

**DIVORCE INFORMATION CHECK LIST**

Date: \_\_\_\_\_

CLIENT: \_\_\_\_\_

**PLAINTIFF**

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

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

\_\_\_\_\_ County: \_\_\_\_\_

Phone:(\_\_\_\_\_)

Social Sec. No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City & State of Birth Place: \_\_\_\_\_

Mailing Address: (If different from above)

\_\_\_\_\_

Marital Home Address (If different from above)

\_\_\_\_\_

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

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

Position: \_\_\_\_\_

How long on job? \_\_\_\_\_

Phone No.: \_\_\_\_\_

Net Per Week: \$ \_\_\_\_\_

Yearly Salary: \_\_\_\_\_

Other Income: \_\_\_\_\_

High School: \_\_\_\_\_

College: \_\_\_\_\_

Post Graduate: \_\_\_\_\_

Number of prior marriages: \_\_\_\_\_

Ended in: Divorce \_\_\_\_\_ Other \_\_\_\_\_

Years married: \_\_\_\_\_

Referred by: \_\_\_\_\_

**DEFENDANT**

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

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

County: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Sec. No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City & State of Birth Place: \_\_\_\_\_

Mailing Address (If different from above) \_\_\_\_\_

\_\_\_\_\_

Marital Home Address (If different from above) \_\_\_\_\_

\_\_\_\_\_

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

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

Position: \_\_\_\_\_

How Long on Job: \_\_\_\_\_

Phone: \_\_\_\_\_

Net Per Week: \$ \_\_\_\_\_

Yearly Salary \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

High School: Years \_\_\_\_\_

College: \_\_\_\_\_

Years Postgraduate \_\_\_\_\_

Number of Prior Marriage s \_\_\_\_\_

Ended In: Divorce \_\_\_\_\_ Death \_\_\_\_\_

**MARRIAGE INFORMATION**

Date of Marriage : \_\_\_\_\_ Place: City: \_\_\_\_\_

By: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Wife's maiden name: \_\_\_\_\_

Desires Restoration: \_\_\_\_\_

Wife's State Residency: \_\_\_\_\_ County: \_\_\_\_\_

Date of Separation: \_\_\_\_\_

Have you or your spouse filed for Divorce before? \_\_\_\_\_

If so, in what county? \_\_\_\_\_ Case No.: \_\_\_\_\_

**HEALTH INSURANCE**

Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

**CHILDREN**

Full Name      Date of Birth      Resides with      Soc. Sec. No.

Other Litigation Regarding Custody: \_\_\_\_\_

Current Address of Children: \_\_\_\_\_

Does anyone else claim custody? \_\_\_\_\_

Current Custody: \_\_\_\_\_

Current Parenting Time: \_\_\_\_\_

Current Support: \_\_\_\_\_

**OTHER CHILDREN FROM PRIOR MARRIAGE/STEPCHILDREN**

Full Name      Date of Birth      Resides with      Soc. Sec. No.

Client's nearest relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Spouse's nearest relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Reason for divorce (FAULT): \_\_\_\_\_

