

DOMESTIC RELATIONS INFORMATION

PERSONAL DATA:

Client's Full Name: _____ Date of Birth: _____
Address: _____ SSN#: _____
_____ County: _____
E-mail Address: _____ Race: _____
State of Health: _____ Home Phone: _____
Education Level: _____ Work Phone: _____
Employer: _____ Position: _____
Employer's Address: _____

NOTE: If you do not want correspondence mailed to your residence, please indicate an alternate address: _____

Spouse's Full Name: _____ Date of Birth: _____
Address: _____ SSN#: _____
_____ County: _____
E-mail Address: _____ Race: _____
State of Health: _____ Home Phone: _____
Education Level: _____ Work Phone: _____
Employer: _____ Position: _____
Employer's Address: _____

MARRIAGE DATA:

Date of Marriage: _____ Date Separated: _____
City, County & State of Marriage: _____
Number of Marriages for: Husband: _____ Wife: _____
If previously married, in what manner did the marriage(s) end:
Husband: _____ Wife: _____
Wife's maiden name: _____ Does she wish to reclaim it?: _____
Children born of this marriage - Give full name, DOB, and SSN:
1. _____ DOB: _____ SSN: _____
2. _____ DOB: _____ SSN: _____
3. _____ DOB: _____ SSN: _____
4. _____ DOB: _____ SSN: _____

Number of minor children from prior marriage(s): Husband: _____ Wife: _____

FINANCIAL DATA:

	<u>Yourself</u>	<u>Spouse</u>
Gross Income from wages, etc.:	_____	_____
Other Income (_____):	_____	_____
TOTAL Gross Monthly Income:	_____	_____
TOTAL Net Monthly Income:	_____	_____