



# RODENHOUSE KUIPERS, PC

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Date \_\_\_\_\_

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

The information requested in this form is subject to the attorney-client privilege and will not be disclosed to third parties without your express permission. "Third parties" means persons who are not members of or employed by [firm name].

## **I. BASIC INFORMATION:**

### **A. CLIENT INFORMATION:**

1. Full Name \_\_\_\_\_
2. Birth Date \_\_\_\_\_
3. State or Country of Birth \_\_\_\_\_
4. Address \_\_\_\_\_
5. Work Phone \_\_\_\_\_
6. Home Phone \_\_\_\_\_
7. Cell Phone \_\_\_\_\_
8. E-Mail \_\_\_\_\_
9. Fax \_\_\_\_\_
10. Social Security Number \_\_\_\_\_
11. Driver's License & State \_\_\_\_\_
12. Armed Forces Status \_\_\_\_\_

### **B. SPOUSE INFORMATION:**

1. Full Name \_\_\_\_\_
2. Birth Date \_\_\_\_\_
3. State or Country of Birth \_\_\_\_\_
4. Address \_\_\_\_\_
5. Work Phone \_\_\_\_\_
6. Home Phone \_\_\_\_\_
7. Cell Phone \_\_\_\_\_

8. E-Mail \_\_\_\_\_
9. Fax \_\_\_\_\_
10. Social Security Number \_\_\_\_\_
11. Driver's License & State \_\_\_\_\_
12. Armed Forces Status \_\_\_\_\_

Please indicate any restrictions on where and how we should contact you:

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## **II. MARRIAGE**

1. City, Village or Twp. \_\_\_\_\_
2. County \_\_\_\_\_
3. State or Foreign Country \_\_\_\_\_
4. Date of marriage \_\_\_\_\_
5. Date of separation \_\_\_\_\_
6. Lived in Michigan 180 days? \_\_\_\_\_
7. County 10 days? \_\_\_\_\_
8. Number of previous marriages: Yours \_\_\_\_\_ Spouse \_\_\_\_\_
9. Maiden name \_\_\_\_\_
10. Name before this marriage \_\_\_\_\_
11. Does wife desire name change? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, to what? \_\_\_\_\_
12. Is there an antenuptial (prenuptial) or a postnuptial agreement? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach.
13. Does your spouse have an attorney? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name of attorney \_\_\_\_\_

**III. INFORMATION FOR FRIEND OF THE COURT/PERSONAL PROTECTION:**

1. What physical abuse, if any, has occurred and on what dates?

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2. Physical Description of Client

a. Race \_\_\_\_\_

b. Height \_\_\_\_\_

c. Weight \_\_\_\_\_

d. Eye Color \_\_\_\_\_

e. Hair Color \_\_\_\_\_

f. Glasses? \_\_\_\_\_ If yes, are they worn all the time? \_\_\_\_\_

g. Distinguishing scars/tattoos? \_\_\_\_\_

3. Physical Description of Spouse

a. Race \_\_\_\_\_

b. Height \_\_\_\_\_

c. Weight \_\_\_\_\_

d. Eye Color \_\_\_\_\_

e. Hair Color \_\_\_\_\_

f. Glasses? \_\_\_\_\_ If yes, are they worn all the time? \_\_\_\_\_

g. Distinguishing scars/tattoos \_\_\_\_\_

Any current or prior restraining orders? \_\_\_\_\_ If yes, please provide a copy and/or brief explanation (which court, when issued, and the reason for the issuance of the personal protection order)

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#### IV. CHILDREN

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

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_

Living with \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

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

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_

Living with \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

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

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_

Living with \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

(Please use additional sheet of paper to list additional children.)