**MARRIAGE COUNSELING**

Name of Counselor/Therapist: \_\_\_\_\_

Location: \_\_\_\_\_

**PPO - THREATS OF IRREPARABLE HARM ETC.**

**PROPERTY/REAL ESTATE**

Marital Home: \_\_\_\_\_

Year Purchased: \_\_\_\_\_ Price: \_\_\_\_\_ Land Contract/Mortgage

Balance Due \$ \_\_\_\_\_

Amount of Payments \$ \_\_\_\_\_ Payments made to: \_\_\_\_\_

Interest Rate: \_\_\_\_\_ Including Tax: \_\_\_\_\_ Insurance: \_\_\_\_\_

Down Payment: \_\_\_\_\_ Estimated Value: \_\_\_\_\_

Source of Purchase Funds: \_\_\_\_\_

Improvements made to property: \_\_\_\_\_

\_\_\_\_\_

Other Real Estate: \_\_\_\_\_

1. Year Purchased: \_\_\_\_\_ Price: \_\_\_\_\_ Land Contract/Mortgage

Balance Due \$ \_\_\_\_\_ Amount of Payments \$ \_\_\_\_\_

Payments made to: \_\_\_\_\_

Interest Rate: \_\_\_\_\_ Including Tax: \_\_\_\_\_ Insurance: \_\_\_\_\_

Down Payment: \_\_\_\_\_ Estimated Value: \_\_\_\_\_

Source of Purchase Funds: \_\_\_\_\_

Improvements made to property: \_\_\_\_\_

2. Year Purchased: \_\_\_\_\_ Price: \_\_\_\_\_ Land Contract/Mortgage

Balance Due \$ \_\_\_\_\_ Amount of Payments \$ \_\_\_\_\_

Payments made to: \_\_\_\_\_

Interest Rate: \_\_\_\_\_ Including Tax: \_\_\_\_\_ Insurance: \_\_\_\_\_

Down Payment: \_\_\_\_\_ Estimated Value: \_\_\_\_\_

Source of Purchase Funds: \_\_\_\_\_

Improvements made to property: \_\_\_\_\_

3. Year Purchased: \_\_\_\_\_ Price: \_\_\_\_\_ Land Contract/Mortgage

Balance Due \$ \_\_\_\_\_ Amount of Payments \$ \_\_\_\_\_

Payments made to: \_\_\_\_\_

Interest Rate: \_\_\_\_\_ Including Tax: \_\_\_\_\_ Insurance: \_\_\_\_\_

Down Payment: \_\_\_\_\_ Estimated Value: \_\_\_\_\_

Source of Purchase Funds: \_\_\_\_\_

Improvements made to property: \_\_\_\_\_

**HOUSEHOLD FURNITURE**

Description:

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

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Items of Special value: \_\_\_\_\_

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**VEHICLES/BOATS/RV'S, ETC.**

Year: \_\_\_\_\_ Type \_\_\_\_\_ Value \$ \_\_\_\_\_

Owned by: \_\_\_\_\_ Used by: \_\_\_\_\_  
Lien \$ \_\_\_\_\_ Lien Holder: \_\_\_\_\_

Year: \_\_\_\_\_ Type \_\_\_\_\_ Value \$ \_\_\_\_\_

Owned by: \_\_\_\_\_ Used by: \_\_\_\_\_

Lien \$ \_\_\_\_\_ Lien Holder: \_\_\_\_\_

Year: \_\_\_\_\_ Type \_\_\_\_\_ Value \$ \_\_\_\_\_

Owned by: \_\_\_\_\_ Used by: \_\_\_\_\_

Lien \$ \_\_\_\_\_ Lien Holder: \_\_\_\_\_

Year: \_\_\_\_\_ Type \_\_\_\_\_ Value \$ \_\_\_\_\_

Owned by: \_\_\_\_\_ Used by: \_\_\_\_\_

Lien \$ \_\_\_\_\_ Lien Holder: \_\_\_\_\_

**BANK ACCOUNTS**

Checking/Savings:

1. Bank: \_\_\_\_\_ Location: \_\_\_\_\_

Type: \_\_\_\_\_ Balance \$ \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

2. Bank: \_\_\_\_\_ Location: \_\_\_\_\_

Type: \_\_\_\_\_ Balance \$ \_\_\_\_\_

3. Name(s) on account: \_\_\_\_\_  
Bank: \_\_\_\_\_ Location: \_\_\_\_\_

Type: \_\_\_\_\_ Balance \$ \_\_\_\_\_

4. Name(s) on account: \_\_\_\_\_  
Bank: \_\_\_\_\_ Location: \_\_\_\_\_

Type: \_\_\_\_\_ Balance \$ \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

**Certificates of Deposit, All-Savers Certificates or other forms of savings (e.g., ready asset accounts through stock brokers)**

**Credit Union:** \_\_\_\_\_ Location: \_\_\_\_\_

Balance \$ \_\_\_\_\_ Owes: \_\_\_\_\_

**Safe Deposit Box:** \_\_\_\_\_ Location:  
\_\_\_\_\_

Contents: \_\_\_\_\_

Who has access: \_\_\_\_\_

When last accessed: \_\_\_\_\_

**Life Insurance Company:** \_\_\_\_\_

Cash Surrender Value \$ \_\_\_\_\_ Owner: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

**Health Insurance Co.:** \_\_\_\_\_

When last accessed: \_\_\_\_\_

Health Care Coverage Available for Each Minor Child: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Name of Insurance Co./HMO: \_\_\_\_\_

Policy/Certificate/Contract No.: \_\_\_\_\_



**Pensions, Profit-Sharing, Annuities, Retirement Plans, Etc.:** \_\_\_\_\_

Inherited or Gifted Property: \_\_\_\_\_

**Other Assets:** \_\_\_\_\_

**Trust Beneficiaries: Are you or your spouse the beneficiary under any trust? If yes, please explain.**

\_\_\_\_\_

**How are finances currently handled:** \_\_\_\_\_

**DEBTS**

Creditor: \_\_\_\_\_ Account No.: \_\_\_\_\_

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**PROPOSED DISPOSITION**

Property: \_\_\_\_\_

Debts: \_\_\_\_\_

Children: \_\_\_\_\_

**DESCRIPTION OF SPOUSE**

Age: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Length: Curly/Straight/Wavy:

Glasses: \_\_\_\_\_ Type: \_\_\_\_\_ Contacts: \_\_\_\_\_

Scars/Tattoos: \_\_\_\_\_

Significant Characteristics: (accent - limp - deformity, etc.) \_\_\_\_\_

Serve at: \_\_\_\_\_

Best time: \_\_\_\_\_

Leaves For Work At: \_\_\_\_\_

Returns From Work At: \_\_\_\_\_

Car Usually Driven: Make: \_\_\_\_\_ Year: \_\_\_\_\_

Model: \_\_\_\_\_ Color: \_\_\_\_\_