DOMESTIC CLIENT INFORMATION SHEET

HUSBAND FULL NAME										Soc	c. Sec. No.: ₋			
Physical Address (not PO E	Box)									Dri	vers License	No.:		
State or Country of Birth: _			Date	·						Ra	ce:	No. of	this Marria	ige
Education: Highest Grade (Completed (circle 1) 1	2 3	3 4	5	6 7	8	9	10	11	12	College: 1	2 3	4 5+	
WIFE FULL NAME					_Maider	n Na	me:				Soc. S	ec. No.:		
Physical Address (not PO E	Box)									Dri	vers License	No.:		
State or Country of Birth:			Date	·						_ Rad	ce:	No. of	this Marria	ige
Education: Highest Grade (Completed (circle 1) 1	2 3	3 4	5	6 7	8	9	10	11	12	College: 1	2 3	4 5+	
MINOR CHILD's Name:					Birthd	ate:				Soc	c. Sec. No.: ₋			
					Birthda	ate:				_ Soc	c. Sec. No.:			
					Birthda	ate:				_ Soc	c. Sec. No.: _			
					Birthda	ate:				Soc	c. Sec. No.:			
Within the past year, has ei	ther party been on acti	ive d	uty w	ith t	the U. S	3. Ar	med	Ford	ces?	Hus	band:	V	/ife:	
Date Married:	in City/Count	y, St	ate: _								Date s	eparated	·	
Last lived together as husba	and and wife in (City o	r Cou	inty)	of_						_				
Do you currently carry healt each family member:	h insurance for yourse	elf an	d oth	er n	nembei	rs of	you	ır fam	ily?		If yes	, comple	te the follo	owing for
Company:											Month	ly cost: \$		
ID#	Gro	up#								Pol	icy #			
Company:											Monthi	ly cost: \$		
ID#	Gro	up#								_ Pol	icy #			
If you pay any work-related	child care expenses (o	day c	are o	or ba	abysitte	rs),	prov	/ide tl	he fol	lowing	j:			
Provider:			Cost	t pei	r child (durii	ng s	choo	l term) \$	/mo (St	ummer)	\$	_/mo.
Provider:			Cost	t pei	r child (durii	ng s	choo	l term) \$	/mo (Su	ummer)	\$	_/mo.
HUSBAND Employer Name	, Address:													
Employer Telephone:	Gros	ss ind	come	e (pr	revious	tax ;	year	·)		Cur	rent gross	monthly	income/v	vage pei
hour: \$														
WIFE Employer Name, Add	ress:													_
Employer Telephone:	Gros	ss ind	come	e (pr	revious	tax y	year)		Cur	rent gross	monthly	income/v	vage per
hour: \$														
If either party has income from	om a source other that	n em	ployr	nen	ıt, list so	ource	e an	d am	ount:					
Husband:						,								
Wife:														
If either party is self-employ	ed, provide name and	addr	ess	of b	usiness	and	l gei	neral	desc	ription	of work:			
If either party owns an interest What percentage of the bus of ownership for all other inc	iness do you own?				If you	do n	<u>Coi</u> ot o	rpora own 1	<u>tion</u> 00%	<u>Limit</u> of the	ted Liability (business, lis	Company st the nan	Other nes and pe	? ercentage

	Name:		_ Percentage:		
	Name:		_ Percentage:		
	Name:		_ Percentage:	·	
	Name:		_ Percentage:		
List all retirement	accounts including IRAs, pensions, profit	sharing, 401K and a	ll other accounts f	rom past and curre	nt employment:
WIFE:					
	bts incurred during the marriage. For each	h, provide balance at			
CREDITOR			BALANCE AT S		H, W, or JOINT
			\$		
			\$		
			\$		
			\$		
			\$		
	wned by either party and provide the requ				
MAKE	MODEL	YR	HOW TITLED	LIEN BALANCE	MO PAYMENT
ist all intangible	property in which either party has an inte	rest (include bank acc	cts, investment ac	cts, and life insurar	ce policies):
ACCOUNT#	INSTITUTION				H, W, or JOINT
ist any real prop	erty in which either party holds an interes				
			VALUE \$		S
			VALUE \$		<u> </u>
			VALUE \$	DEBT S	S

In addition, I will need copies of:

- 1. All legal pleadings including petitions or complaints filed in any court regarding your marriage and separation, and regarding the custody, visitation and/or support of your minor children;
- 2. All Orders already entered by any Court regarding your marriage and separation, and regarding the custody, visitation and/or support of your minor children;
- 3. Your most recent pay stub, or if you are self-employed, your most recent tax return including all supporting schedules.