4. Residence of children over last five years:

Where \_\_\_\_\_ With Whom \_\_\_\_\_ How Long \_\_\_\_\_

Where \_\_\_\_\_ With Whom \_\_\_\_\_ How Long \_\_\_\_\_

Where \_\_\_\_\_ With Whom \_\_\_\_\_ How Long \_\_\_\_\_

Are you or your spouse pregnant? \_\_\_\_\_ If yes, due date \_\_\_\_\_

Name of health care provider for children \_\_\_\_\_

Policy, group, or contract no. \_\_\_\_\_

Paid by whom \_\_\_\_\_

Does the health insurance require that the children are dependents in order to qualify for health insurance for them? \_\_\_\_\_

Child care? \_\_\_\_\_ How many weeks per year \_\_\_\_\_

Paid by whom \_\_\_\_\_

Cost per week during school \_\_\_\_\_ summer \_\_\_\_\_

Are you *paying* or *receiving* support for other children? (circle one)

How much per week? \_\_\_\_\_

Number of children for whom support is paid \_\_\_\_\_

Is your spouse *paying* or *receiving* support for other children? (circle one)

How much per week? \_\_\_\_\_

Number of children for whom support is paid \_\_\_\_\_

(Please provide copies of court support orders.)

Does either party have children from a prior relationship?

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Living with \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Living with \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Living with \_\_\_\_\_ SS# \_\_\_\_\_

## **V. CUSTODY AND SUPPORT**

How are the best interests of the children served regarding custody? (Who should have custody and why?)

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If you and your spouse have agreed on custody, describe.

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Do you know anyone else who claims parenting time rights with your children? If yes, state person's name, address, and relationship.

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Has support been paid since separation? \_\_\_\_\_ If yes, how much per week?

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## VI. PRIOR LITIGATION

Do you or your spouse have a previous divorce, custody, or other domestic relations case against each other? If yes, indicate when and where filed, status of case, case number, and name of judge.

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Has there been any previous domestic relations case filed in this country involving any other family member? Indicate when and where filed, status of case, case number, and name of judge.

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Does anyone else claim custody over children of you or your spouse? Indicate when and where filed, status of case, case number, and name of judge.

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Is there an order/judgment for continuing jurisdiction over children of you or your spouse for any other reason? Indicate when, where filed, status of case, case number, and name of judge.

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Is there presently on file a case where one of the parties is currently paying support for another child not of this marriage? Indicate when, where filed, status of case, case number, and name of judge.

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## **VII. FAMILY HEALTH AND SOCIAL ISSUES**

Do you, your spouse, or your children have any serious physical or mental disability, disorder, handicap, or incurable disease? If yes, please explain.

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Have you or your spouse ever been hospitalized for mental health treatment? If yes, please provide a brief explanation.

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Any problems with substance abuse (drugs, alcohol)? If yes, what type of drugs, what treatment and by whom, when, place of treatment.

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Has either party engaged in a physical and/or emotional extramarital relationship? If yes, please provide brief details.

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Any problems with debts or gambling? Please explain.

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Has there been any physical or mental/verbal abuse in the marriage? If yes, please provide a brief explanation.

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Have you or your spouse ever been arrested, charged with a crime, and/or convicted of a crime? If yes, please provide a brief explanation.

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Is there any other information pertinent to the breakdown of the marriage that you want your attorney to know about? If yes, please provide a brief explanation.

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Any marriage counseling? \_\_\_\_\_

Personal counseling (you/your spouse)? \_\_\_\_\_

Would you begin or continue counseling? \_\_\_\_\_

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

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Attitudes toward reconciliation (you/your spouse)?

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Are you or your spouse receiving Aid to Dependent Children? If yes, what is the case number and the name of the caseworker?

