirement, public assistance, veterans' benefits, Social Security, annuity fund):

1. Recipient: _____ Type: _____

Amount: _____

2. Recipient: _____ Type: _____

Amount: _____

EDUCATION

Client

Highest Degree Obtained: _____

Training: _____

University/College: _____

Degree: _____

Date Obtained: _____

Spouse

Highest Degree Obtained: _____

Training: _____

University/College: _____

Degree: _____

Date Obtained: _____

Did either spouse contribute to the education of the other: () No () Yes If yes, describe: _____

MARRIAGE

Township/City/Village & County & State of Marriage: _____

Date of Marriage: _____

Date of Separation: _____

Lived in MI 180 days? _____

County 10 days? _____

Number of Previous Marriages-Client: _____

Spouse: _____

How Terminated-Client: _____

Spouse: _____

Does wife desire name change? () No () Yes To What? _____

Has either spouse previously filed for divorce, custody, PPO, etc.? () No () Yes

If Yes, Indicate when and where filed, status of case and case number:

Are there adult children of this marriage? () No () Yes

If so, how many? _____

SPOUSAL SUPPORT

Are the parties separated? () No () Yes

Has support been paid since separation?

()No ()Yes How much per month? \$ _____

If you and your spouse have agreed on spousal support, how much per month? \$ _____

Are you paying/receiving spousal support for/from a previous marriage(s)?

()No ()Yes How much per month? \$ _____

Is your spouse paying/receiving spousal support for/from a previous marriage(s)?

()No ()Yes How much per month? \$ _____

HEALTH CARE INSURANCE

Provider for Client: _____

Provider for Spouse: _____

Policy Name & Contract #: _____

Medical _____ Dental _____ Vision _____

Rx available? _____

Paid By Whom & Cost? _____

Does Client/Spouse have Health Care available through work? _____

ASSETS

Real Property:

Residence Address: _____ Premarital? _____

City/Township/Village & County Home is in: _____

Date Purchased: _____ Purchase Price: \$ _____

Mortgage Co: _____

Who is on the Mortgage: _____

Property Titled To: _____

Monthly Payment: \$ _____ Balance Due: \$ _____

Paid By: () Husband () Wife () Both

Land Contract: _____ In Whose Name: _____

Amount of Yearly Property Taxes: _____

Amount of Yearly Insurance: \$ _____

Are Taxes and Insurance included in monthly mortgage payment? _____

Is there a Home Equity Loan? () Yes () No If Yes:

Home Equity Loan & Balance: _____

Home Equity Loan in Whose Name(s): _____

Amount of Down Payment & Source of Funds _____

Has Appraisal Been Done & When? _____

Equity Calculation: _____

What would Client like to do with home? _____

Additional Real Estate:

Residence Address: _____ Premarital? _____

City/Township/Village & County Property is in: _____

Date Purchased: _____ Purchase Price: \$ _____

Mortgage Co: _____

Who is on the Mortgage: _____

Property Titled To: _____

Monthly Payment: \$ _____ Balance Due: \$ _____

Paid By: () Husband () Wife () Both

Land Contract: _____ In Whose Name: _____

Amount of Yearly Property Taxes: _____

Amount of Yearly Insurance: \$ _____

Are Taxes and Insurance included in monthly mortgage payment? _____

Is there a Home Equity Loan? () Yes () No If Yes:

Home Equity Loan & Balance: _____

Home Equity Loan in Whose Name(s): _____

Amount of Down Payment & Source of Funds _____

Has Appraisal Been Done & When? _____

Equity Calculation: _____

What would Client like to do with home? _____

Motor Vehicles & Recreational Items (ie: Motorcycles, Boats, RVs):

1. Year/Make: _____

Vehicle Identification#: _____

Titled In Whose Name? _____ Possession? _____

Monthly Payment: \$ _____ Value: \$ _____

Lien Holder: _____ Balance Due: \$ _____

Loan in Whose Name? _____

What would Client like to do with vehicle? _____

2. Year/Make: _____

Vehicle Identification#: _____

Titled In Whose Name? _____ Possession? _____

Monthly Payment:\$ _____ Value: \$ _____

Lien Holder: _____ Balance Due:\$ _____

Loan in Whose Name? _____

What would Client like to do with vehicle? _____

3. Year/Make: _____

Vehicle Identification#: _____

Titled In Whose Name? _____ Possession? _____

Monthly Payment:\$ _____ Value: \$ _____

Lien Holder: _____ Balance Due:\$ _____

Loan in Whose Name? _____

What would Client like to do with vehicle? _____

4. Year/Make: _____

Vehicle Identification#: _____

Titled In Whose Name? _____ Possession? _____

Monthly Payment:\$ _____ Value: \$ _____

Lien Holder: _____ Balance Due:\$ _____

Loan in Whose Name? _____

What would Client like to do with vehicle? _____

5. Year/Make: _____

Vehicle Identification#: _____

Titled In Whose Name? _____ Possession? _____

Monthly Payment:\$ _____ Value: \$ _____

Lien Holder: _____ Balance Due:\$ _____

Loan in Whose Name? _____

What would Client like to do with vehicle? _____

Retirement Plans, Pensions, Keoghs, 401(k) Plans, Profit Sharing Plans, Stock Bonus or Option Plans, Etc. (Client to obtain most recent statements for all, plan names, numbers, etc.):

