

# Curtis Curtis Brelinski, P.C.

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: \_\_\_\_\_

Age: \_\_\_\_\_

### 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: \_\_\_\_\_

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: \_\_\_\_\_

#### **Spouse**

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

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

Date of Hire: \_\_\_\_\_

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

Pay Period: \_\_\_\_\_

Gross Pay: \_\_\_\_\_

Net/Take Home: \_\_\_\_\_

Gross Income Last Year: \_\_\_\_\_

2<sup>nd</sup> Employer:\_\_\_\_\_

2<sup>nd</sup> Employer:\_\_\_\_\_

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

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.? ( )Yes ( ) No

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

\_\_\_\_\_

\_\_\_\_\_

**CHILDREN OF MARRIAGE**

1. Name:\_\_\_\_\_ D/O/B:\_\_\_\_\_ Age:\_\_\_\_\_  
Living With:\_\_\_\_\_ SS#:\_\_\_\_\_  
School:\_\_\_\_\_ Grade:\_\_\_\_\_
2. Name:\_\_\_\_\_ D/O/B:\_\_\_\_\_ Age:\_\_\_\_\_  
Living With:\_\_\_\_\_ SS#:\_\_\_\_\_  
School:\_\_\_\_\_ Grade:\_\_\_\_\_
3. Name:\_\_\_\_\_ D/O/B:\_\_\_\_\_ Age:\_\_\_\_\_  
Living With:\_\_\_\_\_ SS#:\_\_\_\_\_  
School:\_\_\_\_\_ Grade:\_\_\_\_\_
4. Name:\_\_\_\_\_ D/O/B:\_\_\_\_\_ Age:\_\_\_\_\_  
Living With:\_\_\_\_\_ SS#:\_\_\_\_\_  
School:\_\_\_\_\_ Grade:\_\_\_\_\_

Residence of Children during last 5 years:

<u>Where</u>	<u>With Whom</u>	<u>How Long</u>
_____		
_____		
_____		
_____		

Is Wife Pregnant? (    )No (    )Yes If yes, when is birth expected?\_\_\_\_\_

**CHILDREN NOT ISSUE OF MARRIAGE**

1. Name:\_\_\_\_\_ D/O/B:\_\_\_\_\_ Age:\_\_\_\_\_  
Living With:\_\_\_\_\_ SS#:\_\_\_\_\_ Whose Child?\_\_\_\_\_
2. Name:\_\_\_\_\_ D/O/B:\_\_\_\_\_ Age:\_\_\_\_\_  
Living With:\_\_\_\_\_ SS#:\_\_\_\_\_ Whose Child?\_\_\_\_\_
3. Name:\_\_\_\_\_ D/O/B:\_\_\_\_\_ Age:\_\_\_\_\_  
Living With:\_\_\_\_\_ SS#:\_\_\_\_\_ Whose Child?\_\_\_\_\_

What is custodial arrangement and parenting time schedule with the above children?\_\_\_\_\_

**CUSTODY AND PARENTING TIME**

Legal Custody – Joint or Sole? \_\_\_\_\_

Physical Custody – Joint or Sole?\_\_\_\_\_

Desired Parenting Time \_\_\_\_\_

Do you know of anyone else who has possession or claims legal or physical custody of, claims rights of legal or physical custody of, or parenting time rights with your children?

( ) Yes State the person's name, address, and relationship: \_\_\_\_\_

( ) No \_\_\_\_\_

### **CHILD SUPPORT**

Are the parties separated? ( ) No ( ) Yes

Has support been paid since separation? \_\_\_\_\_

( ) No ( ) Yes How much per week? \$ \_\_\_\_\_

If you and your spouse have agreed on child support, how much? \_\_\_\_\_

Are you paying or receiving support for other children?

( ) No ( ) Yes How much per week? \$ \_\_\_\_\_

# of Children: \_\_\_\_\_

Is your spouse paying/receiving support for other children?