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## VIII. EMPLOYMENT

### Current Employment:

#### A. CLIENT:

1. Employer \_\_\_\_\_
2. Address \_\_\_\_\_  
\_\_\_\_\_
3. Date of Hire \_\_\_\_\_
4. Occupation \_\_\_\_\_
5. Weekly Gross Pay \_\_\_\_\_
6. Weekly take home pay \_\_\_\_\_
7. Pension \_\_\_\_\_
8. Early retirement benefits \_\_\_\_\_
9. Signing bonus or any special payment \_\_\_\_\_
10. Profit Sharing \_\_\_\_\_
11. Income last year \_\_\_\_\_

#### B. SPOUSE:

1. Employer \_\_\_\_\_
2. Address \_\_\_\_\_  
\_\_\_\_\_
3. Date of Hire \_\_\_\_\_
4. Occupation \_\_\_\_\_
5. Weekly Gross Pay \_\_\_\_\_

6. Weekly take home pay \_\_\_\_\_
7. Pension \_\_\_\_\_
8. Early retirement benefits \_\_\_\_\_
9. Signing bonus or special payment \_\_\_\_\_
10. Profit Sharing \_\_\_\_\_
11. Income last year \_\_\_\_\_

Please attach a copy of your last three pay stubs. Indicate if any deductions are mandatory (other than taxes), e.g., union dues, pension, etc. Please also attach the last two income tax returns (personal and business) with their schedules and W-2 forms.

**Previous Employment:**

**A. Client:**

1. Previous Employer \_\_\_\_\_
2. Address \_\_\_\_\_
3. Annual Income \_\_\_\_\_

**B. Spouse:**

1. Previous Employer \_\_\_\_\_
2. Address \_\_\_\_\_
3. Annual Income \_\_\_\_\_

(Please use a separate sheet if you wish to provide additional employment history information.)

Other income sources, e.g., pension, public assistance, veterans benefits Social Security, disability, Supplemental Security Income (SSI), annuity funds:

1. Type \_\_\_\_\_ Gross per year \_\_\_\_\_ In whose name? \_\_\_\_\_
2. Type \_\_\_\_\_ Gross per year \_\_\_\_\_ In whose name? \_\_\_\_\_
3. Type \_\_\_\_\_ Gross per year \_\_\_\_\_ In whose name? \_\_\_\_\_

**CLIENT**

Highest degree obtained? \_\_\_\_\_  
 High School \_\_\_\_\_  
 Date of diploma/GED? \_\_\_\_\_  
 Univ./College \_\_\_\_\_  
 Degree/Date obtained: \_\_\_\_\_  
 Univ./College \_\_\_\_\_  
 Degree/Date obtained: \_\_\_\_\_  
 Additional training? \_\_\_\_\_

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

**CLIENT**

**SPOUSE**

Highest degree obtained? \_\_\_\_\_  
 High School \_\_\_\_\_  
 Date of diploma/GED? \_\_\_\_\_  
 Univ./College \_\_\_\_\_  
 Degree/Date obtained: \_\_\_\_\_  
 Univ./College \_\_\_\_\_  
 Degree/Date obtained: \_\_\_\_\_  
 Additional training? \_\_\_\_\_

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

**SPOUSE**

Did either spouse contribute to the graduate education of the other? If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

**ASSETS**

(Please attach additional sheets if necessary.)

**A. Real Property**

Resident address \_\_\_\_\_

City, county, and state \_\_\_\_\_

Legal description \_\_\_\_\_

Date purchased \_\_\_\_\_ Purchase price \_\_\_\_\_

Down payment \_\_\_\_\_

Source of purchase funds \_\_\_\_\_

Current fair market value \_\_\_\_\_

Mortgage co. \_\_\_\_\_ Account no. \_\_\_\_\_

In whose name? \_\_\_\_\_ Monthly payments \_\_\_\_\_

Monthly principle \_\_\_\_\_ Monthly interest \_\_\_\_\_

Balance due \_\_\_\_\_

Paid by husband? \_\_\_\_\_ Wife? \_\_\_\_\_ Both? \_\_\_\_\_

Home equity loan \_\_\_\_\_ Account no \_\_\_\_\_

In whose name? \_\_\_\_\_ Monthly payments \_\_\_\_\_

Monthly principle \_\_\_\_\_ Monthly interest \_\_\_\_\_

Balance due \_\_\_\_\_

Monthly payment \_\_\_\_\_

Amount of property taxes \_\_\_\_\_ Are they included in monthly payment?  
\_\_\_\_\_

