



CLIENT INFORMATION
DISSOLUTION – FAMILY LAW

Date: _____

Attorney: _____

I. Referral Information

How were you referred to our office?

One of our Present or Former Clients _____

Friend _____ Attorney _____

Other _____ Newspaper (date) _____

Internet _____

Yellow Pages (circle correct ad):

Hernando County -	attorney ad	criminal	W/C
New Port Richey -	attorney ad	criminal	W/C
Tarpon Springs -	attorney ad		
Clearwater -	attorney ad		W/C
St. Petersburg -	attorney ad	criminal	

II. Client Personal Information

First, Middle, Last Name: _____

Address: _____
Street City State Zip

Telephone: Home _____ Work _____ Cell _____

By providing my Email Address I am granting permission for you to provide me with information about my case via Email. I understand my right to privacy and wish to receive Emails at the following address: _____

Social Security Number: _____ Sex: _____ Race: _____ Date of Birth: _____

Date of Marriage: _____ Place of Marriage: _____

Date of Separation: _____

Children born or adopted during the Marriage:

Name	Sex	Age	Date of Birth	Living with?
Name	Sex	Age	Date of Birth	Living with?
Name	Sex	Age	Date of Birth	Living with?
Name	Sex	Age	Date of Birth	Living with?

Children born or adopted from another relationship:

Name	Sex	Age	Date of Birth	Living with?
Name	Sex	Age	Date of Birth	Living with?
Name	Sex	Age	Date of Birth	Living with?
Name	Sex	Age	Date of Birth	Living with?

Where have children born of this marriage resided in the last six months? _____

Are you expecting a child? Yes/No If yes, is the expected child from this marriage? Yes/No
If no, who is the other biological parent? _____

Are you receiving/paying child support for children from another relationship? Yes/No
If so, are you ___ receiving ___ paying, and how much per month? _____

SPOUSAL INFORMATION:

Name

Current Address

Date of Birth

How long have you lived in Florida? _____

Last Address you and your spouse lived together as husband and wife:

From _____ to _____

Have you or your spouse served in the military? Yes/No If yes, in what branch? _____

Have Dissolution of Marriage papers been filed? Yes/No If yes, please state the Case Number and the date and county in which they were filed: _____

Has the Petition been served? Yes/No If yes, please state the date of service: _____

Why do you believe your marriage is irretrievably broken? _____

Have you had a prior attorney for this case? Yes/No If yes, please provide:

a. Name(s) of prior attorney(s): _____

b. May we contact your prior attorney(s) Yes/No

Does your spouse have an attorney? Yes/No/Unknown If yes, please provide the name of your spouse's attorney: _____

Are you participating in counseling? Yes/No If yes, with whom: _____

b. Are your spouse or children participating in counseling? Yes/No If yes, with whom: _____

Do you have a drug or alcohol problem? Yes/No
If so, are you participating in a program? Yes/No If yes, what is the name of the program: _____

Does your spouse have a drug or alcohol problem? Yes/No
If so, is your spouse participating in a program? Yes/No If yes, what is the name of the program: _____

Your employer and address: _____

Job Title/Description _____ Your annual income: _____

Spouse's employer and address: _____

Job Title/Description _____ Spouse's annual income: _____

List any other sources of income to the household: _____

Your formal education: _____

Your vocational training, including licenses and certifications: _____

Your spouse's formal education: _____

Your spouse's vocational training, including licenses and certifications: _____

Assets:

Marital Home

Address: _____

Year Purchased and price: _____

Current Value: _____

Names on deed: _____

Mortgages & Credit Line Liens on property: _____

Other Real Estate

Address: _____

Year Purchased and price: _____

Current Value: _____

Names on deed: _____

Mortgages & Credit Line Liens on property: _____

Address: _____

Year Purchased and price: _____

Current Value: _____

Names on deed: _____

Mortgages & Credit Line Liens on property: _____

Address: _____

Year Purchased and price: _____

Current Value: _____

Names on deed: _____

Mortgages & Credit Line Liens on property: _____

Transportation: Your Vehicle:

Year/Make/Model/VIN _____

If Leased Financed length of term remaining _____

Name(s) on lease/title: _____

Transportation: Your Spouse's Vehicle:

Year/Make/Model/VIN _____

If ___ Leased ___ Financed length of term remaining _____

Name(s) on lease/title: _____

Additional Transportation, including motorcycles:

Year/Make/Model _____

If ___ Leased ___ Financed length of term remaining _____

Name(s) on lease/title: _____

Transportation: Boats, Aircraft:

Year/Make/Model _____

If financed length of term remaining _____

Name(s) on title: _____

Other Items of Substantial Value: (Art, jewelry, collections, etc.)

<u>ITEM</u>	<u>VALUE</u>

Intangible Assets: (Bank/brokerage/money market accounts, etc.)

Cash in checking accounts: _____

Savings accounts & CDs _____

Stocks, Bonds, Money Markets _____

IRA's, Retirement, Pension Plans _____

Non-Marital Assets: (Assets acquired outside the marriage, or owned prior to the marriage, etc.)

<u>ITEM</u>	<u>VALUE</u>	<u>CIRCUMSTANCES</u>

Bankruptcy:

Have you ever filed for bankruptcy? Yes/No If yes, please provide the date and the place: _____

Do you anticipate the need to file for bankruptcy? If so, please explain: _____

Tax Returns:

Are there any years in which you and your spouse failed to file a Federal Income Tax Return? Yes/No
If yes, please list the years not filed: _____

Liabilities (Approximate Balance Owning):

Medical bills: _____
Credit Cards: _____
Mortgages: _____
Credit Lines: _____
Other Debts: _____

WHAT ARE YOUR GOALS IN THIS ACTION (check box)

- Parenting Plan
- Divorce
- Distribution of Assets
- Attorney Fees
- Distribution of Liabilities
- Receive Child Support
- Domestic Violence Injunction
- Establishing Alimony Obligation
- Support to Obtain Further Education
- Establishing Child Support Obligation
- Shared Parental Responsibility for Children
- Counseling and Repair of Relationship
- Name Change to: _____
- Other Goals: