

CLIENT INTAKE  
WITHOUT CHILDREN #1

Date \_\_\_\_\_

*Client*

*Spouse*

Full name \_\_\_\_\_

Full name \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of birth \_\_\_\_\_

Age \_\_\_\_\_

Age \_\_\_\_\_

Birth place \_\_\_\_\_

Birth place \_\_\_\_\_

Work phone \_\_\_\_\_

Work phone \_\_\_\_\_

Can you receive calls at work? \_\_\_\_\_

Home phone \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Social security no. \_\_\_\_\_

Social security no. \_\_\_\_\_

Driver license no. \_\_\_\_\_

Driver license no. \_\_\_\_\_

State \_\_\_\_\_

State \_\_\_\_\_

Occupational license no(s). \_\_\_\_\_

Occupational license no(s). \_\_\_\_\_

Armed forces status \_\_\_\_\_

Armed forces status \_\_\_\_\_

Next of kin \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

MARRIAGE

Location (City, County, State) \_\_\_\_\_

Date of marriage \_\_\_\_\_ Date of separation \_\_\_\_\_

Have you lived in Michigan 180 days? \_\_\_\_\_ Have you lived in Jackson County 10 days? \_\_\_\_\_

Number of previous marriages: yours \_\_\_\_\_ spouse \_\_\_\_\_

How were prior marriages terminated (divorce, etc)? yours \_\_\_\_\_ spouse \_\_\_\_\_

Wife's maiden name \_\_\_\_\_ Wife's name before this marriage \_\_\_\_\_

Does wife desire name change?      yes     To what? \_\_\_\_\_  
    no

Is there a prenuptial or postnuptial agreement?      yes     Please attach a copy.  
    no

CHILDREN WITH SPOUSE - INCLUDING ADULT CHILDREN  
BIOLOGICAL AND/OR ADOPTED - LIVING OR DECEASED

1. Name \_\_\_\_\_

Currently residing with      client      spouse

Social security number \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

2. Name \_\_\_\_\_

Currently residing with      client      spouse

Social security number \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

3. Name \_\_\_\_\_

Currently residing with      client      spouse

Social security number \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

4. Name \_\_\_\_\_

Currently residing with      client      spouse

Social security number \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Is wife pregnant?     yes      When is birth expected? \_\_\_\_\_  
                                  no

Are you ***paying*** or ***receiving*** support for other children?

yes    How much per week? \$ \_\_\_\_\_ Number of children \_\_\_\_\_

no

Is your spouse ***paying*** or ***receiving*** support for other children?

yes    How much per week? \$ \_\_\_\_\_ Number of children \_\_\_\_\_

no

Does either party have children from a prior relationship?

1.    Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
      Living with  client  spouse      Social Security no. \_\_\_\_\_

2.    Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
      Living with  client  spouse      Social Security no. \_\_\_\_\_

3.    Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
      Living with  client  spouse      Social Security no. \_\_\_\_\_

4.    Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
      Living with  client  spouse      Social Security no. \_\_\_\_\_

5.    Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
      Living with  client  spouse      Social Security no. \_\_\_\_\_

#### PRIOR LITIGATION

Has either spouse previously filed for divorce, custody, etc., in this county or elsewhere?

yes      Indicate when and where the action was filed, the status of the action, the case number and which judge the matter was assigned to. \_\_\_\_\_

no

Has there been any previous domestic relations case filed int his county involving you and/or your spouse or any other family member?

yes      Indicate when and where the action was filed, the status of the action, the case number and which judge the matter was assigned to. \_\_\_\_\_

no

Does anyone else claim custody over your or your spouse's children?

- ( ) yes      Indicate when and where the action was filed, the status of the action, the case number and which judge the matter was assigned to. \_\_\_\_\_  
\_\_\_\_\_
- ( ) no

Is there an order/judgment for continuing jurisdiction over your or your spouse's children for any other reason?

- ( ) yes      Indicate when and where the action was filed, the status of the action, the case number and which judge the matter was assigned to. \_\_\_\_\_  
\_\_\_\_\_
- ( ) no

Is there presently a case wherein one of the Parties is currently paying support for another child not of this marriage?