Is there a delinquency? If yes, amount overdue \_\_\_\_\_

*Additional real estate:*

Address \_\_\_\_\_

City, county, and state \_\_\_\_\_

Legal description \_\_\_\_\_

Date purchased \_\_\_\_\_ Purchase price \_\_\_\_\_

Down payment \_\_\_\_\_

Source of purchase funds \_\_\_\_\_

Current fair market value \_\_\_\_\_

Mortgage co. \_\_\_\_\_ Account no. \_\_\_\_\_

In whose name? \_\_\_\_\_ Monthly payments \_\_\_\_\_

Monthly principle \_\_\_\_\_ Monthly interest \_\_\_\_\_

Balance due \_\_\_\_\_

Paid by husband? \_\_\_\_\_ Wife? \_\_\_\_\_ Both? \_\_\_\_\_

Home equity loan \_\_\_\_\_ Account no. \_\_\_\_\_

In whose name? \_\_\_\_\_ Monthly payments \_\_\_\_\_

Monthly principle \_\_\_\_\_ Monthly interest \_\_\_\_\_

Balance due \_\_\_\_\_

Monthly payment \_\_\_\_\_

Amount of property taxes \_\_\_\_\_ Are they included in monthly payment?  
\_\_\_\_\_

Is there a delinquency? If yes, amount overdue \_\_\_\_\_

Attach copies of mortgage documents, deeds, land contracts, etc.

Address \_\_\_\_\_

City, county, and state \_\_\_\_\_

Legal description \_\_\_\_\_

Date purchased \_\_\_\_\_ Purchase price \_\_\_\_\_

Down payment \_\_\_\_\_

Source of purchase funds \_\_\_\_\_

Current fair market value \_\_\_\_\_

Mortgage co. \_\_\_\_\_ Account no. \_\_\_\_\_

In whose name? \_\_\_\_\_ Monthly payments \_\_\_\_\_

Monthly principle \_\_\_\_\_ Monthly interest \_\_\_\_\_

Balance due \_\_\_\_\_

Paid by husband? \_\_\_\_\_ Wife? \_\_\_\_\_ Both? \_\_\_\_\_

Home equity loan \_\_\_\_\_ Account no. \_\_\_\_\_

In whose name? \_\_\_\_\_ Monthly payments \_\_\_\_\_

Monthly principle \_\_\_\_\_ Monthly interest \_\_\_\_\_

Balance due \_\_\_\_\_

Monthly payment \_\_\_\_\_

Amount of property taxes \_\_\_\_\_ Are they included in monthly payment?  
\_\_\_\_\_

Is there a delinquency? If yes, amount overdue \_\_\_\_\_

Attach copies of mortgage documents, deeds, land contracts, etc.