1. Whose Plan? _____ Any Premarital? _____
Employer Plan is with: _____
Name & Type of Plan: _____
Value: _____ Vested? _____
2. Whose Plan? _____ Any Premarital? _____
Employer Plan is with: _____
Name & Type of Plan: _____
Value: _____ Vested? _____
3. Whose Plan? _____ Any Premarital? _____
Employer Plan is with: _____
Name & Type of Plan: _____
Value: _____ Vested? _____
4. Whose Plan? _____ Any Premarital? _____
Employer Plan is with: _____
Name & Type of Plan: _____
Value: _____ Vested? _____
5. Whose Plan? _____ Any Premarital? _____
Employer Plan is with: _____
Name & Type of Plan: _____
Value: _____ Vested? _____

Corporate Stocks, Bonds, Notes, Securities, Bills, Brokerage Accounts (Client to obtain most recent statements for all, numbers, etc.):

1. Name of Broker & Firm Holding Investments: _____
Type of Investment: _____
Whose Investments: _____
Purchase Price: \$ _____ Current Value: \$ _____
What was the Source of Stock or Funds to Purchase? _____
Premarital? _____
2. Name of Broker & Firm Holding Investments: _____
Type of Investment: _____
Whose Investments: _____
Purchase Price: \$ _____ Current Value: \$ _____
What was the Source of Stock or Funds to Purchase? _____
Premarital? _____

Individual Retirement Accounts (IRAs) (Client to obtain most recent statements for all):

1. Financial Institution: _____
In Whose Name: _____

Premarital? _____ Balance/Value:\$ _____

2. Financial Institution: _____

In Whose Name: _____

Premarital? _____ Balance/Value:\$ _____

3. Financial Institution: _____

In Whose Name: _____

Premarital? _____ Balance/Value:\$ _____

4. Financial Institution: _____

In Whose Name: _____

Premarital? _____ Balance/Value:\$ _____

Bank Accounts or Credit Union Accounts:

1. Name of Bank: _____

Type of Account (Savings, Checking, Money Market): _____

Who is on Account? _____

Source of Monies: _____ Balance:\$ _____

2. Name of Bank: _____

Type of Account (Savings, Checking, Money Market): _____

Who is on Account? _____

Source of Monies: _____ Balance:\$ _____

3. Name of Bank: _____

Type of Account (Savings, Checking, Money Market): _____

Who is on Account? _____

Source of Monies: _____ Balance:\$ _____

4. Name of Bank: _____

Type of Account (Savings, Checking, Money Market): _____

Who is on Account? _____

Source of Monies: _____ Balance:\$ _____

5. Name of Bank: _____

Type of Account (Savings, Checking, Money Market): _____

Who is on Account? _____

Source of Monies: _____ Balance:\$ _____

*Any Accounts for your adult children? () Yes () No If Yes:

Location of accounts: _____

Name(s) on accounts: _____

Remove from marital estate? _____

Business Interests (if more than one, attach separate sheet):

Name & Type of Business: _____

Ownership Interest: _____

Value of Interest: _____

Premarital Interest? _____

Investments & When: _____

Does Business Appraisal Need To Be Done? _____

Business Debts:

What Kind? _____

Balance & Are they Current? _____

Who is on the Debt? _____

Life Insurance:

Client

Insurance Co.: _____

Beneficiary: _____

Policy Amount:\$ _____

Term or Whole? _____

Cash Surrender Value:\$ _____

Loans Against Policy: _____

Spouse

Insurance Co.: _____

Beneficiary: _____

Policy Amount:\$ _____

Term or Whole? _____

Cash Surrender Value:\$ _____

Loans Against Policy: _____

*Any policies on your adult children? _____

Internal Use Only: ***Secure Policy for Spousal Support? () Yes () No**

Miscellaneous Assets:

Jewelry: _____ Value:\$ _____

Art Work: _____ Value:\$ _____

Antiques: _____ Value:\$ _____

Gun, Coin, etc. Collections & Values:\$ _____

Other Assets of Significant Value:_____ Value:\$_____

Safe Deposit Box:_____ Location:_____

Gifts:

Have you or your spouse made any substantial gifts in the past or placed property in joint names with anyone other than the spouse?