- ( ) yes      Indicate when and where the action was filed, the status of the action, the case number and which judge the matter was assigned to. \_\_\_\_\_  
\_\_\_\_\_
- ( ) no

#### FAMILY HEALTH AND SOCIAL ISSUES

Do you, or your spouse, or your children have:

Any serious physical or mental disability, disorder, handicap or incurable disease?

- ( ) yes      Please explain. \_\_\_\_\_  
( ) no

Any problems with substance abuse (drugs, alcohol)?

- ( ) yes      What type of drugs? \_\_\_\_\_  
What treatment and by whom? \_\_\_\_\_  
When? \_\_\_\_\_  
Place of treatment \_\_\_\_\_
- ( ) no

Any particular interest in another person by either Party?

- ( ) yes      Whom? \_\_\_\_\_  
( ) no

Any problems with debts?

- ( ) yes  
( ) no

Any problems with gambling?

- yes
- no

Any marriage counseling?

- yes      Please explain. \_\_\_\_\_
- no

Any personal counseling (yours and/or your spouse's)?

- yes      Please explain. \_\_\_\_\_
- no

Would you be willing to begin or continue counseling?

- yes
- no

Would you sign a waiver of confidentiality so that we may have access to your records?

- yes
- no

Attitudes (yours and your spouse's) toward reconciliation. \_\_\_\_\_  
\_\_\_\_\_

Are you or your spouse receiving ADC?

- yes      Caseworker \_\_\_\_\_ Case No. \_\_\_\_\_
- no

### PHYSICAL INJUNCTION INFORMATION

What physical abuse, if any, has occurred and on what dates? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has either spouse ever been arrested, convicted, imprisoned, or placed on probation?

- yes      Please explain. \_\_\_\_\_
- no

### Physical Description of Client:

Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye color \_\_\_\_\_ Hair color \_\_\_\_\_

Glasses

( ) yes Worn all the time? ( ) yes ( ) no  
( ) no

Mustache/beard  
( ) yes Color? \_\_\_\_\_  
( ) no

Distinguishing scars or tattoos? \_\_\_\_\_  
\_\_\_\_\_

Any current Personal Protection Orders?

( ) yes In what county? \_\_\_\_\_ Case No. \_\_\_\_\_  
( ) no

**Physical Description of Spouse:**

Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye color \_\_\_\_\_ Hair color \_\_\_\_\_

Glasses  
( ) yes Worn all the time? ( ) yes ( ) no  
( ) no

Mustache/beard  
( ) yes Color? \_\_\_\_\_  
( ) no

Distinguishing scars or tattoos? \_\_\_\_\_  
\_\_\_\_\_

Any current Personal Protection Orders?

( ) yes In what county? \_\_\_\_\_ Case No. \_\_\_\_\_  
( ) no

Is carrying a weapon a condition his/her employment?

( ) yes  
( ) no

**EMPLOYMENT**

*Client*

*Spouse*

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Weekly gross income \_\_\_\_\_ Weekly gross income \_\_\_\_\_

Weekly net income \_\_\_\_\_ Weekly net income \_\_\_\_\_

Do you have a pension? \_\_\_\_\_ Does your spouse have a pension?  
\_\_\_\_\_

Do you have early retirement benefits? \_\_\_\_\_ Does your spouse have early retirement  
benefits? \_\_\_\_\_

Do you receive a signing bonus or any special payments/bonuses? \_\_\_\_\_ Does your spouse receive a signing  
bonus or any special payments/bonuses?  
\_\_\_\_\_

Do you receive profit sharing? \_\_\_\_\_ Does your spouse receive profit sharing?  
\_\_\_\_\_

Have you received any recognition or awards? \_\_\_\_\_ Has your spouse received any recognition  
or awards?  
\_\_\_\_\_

What was your income last year? \_\_\_\_\_ What was your spouse's income last  
year? \_\_\_\_\_

Please attach a copy of your last 3 pay stubs. Indicate if any deductions are mandatory (other than taxes). For example, union dues, pension, etc., would be considered mandatory. Please attach the last 2 income tax returns (personal and business) with their schedules and W-2s.