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

Year/Make \_\_\_\_\_

Vehicle identification number \_\_\_\_\_

In whose name \_\_\_\_\_ Whose possession \_\_\_\_\_

Purchase price \_\_\_\_\_ Monthly payments \_\_\_\_\_

Lienholder \_\_\_\_\_ Balance due \_\_\_\_\_

Year/Make \_\_\_\_\_

Vehicle identification number \_\_\_\_\_

In whose name \_\_\_\_\_ Whose possession \_\_\_\_\_

Purchase price \_\_\_\_\_ Monthly payments \_\_\_\_\_

Lienholder \_\_\_\_\_ Balance due \_\_\_\_\_

**C. Bank Accounts or Credit Union Accounts**

Name of bank and branch \_\_\_\_\_

Account no. \_\_\_\_\_

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

Signatories \_\_\_\_\_

Source of monies \_\_\_\_\_ Balance \_\_\_\_\_

Name of bank and branch \_\_\_\_\_

Account no. \_\_\_\_\_

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

Signatories \_\_\_\_\_

Source of monies \_\_\_\_\_ Balance \_\_\_\_\_

**D. Individual Retirement Accounts**

Name and full address of financial institution \_\_\_\_\_

\_\_\_\_\_

Account no. \_\_\_\_\_ Balance \_\_\_\_\_

In whose name \_\_\_\_\_

Name and full address of financial institution \_\_\_\_\_

\_\_\_\_\_

Account no. \_\_\_\_\_ Balance \_\_\_\_\_

In whose name \_\_\_\_\_

**E. Retirement Plans, Pensions, Keogh Plans, 401(k) Plans, Profit-Sharing Plans, Stock Bonus or Option Plans, Etc.**

(Please attach copies of plan descriptions and most recent statements for each account or plan.)

Full legal name of plan \_\_\_\_\_

Name and complete address of plan administrator \_\_\_\_\_

\_\_\_\_\_

Type of plan \_\_\_\_\_ Vested? \_\_\_\_\_

Full legal name of plan \_\_\_\_\_



Name and complete address of plan administrator \_\_\_\_\_

\_\_\_\_\_

Type of plan \_\_\_\_\_ Vested? \_\_\_\_\_

(Use additional sheets to list accounts, if needed.)

**F. Corporate Stocks, Bonds, Notes, Securities, Bills, Brokerage Accounts, CDs, Etc.**

Name of broker and firm holding investments \_\_\_\_\_

Type of investment \_\_\_\_\_

Account no. \_\_\_\_\_ In whose name? \_\_\_\_\_

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

Purchase price \_\_\_\_\_ Current value \_\_\_\_\_

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

Name of broker and firm holding investments \_\_\_\_\_

Type of investment \_\_\_\_\_

Account no. \_\_\_\_\_ In whose name? \_\_\_\_\_

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

Purchase price \_\_\_\_\_ Current value \_\_\_\_\_

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

**G. Patents, Inventions, Copyrights, Etc.**

\_\_\_\_\_

\_\_\_\_\_

**H. Life Insurance and/or Annuities**

**CLIENT**

Name of Insurer \_\_\_\_\_

Name of Insured \_\_\_\_\_

Name of Beneficiary \_\_\_\_\_

**SPOUSE**

Name of Insurer \_\_\_\_\_

Name of Insured \_\_\_\_\_

Name of Beneficiary \_\_\_\_\_

**CLIENT**

Type of insurance (term, whole life, etc.) \_\_\_\_\_

Policy no. \_\_\_\_\_

Amount of policy \_\_\_\_\_

Cash surrender value \_\_\_\_\_

Loans against policy \_\_\_\_\_

**CLIENT**

**SPOUSE**

Type of insurance (term, whole life, etc.) \_\_\_\_\_

Policy no. \_\_\_\_\_

Amount of policy \_\_\_\_\_

Cash surrender value \_\_\_\_\_

Loans against policy \_\_\_\_\_

**SPOUSE**

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

Name and full address of business \_\_\_\_\_

\_\_\_\_\_

Type of business interest \_\_\_\_\_

Type of ownership interest \_\_\_\_\_

Percentage of ownership \_\_\_\_\_

Full name and address for each partner or other owner \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of shares (if applicable) \_\_\_\_\_

Annual income from business \_\_\_\_\_

Date interest acquired \_\_\_\_\_

Source of any funds invested in business \_\_\_\_\_

Additional amounts invested and when \_\_\_\_\_

Is there any written business agreement, articles of incorporation, partnership papers, etc?  
If so, please attach a copy or state where documents are located, if known. \_\_\_\_\_

\_\_\_\_\_

Current value of interest \_\_\_\_\_

**J. Community property**

Have you ever lived in a state that has a community property law (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin)? If yes, provide details and the status of assets brought into this state. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**K. Military Benefits**