( ) No ( ) Yes How much per week? \$ \_\_\_\_\_

# of Children: \_\_\_\_\_

### **CHILD CARE EXPENSES**

( ) Yes How many weeks per year? \_\_\_\_\_

Paid by whom? \_\_\_\_\_

Cost per week: During School: \_\_\_\_\_ During Summer: \_\_\_\_\_

( ) No

### **Miscellaneous notes on Children**

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

### **HEALTH CARE INSURANCE**

Provider for Client: \_\_\_\_\_

Provider for Spouse: \_\_\_\_\_

Provider for Children: \_\_\_\_\_

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 the 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:**

<b><u>Client</u></b>	<b><u>Spouse</u></b>
Insurance Co: _____	Insurance Co.: _____
Beneficiary: _____	Beneficiary: _____
Policy Amount:\$ _____	Policy Amount:\$ _____
Term or Whole? _____	Term or Whole? _____
Cash Surrender Value:\$ _____	Cash Surrender Value:\$ _____
Loans Against Policy: _____	Loans Against Policy: _____

\*Any policies on the Children ? \_\_\_\_\_

Internal Use Only: \***Secure Policy for Spousal and/or Child Support?** (   ) Yes (   ) No

**Miscellaneous Assets:**

Jewelry: \_\_\_\_\_ Value:\$ \_\_\_\_\_  
Art Work: \_\_\_\_\_ Value:\$ \_\_\_\_\_  
Antiques: \_\_\_\_\_ Value:\$ \_\_\_\_\_  
Gun, Coin, etc. Collections & Value:\$ \_\_\_\_\_  
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:**

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**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. 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 Obligations (Spousal Support to Former Spouse, etc.):**

\_\_\_\_\_

Is anyone other than the spouse and identified children 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, or your children 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's): \_\_\_\_\_
- 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

### **UCCJEA INFORMATION**

1. Do you know of, or have you participated (as a party, witness, or in any other capacity) in any other court decision, order, or proceeding (including divorce, separate maintenance, separation, neglect, abuse, dependency, guardianship, paternity, termination of parental rights, and protection from domestic violence) concerning the custody or parenting time of your child(ren), in this state or any other state?  
☐ Yes      Specify case name and number, court name and address, and date of child custody determination, if one: \_\_\_\_\_  
☐ No
2. Do you know of any pending proceeding that could affect your child custody proceeding, including a proceeding for enforcement or a proceeding relating to domestic violence, a protective order, termination of parental rights, or adoption, in this state or any other state?  
☐ Yes      Specify case name and number, court name and address, and nature of the proceeding.: \_\_\_\_\_  
☐ No      That proceeding ☐ is continuing ☐ has been stayed by the court.
3. Do you believe a temporary action by the court is necessary to protect your child(ren) because the child(ren) has/have been subjected to or threatened with mistreatment or abuse or is/are otherwise neglected or dependent?  
☐ Yes      Please explain.: \_\_\_\_\_  
☐ No

3. Do you believe you, your spouse or your child(ren)'s health, safety or liberty would be put at risk by the disclosing of any of the previous identifying information?

( ) Yes ( ) 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
<b>A. MORTGAGE</b>		
i. Principal	\$	
ii. Interest	\$	
iii. Real Estate Taxes	\$	
iv. Special Assessments	\$	
	Monthly Total	Remarks
<b>B. APARTMENT RENT</b>		
i. Rent	\$	
ii. Fees/Other	\$	
	Monthly Total	Remarks
<b>C. UTILITIES</b>		
i. Electricity	\$	
ii. Gas-Household	\$	
iii. Water	\$	
iv. Telephone (Home and/or Cell)	\$	
v. Cable and Internet	\$	
	Monthly Total	Remarks
<b>D. FUEL COSTS</b> (Specify type, i.e., Gas, oil, electric) – do not include elsewhere; do not include auto fuel	\$	
	Monthly Total	Remarks
<b>E. ALLOWANCE FOR MAJOR HOUSEHOLD REPAIRS AND MAINTENANCE</b> (interior and exterior)	\$	