Previous employer \_\_\_\_\_ Previous employer \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Annual income \_\_\_\_\_ Annual income \_\_\_\_\_

Other income sources (pension, retirement, public assistance or ADC, veterans' benefits, Social Security, annuity funds):

1. Type (wage/dividend) \_\_\_\_\_  
Gross per year \_\_\_\_\_ In whose name \_\_\_\_\_
2. Type (wage/dividend) \_\_\_\_\_  
Gross per year \_\_\_\_\_ In whose name \_\_\_\_\_
3. Type (wage/dividend) \_\_\_\_\_  
Gross per year \_\_\_\_\_ In whose name \_\_\_\_\_

EDUCATION

*Client*

*Spouse*

Highest degree obtained _____	Highest degree obtained _____
High school _____	High school _____
Date of diploma _____	Date of diploma _____
Univ/College _____	Unv/College _____
Degree _____	Degree _____
Date obtained _____	Date obtained _____
Additional training _____	Additional training _____
_____	_____

Did either spouse contribute to the education of the other?

- ( ) Yes Describe. \_\_\_\_\_
- ( ) No

RELIEF TO BE REQUESTED

- ( ) Divorce
- ( ) Separate maintenance
- ( ) Annulment
- ( ) Custody of children \_\_\_\_\_
- ( ) Parenting time rights \_\_\_\_\_
- ( ) Child support payments \_\_\_\_\_
- ( ) Spousal support \_\_\_\_\_
- ( ) Spouse to vacate home \_\_\_\_\_
- ( ) Contribution to your attorney fees \_\_\_\_\_
- ( ) Restoration of former name \_\_\_\_\_
- ( ) Procurement of \$\_\_\_\_\_ in life insurance to secure child support
- ( ) Property division
- ( ) Property injunction
- ( ) Domestic abuse injunction
- ( ) Health insurance for children or yourself \_\_\_\_\_
- ( ) Home utility payments \_\_\_\_\_
- ( ) Home insurance (Plaintiff/Defendant) \_\_\_\_\_
- ( ) Mortgage payments \_\_\_\_\_
- ( ) Debts \_\_\_\_\_
- ( ) Other \_\_\_\_\_
- ( ) Attorney fee arrangement \_\_\_\_\_



ASSETS INTAKE #2  
(Attach additional sheets of necessary.)

Client name: \_\_\_\_\_

**A. Real property**

Residence address \_\_\_\_\_  
Date purchased \_\_\_\_\_ Purchase price \_\_\_\_\_  
Mortgage co. \_\_\_\_\_  
Account no. \_\_\_\_\_ In whose name \_\_\_\_\_  
Monthly payments \_\_\_\_\_ Balance due \_\_\_\_\_  
Paid by ( ) Husband ( ) Wife ( ) Both  
Land contract \_\_\_\_\_ In whose name \_\_\_\_\_  
Home equity loan \_\_\_\_\_  
Amount of property taxes \_\_\_\_\_ Included in payment? ( ) Yes ( ) No  
Current value, if known or best estimate \_\_\_\_\_

Additional real estate

Address \_\_\_\_\_  
Date purchased \_\_\_\_\_ Purchase price \_\_\_\_\_  
Mortgage co. \_\_\_\_\_  
Account no. \_\_\_\_\_ In whose name \_\_\_\_\_  
Monthly payments \_\_\_\_\_ Balance due \_\_\_\_\_  
Paid by ( ) Husband ( ) Wife ( ) Both  
Land contract \_\_\_\_\_ In whose name \_\_\_\_\_  
Home equity loan \_\_\_\_\_  
Amount of property taxes \_\_\_\_\_ Included in payment? ( ) Yes ( ) No  
Current value, if known or best estimate \_\_\_\_\_

***Attach copies of deeds or land contracts.***

**B. Vehicles (car, boat, trailer, motorcycle, snowmobile, etc.)**

1. Year/make \_\_\_\_\_  
Vehicle Identification No. (VIN) \_\_\_\_\_  
In whose name \_\_\_\_\_ In whose possession \_\_\_\_\_  
Purchase price \_\_\_\_\_ Monthly payments \_\_\_\_\_  
Lien holder \_\_\_\_\_ Balance due \_\_\_\_\_  
Current value (obtain from Kelley Blue Book website **kbb.com**) \_\_\_\_\_

