

# DOMESTIC RELATIONS INFORMATION

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## PERSONAL INFORMATION

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Client's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ SSN#: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Race: \_\_\_\_\_  
State of Health:  POOR  FAIR  GOOD  EXCELLENT Home Phone: \_\_\_\_\_  
Education Level: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_

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

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Spouse's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ SSN#: \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Race: \_\_\_\_\_  
State of Health:  POOR  FAIR  GOOD  EXCELLENT Home Phone: \_\_\_\_\_  
Education Level: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_

## MARRIAGE INFORMATION

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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?:  YES  NO  
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

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