() Yes If Yes, provide details:_____

() No _____

Probate Estate Beneficiaries:

Are you or your spouse the beneficiary under any pending probate estate?

() Yes If Yes, provide details:_____

() No _____

Trust Beneficiaries:

Are you or your spouse the beneficiary under any trust?

() Yes If Yes, provide details:_____

() No _____

Patents, Inventions, Copyrights, etc.:

() Yes If Yes, provide details:_____

() No _____

Significant Pre-Marital Assets:

LIABILITIES/DEBT

Indebtedness (i.e. Credit Cards, Educational Loans, Personal Loans, etc.):

1. Creditor:_____
Type of Indebtedness (Credit Card, etc.)_____

In whose name is the account? _____ Marital or Individual? _____
Who should be responsible for this debt in Judgment? _____
Is the account current? () Yes () No How much past due? _____
Present Balance Due: \$ _____ Monthly Payment: \$ _____

2. Creditor: _____
Type of Indebtedness (Credit Card, etc.) _____
In whose name is the account? _____ Marital or Individual? _____
Who should be responsible for this debt in Judgment? _____
Is the account current? () Yes () No How much past due? _____
Present Balance Due: \$ _____ Monthly Payment: \$ _____

3. Creditor: _____
Type of Indebtedness (Credit Card, etc.) _____
In whose name is the account? _____ Marital or Individual? _____
Who should be responsible for this debt in Judgment? _____
Is the account current? () Yes () No How much past due? _____
Present Balance Due: \$ _____ Monthly Payment: \$ _____

4. Creditor: _____
Type of Indebtedness (Credit Card, etc.) _____
In whose name is the account? _____ Marital or Individual? _____
Who should be responsible for this debt in Judgment? _____
Is the account current? () Yes () No How much past due? _____
Present Balance Due: \$ _____ Monthly Payment: \$ _____

5. 5. Creditor: _____
Type of Indebtedness (Credit Card, etc.) _____
In whose name is the account? _____ Marital or Individual? _____
Who should be responsible for this debt in Judgment? _____
Is the account current? () Yes () No How much past due? _____
Present Balance Due: \$ _____ Monthly Payment: \$ _____

6. Creditor: _____
Type of Indebtedness (Credit Card, etc.) _____
In whose name is the account? _____ Marital or Individual? _____
Who should be responsible for this debt in Judgment? _____
Is the account current? () Yes () No How much past due? _____
Present Balance Due: \$ _____ Monthly Payment: \$ _____

7. Creditor: _____
Type of Indebtedness (Credit Card, etc.) _____
In whose name is the account? _____ Marital or Individual? _____
Who should be responsible for this debt in Judgment? _____
Is the account current? () Yes () No How much past due? _____
Present Balance Due: \$ _____ Monthly Payment: \$ _____

8. Creditor: _____
Type of Indebtedness (Credit Card, etc.) _____
In whose name is the account? _____ Marital or Individual? _____
Who should be responsible for this debt in Judgment? _____
Is the account current? () Yes () No How much past due? _____
Present Balance Due: \$ _____ Monthly Payment: \$ _____
9. Creditor: _____
Type of Indebtedness (Credit Card, etc.) _____
In whose name is the account? _____ Marital or Individual? _____
Who should be responsible for this debt in Judgment? _____
Is the account current? () Yes () No How much past due? _____
Present Balance Due: \$ _____ Monthly Payment: \$ _____
10. Creditor: _____
Type of Indebtedness (Credit Card, etc.) _____
In whose name is the account? _____ Marital or Individual? _____
Who should be responsible for this debt in Judgment? _____
Is the account current? () Yes () No How much past due? _____
Present Balance Due: \$ _____ Monthly Payment: \$ _____

Other Financial Obligations:

Is anyone other than the spouse financially dependent on Client?

- () Yes If Yes, provide details: _____

- () No

Does the spouse support anyone else?

- () Yes If Yes, provide details: _____

- () No

FAMILY HEALTH & SOCIAL ISSUES

Do you or your spouse have:

- Any serious physical or mental disability, disorder, handicap, or incurable disease?
() Yes Provide Details: _____

- () No

- Any problems with substance abuse (drugs, alcohol)?
☐ Yes Provide Details: _____
☐ No _____
- Any extramarital relationships? _____
- Any problems with debts? _____
- Any problems with gambling? _____
- Any marriage counseling? _____
- Personal counseling (client/spouse): _____
- Would you begin or continue counseling? _____
- Have either the client or spouse ever been arrested, convicted, imprisoned, or placed on probation?
☐ Yes Provide Details: _____
☐ No _____

PHYSICAL INJUNCTION INFORMATION

Are you aware of assets being given away, sold, or hidden from you?