***Attach copies of Kelley Blue Book valuation.***

2. Year/make \_\_\_\_\_  
Vehicle Identification No. (VIN) \_\_\_\_\_  
In whose name \_\_\_\_\_ In whose possession \_\_\_\_\_  
Purchase price \_\_\_\_\_ Monthly payments \_\_\_\_\_  
Lien holder \_\_\_\_\_ Balance due \_\_\_\_\_  
Current value (obtain from Kelley Blue Book website **kbb.com**) \_\_\_\_\_

***Attach copies of Kelley Blue Book valuation.***

3. Year/make \_\_\_\_\_  
 Vehicle Identification No. (VIN) \_\_\_\_\_  
 In whose name \_\_\_\_\_ In whose possession \_\_\_\_\_  
 Purchase price \_\_\_\_\_ Monthly payments \_\_\_\_\_  
 Lien holder \_\_\_\_\_ Balance due \_\_\_\_\_  
 Current value (obtain from Kelley Blue Book website **kbb.com**) \_\_\_\_\_  
**Attach copies of Kelley Blue Book valuation.**
4. Year/make \_\_\_\_\_  
 Vehicle Identification No. (VIN) \_\_\_\_\_  
 In whose name \_\_\_\_\_ In whose possession \_\_\_\_\_  
 Purchase price \_\_\_\_\_ Monthly payments \_\_\_\_\_  
 Lien holder \_\_\_\_\_ Balance due \_\_\_\_\_  
 Current value (obtain from Kelley Blue Book website **kbb.com**) \_\_\_\_\_  
**Attach copies of Kelley Blue Book valuation.**
5. Year/make \_\_\_\_\_  
 Vehicle Identification No. (VIN) \_\_\_\_\_  
 In whose name \_\_\_\_\_ In whose possession \_\_\_\_\_  
 Purchase price \_\_\_\_\_ Monthly payments \_\_\_\_\_  
 Lien holder \_\_\_\_\_ Balance due \_\_\_\_\_  
 Current value (obtain from Kelley Blue Book website **kbb.com**) \_\_\_\_\_  
**Attach copies of Kelley Blue Book valuation.**

**C. Bank accounts or credit union accounts**

1. Name of bank and branch \_\_\_\_\_  
 Account number \_\_\_\_\_  
 Type of account (savings, checking, money market) \_\_\_\_\_  
 Signatories \_\_\_\_\_  
 Source of monies \_\_\_\_\_ Balance \_\_\_\_\_
2. Name of bank and branch \_\_\_\_\_  
 Account number \_\_\_\_\_  
 Type of account (savings, checking, money market) \_\_\_\_\_  
 Signatories \_\_\_\_\_  
 Source of monies \_\_\_\_\_ Balance \_\_\_\_\_
3. Name of bank and branch \_\_\_\_\_  
 Account number \_\_\_\_\_  
 Type of account (savings, checking, money market) \_\_\_\_\_  
 Signatories \_\_\_\_\_  
 Source of monies \_\_\_\_\_ Balance \_\_\_\_\_
4. Name of bank and branch \_\_\_\_\_  
 Account number \_\_\_\_\_  
 Type of account (savings, checking, money market) \_\_\_\_\_  
 Signatories \_\_\_\_\_  
 Source of monies \_\_\_\_\_ Balance \_\_\_\_\_

**D. Individual Retirement Accounts (IRAs)**

1. Financial institution \_\_\_\_\_  
 Account number \_\_\_\_\_ Balance \_\_\_\_\_  
 In whose name \_\_\_\_\_

2. Financial institution \_\_\_\_\_  
Account number \_\_\_\_\_ Balance \_\_\_\_\_  
In whose name \_\_\_\_\_

**E. Retirement plans, pensions, Keoghs, 401(k) plans, profit-sharing plans, stock bonus or option plans, etc.**

***Attach copies of plan descriptions and annual reports for each account.***

1. Employer or financial institution \_\_\_\_\_  
Name and type of plan \_\_\_\_\_  
Account no. \_\_\_\_\_ In whose name \_\_\_\_\_

Vested ( ) Yes ( ) No

2. Employer or financial institution \_\_\_\_\_  
Name and type of plan \_\_\_\_\_  
Account no. \_\_\_\_\_ In whose name \_\_\_\_\_

Vested ( ) Yes ( ) No

3. Employer or financial institution \_\_\_\_\_  
Name and type of plan \_\_\_\_\_  
Account no. \_\_\_\_\_ In whose name \_\_\_\_\_