	Monthly Total	Remarks
<b>F. ALLOWANCE FOR REPAIR AND REPLACEMENT OF HOUSEHOLD FURNISHINGS</b>	\$	
	Monthly Total	Remarks
<b>G. DOMESTIC HELP</b>		



i. Maid/Cleaner	\$
ii. Handyman	\$
iii. Other (Specify)	\$

	Monthly Total	Remarks
<b>H. DRY CLEANING-LAUNDRY</b>	\$	

	Monthly Total	Remarks
<b>I. GROUNDS MAINTENANCE</b>		
i. Lawn Mowing	\$	
ii. Landscaping	\$	
iii. Supplies and Equipment	\$	
iv. Snow Removal	\$	
v. Trash and Recycling Removal	\$	
vi. Other (Specify)	\$	

	Monthly Total	Remarks
<b>J. FOOD, HOUSEHOLD SUPPLIES</b>	\$	

	Monthly Total	
<b>K. INSURANCE</b> (do not include car insurance)		
i. Homeowners	\$	
ii. Medical	\$	
iii. Life	\$	
iv. Disability	\$	
v. Other (Specify)	\$	

	Monthly Total	Remarks
<b>L. MEDICAL EXPENSES</b> (not covered by insurance)		
i. General Practitioner	\$	
ii. Psychiatrist/Psychologist	\$	
iii. Gynecologist	\$	
iv. Dentist	\$	
v. Eye Doctor	\$	
vi. Pediatrician	\$	
vii. Other (Specify)	\$	

	Monthly Total	Remarks
<b>M. TRANSPORTATION</b>		
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
<b>N. CLOTHING</b>		
i. You	\$	
ii. Spouse	\$	
iii. Child, Age	\$	
iv. Child, Age	\$	
v. Child, Age	\$	

	Monthly Total	Remarks
<b>O. PERSONAL MAINTENANCE AND</b>		
i. Barber, Hairdresser, Stylist	\$	
(a) You	\$	
(b) Spouse	\$	
(c) Children	\$	
	Monthly Total	Remarks
<b>P. CHILDCARE</b> (if not included under domestic help)	\$	

	Monthly Total	Remarks
<b>Q. EDUCATION</b>		
i. Tuition	\$	
ii. Room and Board	\$	
iii. Transportation	\$	
iv. Books and Records	\$	
v. Activities Fees	\$	
vi. Lab Fees	\$	
vii. Insurance	\$	
viii. Supplies	\$	
ix. Lunches	\$	
x. Miscellaneous	\$	

	Monthly Total	Remarks
<b>R. SUMMER CAMP</b> (including transportation and equipment)		
	\$	

	Monthly Total	Remarks
<b>S. LESSONS</b> (including sports, music, arts, dance, practical skills)		
i. Children	\$	

	Monthly Total	Remarks
<b>T. ALLOWANCES</b>		
i. Spouse	\$	
ii. Children	\$	

	Monthly Total	Remarks
<b>U. ENTERTAINMENT AND RECREATION</b> (including sports, sports equipment, equipment repairs, outings, sports events, theaters, restaurants, entertaining, etc.)	\$	

	Monthly Total	Remarks
<b>V. VACATIONS</b>		
i. Winter	\$	
ii. Spring	\$	
iii. Summer	\$	
iv. Fall	\$	

	Monthly Total	
<b>W. MEMBERSHIP DUES</b>		
i. Country Club	\$	
ii. Health Club, YMCA or Gym	\$	
iii. Other (Specify)	\$	

	Monthly Total	Remarks
<b>X. GIFTS</b>		
i. Birthdays	\$	
ii. Weddings	\$	
iii. Anniversaries	\$	
iv. Religious Holidays	\$	
v. Other (Specify)	\$	

	Monthly Total	Remarks
<b>Y. MISCELLANEOUS</b>		
i. Household Pets	\$	
ii. Newspapers/Magazines	\$	
iii. Professional Books/Periodicals	\$	

	Monthly Total	Remarks
<b>Z. ALLOWANCE FOR SAVINGS</b>	\$	

	Monthly Total	Remarks
<b>AA. CONSUMER DEBTS</b> (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)	\$	