- ☐ Yes Provide Details: _____
- ☐ No _____

MONTHLY EXPENSES

Some of this information may be repetitive from previous answers, but please fill it out completely as this is very important information for your case.

Please mark “X” on any line that does not apply to you.

	Monthly Total	Remarks
A. MORTGAGE		
i. Principal	\$	
ii. Interest	\$	
iii. Real Estate Taxes	\$	
iv. Special Assessments	\$	
	Monthly Total	Remarks
B. APARTMENT RENT		
i. Rent	\$	
ii. Fees/Other	\$	
	Monthly Total	Remarks
C. UTILITIES		

i. Electricity	\$	
ii. Gas-Household	\$	
iii. Water	\$	
iv. Telephone (Home and/or Cell)	\$	
v. Cable and Internet	\$	
	Monthly Total	Remarks
D. FUEL COSTS (Specify type, i.e., Gas, oil, electric) – do not include elsewhere; do not include auto fuel		
	Monthly Total	Remarks
E. ALLOWANCE FOR MAJOR HOUSEHOLD REPAIRS AND MAINTENANCE (interior and exterior)		
	Monthly Total	Remarks
F. DOMESTIC HELP		
i. Maid/Cleaner	\$	
ii. Handyman	\$	
iii. Other (Specify)	\$	
	Monthly Total	Remarks
G. DRY CLEANING-LAUNDRY		
	Monthly Total	Remarks
H. GROUNDS MAINTENANCE		
i. Lawn Mowing	\$	
ii. Landscaping	\$	
iii. Supplies and Equipment	\$	
iv. Snow Removal	\$	
v. Trash and Recycling Removal	\$	
vi. Other (Specify)	\$	
	Monthly Total	Remarks
I. FOOD, HOUSEHOLD SUPPLIES		
	Monthly Total	Remarks
J. INSURANCE (do not include car insurance)		
i. Homeowners	\$	
ii. Medical	\$	
iii. Life	\$	
iv. Disability	\$	
v. Other (Specify)	\$	
	Monthly Total	Remarks
K. MEDICAL EXPENSES (not covered by insurance)		
i. General Practitioner	\$	
ii. Psychiatrist/Psychologist	\$	
iii. Gynecologist	\$	
iv. Dentist	\$	
v. Eye Doctor	\$	

vi. Other (Specify)	\$	
	Monthly Total	Remarks
L. TRANSPORTATION		
i. Automobile Operation		
(a) Loan Payment	\$	
(b) Insurance	\$	
(c) Registration and License	\$	
(d) AAA Dues	\$	
(e) Gasoline	\$	
(f) Oil Changes	\$	
(g) Repair Allowance	\$	
ii. Other Transportation Expenses (Specify)	\$	

	Monthly Total	Remarks
M. CLOTHING		
i. You	\$	
ii. Spouse	\$	

	Monthly Total	Remarks
N. PERSONAL MAINTENANCE AND GROOMING		
i. Barber, Hairdresser, Stylist	\$	
(a) You	\$	
(b) Spouse	\$	

	Monthly Total	Remarks
O. ENTERTAINMENT AND RECREATION (including sports, sports equipment, equipment repairs, outings, sports events, theaters, restaurants, entertaining, etc.)		
	\$	

	Monthly Total	Remarks
P. VACATIONS		
i. Winter	\$	
ii. Spring	\$	
iii. Summer	\$	
iv. Fall	\$	

	Monthly Total	
Q. MEMBERSHIP DUES		
i. Country Club	\$	
ii. Health Club, YMCA or Gym	\$	
iii. Other (Specify)	\$	

	Monthly Total	Remarks
R. GIFTS		
i. Birthdays	\$	
ii. Weddings	\$	
iii. Anniversaries	\$	
iv. Religious Holidays	\$	

v. Other (Specify)	\$
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	Monthly Total	Remarks
S. MISCELLANEOUS		
i. Household Pets	\$	
ii. Newspapers/Magazines	\$	
iii. Professional Books/Periodicals	\$	

	Monthly Total	Remarks
T. ALLOWANCE FOR SAVINGS		

	Monthly Total	Remarks
U. CONSUMER DEBTS (does not include costs already listed under clothing, furniture, gas, etc.)		
i. Department Store Installment Payments		
(a)	\$	
(b)	\$	
(c)	\$	
ii. Credit Card Payments		
(a)	\$	
(b)	\$	
(c)	\$	