Vested ( ) Yes ( ) No

4. Employer or financial institution \_\_\_\_\_  
Name and type of plan \_\_\_\_\_  
Account no. \_\_\_\_\_ In whose name \_\_\_\_\_

Vested ( ) Yes ( ) No

**F. Corporate stocks, bonds, notes, securities, bills, brokerage accounts**

1. Name of broker and firm holding investments \_\_\_\_\_  
Type of investment \_\_\_\_\_  
Account no. \_\_\_\_\_ In whose name \_\_\_\_\_

Type of account (savings, checking, money market) \_\_\_\_\_

Purchase price \_\_\_\_\_ In whose name \_\_\_\_\_

What was the source of stock or funds to purchase? \_\_\_\_\_

2. Name of broker and firm holding investments \_\_\_\_\_  
Type of investment \_\_\_\_\_  
Account no. \_\_\_\_\_ In whose name \_\_\_\_\_

Type of account (savings, checking, money market) \_\_\_\_\_

Purchase price \_\_\_\_\_ In whose name \_\_\_\_\_

What was the source of stock or funds to purchase? \_\_\_\_\_

3. Name of broker and firm holding investments \_\_\_\_\_  
Type of investment \_\_\_\_\_  
Account no. \_\_\_\_\_ In whose name \_\_\_\_\_

Type of account (savings, checking, money market) \_\_\_\_\_

Purchase price \_\_\_\_\_ In whose name \_\_\_\_\_

What was the source of stock or funds to purchase? \_\_\_\_\_

**G. Patents, inventions, copyrights, etc.**

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

**H. Life insurance**

<i>Client</i>	<i>Spouse</i>
Name of insurer _____	Name of insurer _____
Name of insured _____	Name of insured _____
Name of beneficiary _____	Name of beneficiary _____
_____	_____
Type of insurance (term, whole life, etc) _____	Type of insurance (term, whole life, etc) _____
_____	_____
Policy no. _____	Policy no. _____
Amount of policy _____	Amount of policy _____
Cash surrender value _____	Cash surrender value _____
Loans against policy _____	Loans against policy _____

**I. Business interests (corporations, partnerships, sole proprietorships, etc.)**

Name and type of business interest \_\_\_\_\_  
Type of ownership interest \_\_\_\_\_  
Value of interest \_\_\_\_\_  
Initial investment and when \_\_\_\_\_  
Additional amounts invested and when \_\_\_\_\_

**J. Community property (property acquired with your spouse)**

Have you ever lived in a state which has a community property law (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin)?

( ) Yes Provide details and the status of the assets brought into this state. \_\_\_\_\_  
\_\_\_\_\_

( ) No

**K. Miscellaneous assets**

Jewelry _____	Value _____
_____	_____
Art work _____	Value _____
_____	_____
Coin and other collections _____	Value _____
_____	_____

Inheritances \_\_\_\_\_ Value \_\_\_\_\_  
Annuities \_\_\_\_\_ Value \_\_\_\_\_  
Safe deposit box \_\_\_\_\_ Location \_\_\_\_\_  
Accounts receivable \_\_\_\_\_

**L. Gifts**

Have you or your spouse made an substantial gifts in the past or place property in joint names with anyone other than your spouse?

( ) Yes Provide details \_\_\_\_\_

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

**M. Trust beneficiaries**

Are you or your spouse the beneficiary under any trust?

( ) Yes Provide details \_\_\_\_\_

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

**N. Assets held at time of marriage**

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

**O. Are you aware of assets being given away, sold, or hidden from you?**

( ) Yes Briefly explain \_\_\_\_\_

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

**LIABILITIES**

\*Please indicate with an asterisk any accounts that you have reason to believe are delinquent.\*

Indebtedness (i.e., credit cards, educational loans, personal loans, etc.)