Branch of service \_\_\_\_\_

Name of service member \_\_\_\_\_

Rank/pay grade \_\_\_\_\_

Starting date of creditable service \_\_\_\_\_

Status of service member (active, reserve, or retired) \_\_\_\_\_

**L. Miscellaneous Assets**

Jewelry \_\_\_\_\_

\_\_\_\_\_ Value \_\_\_\_\_

Artwork \_\_\_\_\_

\_\_\_\_\_ Value \_\_\_\_\_

Antiques \_\_\_\_\_

\_\_\_\_\_ Value \_\_\_\_\_

Coin and other collections \_\_\_\_\_

\_\_\_\_\_ Value \_\_\_\_\_

Inheritance \_\_\_\_\_

\_\_\_\_\_ Value \_\_\_\_\_

Electronics and computers \_\_\_\_\_

\_\_\_\_\_ Value \_\_\_\_\_

Sporting goods and firearms \_\_\_\_\_

\_\_\_\_\_ Value \_\_\_\_\_

Safe deposit box? If yes, full name and address of institution where located

\_\_\_\_\_

Describe contents \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **M. Accounts Receivable**

Name of debtor \_\_\_\_\_

Debtor's relationship to you and to your spouse \_\_\_\_\_

Purpose of loan \_\_\_\_\_

Written evidence of loan? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach a copy.

Is debt secured? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe the security.

\_\_\_\_\_

Repayment terms (principal, interest (if any), schedule for repayment, and current status of repayment) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of debtor \_\_\_\_\_

Debtor's relationship to you and to your spouse \_\_\_\_\_

Purpose of loan \_\_\_\_\_

Written evidence of loan? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach a copy.

Is debt secured? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe the security.

\_\_\_\_\_

Repayment terms (principal, interest (if any), schedule for repayment, and current status of repayment) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**N. Gifts**

Have you or your spouse made any substantial gifts in the past or placed property in joint names with anyone other than your spouse? If yes, provide details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**M. Trust Beneficiaries**

Are you or your spouse the beneficiary under any trust? If yes, provide details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**O. Premarital Assets**

List the assets that you and/or your spouse owned when you entered the marriage, indicating the type and value at date of marriage.

**CLIENT**

**SPOUSE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CLIENT**

**SPOUSE**

List other assets that you consider to be separate, belonging solely to you or to your spouse. For each such asset, describe the asset, what you believe the value for that asset to be, and the basis for believing that it is separate and nonmarital. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you aware of assets being given away, sold, or hidden from you? If yes, please list the asset(s) and briefly explain. \_\_\_\_\_

\_\_\_\_\_

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## LIABILITIES

Please indicate with an asterisk any of the following accounts that you have reason to believe are delinquent.

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

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

What was the debt incurred for? \_\_\_\_\_

Is the account current? \_\_\_\_\_ Present balance due \_\_\_\_\_

Monthly payment \_\_\_\_\_ Named borrowers \_\_\_\_\_

Interest rate \_\_\_\_\_

Who will pay until the divorce judgment? \_\_\_\_\_

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

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

What was the debt incurred for? \_\_\_\_\_

Is the account current? \_\_\_\_\_ Present balance due \_\_\_\_\_

Monthly payment \_\_\_\_\_ Named borrowers \_\_\_\_\_

Interest rate \_\_\_\_\_

Who will pay until the divorce judgment? \_\_\_\_\_

*Federal, State, or Local Tax Liability.*

Type of tax owed \_\_\_\_\_

Year(s) tax owed \_\_\_\_\_

Amount owed \_\_\_\_\_

Any tax delinquency payment agreement, offer in compromise, etc.? If yes, please describe. \_\_\_\_\_

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\_\_\_\_\_

Is anyone other than the spouse and identified children financially dependent on you or your spouse? If yes, provide details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RELIEF TO BE REQUESTED (TO BE COMPLETED BY ATTORNEY)**

\_\_\_ 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