1. Creditor \_\_\_\_\_ Account no. \_\_\_\_\_

Type of indebtedness (credit card, etc.) \_\_\_\_\_

Is the account current? ( ) Yes ( ) No

Present balance due \_\_\_\_\_ Monthly payment \_\_\_\_\_

Named borrowers \_\_\_\_\_

Who will pay until the divorce is finalized? \_\_\_\_\_

2. Creditor \_\_\_\_\_ Account no. \_\_\_\_\_

Type of indebtedness (credit card, etc.) \_\_\_\_\_

Is the account current? ( ) Yes ( ) No

Present balance due \_\_\_\_\_ Monthly payment \_\_\_\_\_

Named borrowers \_\_\_\_\_

Who will pay until the divorce is finalized? \_\_\_\_\_

3. Creditor \_\_\_\_\_ Account no. \_\_\_\_\_  
 Type of indebtedness (credit card, etc.) \_\_\_\_\_  
 Is the account current? ( ) Yes ( ) No  
 Present balance due \_\_\_\_\_ Monthly payment \_\_\_\_\_  
 Named borrowers \_\_\_\_\_  
 Who will pay until the divorce is finalized? \_\_\_\_\_
4. Creditor \_\_\_\_\_ Account no. \_\_\_\_\_  
 Type of indebtedness (credit card, etc.) \_\_\_\_\_  
 Is the account current? ( ) Yes ( ) No  
 Present balance due \_\_\_\_\_ Monthly payment \_\_\_\_\_  
 Named borrowers \_\_\_\_\_  
 Who will pay until the divorce is finalized? \_\_\_\_\_
5. Creditor \_\_\_\_\_ Account no. \_\_\_\_\_  
 Type of indebtedness (credit card, etc.) \_\_\_\_\_  
 Is the account current? ( ) Yes ( ) No  
 Present balance due \_\_\_\_\_ Monthly payment \_\_\_\_\_  
 Named borrowers \_\_\_\_\_  
 Who will pay until the divorce is finalized? \_\_\_\_\_
6. Creditor \_\_\_\_\_ Account no. \_\_\_\_\_  
 Type of indebtedness (credit card, etc.) \_\_\_\_\_  
 Is the account current? ( ) Yes ( ) No  
 Present balance due \_\_\_\_\_ Monthly payment \_\_\_\_\_  
 Named borrowers \_\_\_\_\_  
 Who will pay until the divorce is finalized? \_\_\_\_\_

Delinquent indebtedness

Mortgage _____	How much? _____	How long overdue? _____
Property _____	How much? _____	How long overdue? _____
Income taxes _____	How much? _____	How long overdue? _____
Vehicle loan _____	How much? _____	How long overdue? _____
Other _____	How much? _____	How long overdue? _____

Business debts

What kind? \_\_\_\_\_ How much? \_\_\_\_\_ How long overdue? \_\_\_\_\_

Other obligations (for example spousal support to a former spouse) \_\_\_\_\_  
 \_\_\_\_\_

Is anyone other than the spouse and identified children financially dependent on you?  
 ( ) Yes Give details. \_\_\_\_\_  
 ( ) No

On your spouse?  
 ( ) Yes Give details. \_\_\_\_\_  
 ( ) No

*The items checked below are needed to complete your divorce. Please collect the items that have been checked and bring in copies or originals as soon as possible.*

Items needed:

- (X) Tax returns with schedules and W2s for the last two years \_\_\_\_\_
- (X) Paycheck stubs — last two months \_\_\_\_\_
  - (X) You \_\_\_\_\_
  - (X) Your spouse - if available \_\_\_\_\_
- (X) Mortgage statement \_\_\_\_\_
- (X) Deed for marital home \_\_\_\_\_
- (X) Deed for any vacation properties \_\_\_\_\_
- (X) Deed for any income properties \_\_\_\_\_
- (X) Pension/Retirement account statement \_\_\_\_\_
  - (X) You \_\_\_\_\_
  - (X) Your spouse - if available \_\_\_\_\_
- (X) Car titles \_\_\_\_\_
- (X) Life insurance cash value statement \_\_\_\_\_
- (X) Investment account balance statements \_\_\_\_\_
- (X) Any appraisals for any owned real property (i.e., marital home, etc.) \_\_\_\_\_
- (X) Prenuptial or postnuptial agreements \_\_\_\_\_

You should review your credit report at [annualcreditreport.com](http://annualcreditreport.com). You receive three (3) free credit reports per year. I do not need a copy of your credit report unless there are problems with it. You should identify all joint debt and debt that you do not know about so that we can ensure that it is addressed in this process. All open accounts with balances should appear in the liabilities section whether they are joint debts or in your name, alone.