



(b) Gross Income: hourly/monthly/yearly? \_\_\_\_\_

10. PREVIOUS EMPLOYER: \_\_\_\_\_

(a) How long with that employer? \_\_\_\_\_ (b) Gross Income? \_\_\_\_\_

11. DO YOU RECEIVE SSI/SSDI? AMOUNT? \_\_\_\_\_  
WHAT IS YOUR DISABILITY? \_\_\_\_\_

12. LIST ALL INSTITUTIONS, HOSPITALS, OR JAILS WHERE YOU HAVE BEEN  
INSTITUTIONALIZED:  
\_\_\_\_\_  
\_\_\_\_\_

13. LIST YOUR PREVIOUS LAWYERS: \_\_\_\_\_

14. WHO ARE YOUR BEST FRIENDS?: \_\_\_\_\_

15. WHAT IS YOUR CREDIT SCORE? \_\_\_\_\_ *OR OBTAIN A COPY OF YOUR  
CREDIT REPORT FROM FREECREDITREPORT.COM.*

16. HAVE YOU OR YOUR SPOUSE EVER FILED BANKRUPTCY? \_\_\_\_\_ IF SO, WHEN AND  
WHO WAS/IS THE BANKRUPTCY ATTORNEY? \_\_\_\_\_

17. ARE YOU OR YOUR SPOUSE A MEMBER OF THE U.S. ARMED SERVICES? \_\_\_\_\_

**II. SPOUSE'S PERSONAL INFORMATION**

1. NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
                    First                      Middle/Maiden                      Last
2. PLACE OF BIRTH: \_\_\_\_\_  
  City                      State                      County                      Date of Birth
3. SOCIAL SECURITY NUMBER: \_\_\_\_\_
4. RESIDENCE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  City                      State                      Zip Code                      County                      CELL PH: \_\_\_\_\_
5. HOW LONG AT THIS ADDRESS? \_\_\_\_\_
6. EDUCATION: \_\_\_\_\_
7. EMPLOYER: \_\_\_\_\_
8. OCCUPATION/POSITION: \_\_\_\_\_  
(a) How long with this employer? \_\_\_\_\_ Dates \_\_\_\_\_  
(b) Gross Income? \_\_\_\_\_
9. FORMER EMPLOYER: \_\_\_\_\_ Occupation/Position: \_\_\_\_\_  
(a) How long with this employer? \_\_\_\_\_ b. Income? \_\_\_\_\_
10. DOES YOUR SPOUSE RECEIVE SSI/SSDI? AMOUNT? \_\_\_\_\_  
WHAT IS HIS/HER DISABILITY?  
\_\_\_\_\_
11. LIST ALL INSTITUTIONS, HOSPITALS, OR JAILS WHERE YOUR SPOUSE HAS BEEN  
INSTITUTIONALIZED:  
\_\_\_\_\_  
\_\_\_\_\_
12. LIST YOUR SPOUSE'S PREVIOUS LAWYERS: \_\_\_\_\_
13. WHO ARE YOUR SPOUSE'S BEST FRIENDS?: \_\_\_\_\_
14. WHAT IS YOUR SPOUSE'S CREDIT SCORE? \_\_\_\_\_

**III. MARITAL INFORMATION**

1. DATE OF MARRIAGE: \_\_\_\_\_  
Month Day Year

2. PLACE OF MARRIAGE: \_\_\_\_\_  
City State County

3. DATE OF SEPARATION FROM YOUR SPOUSE: \_\_\_\_\_

4. NUMBER OF THIS MARRIAGE (husband) \_\_\_\_\_  
1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>

NAME OF EX-SPOUSE: \_\_\_\_\_  
\_\_\_\_\_

5. NUMBER OF THIS MARRIAGE (wife) \_\_\_\_\_  
1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>

NAME OF EX-SPOUSE: \_\_\_\_\_  
\_\_\_\_\_

WHY DID THE PREVIOUS MARRIAGE(S) END? \_\_\_\_\_

6. CHILDREN OF THIS MARRIAGE: (State *names, ages, birth dates*, and where children are presently residing).

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

7. ARE YOU/YOUR SPOUSE NOW PREGNANT? \_\_\_\_\_ EXPECTED DUE DATE \_\_\_\_\_

8. HAVE YOU OR YOUR SPOUSE HAD A CHILD/CHILDREN DURING YOUR MARRIAGE THAT IS NOT BIOLOGICALLY YOUR/YOUR SPOUSE'S CHILD \_\_\_\_\_ **IF SO:** WITH WHO? \_\_\_\_\_

State names, ages, & Birth dates: \_\_\_\_\_

9. REASON FOR SEPARATION FROM YOUR SPOUSE (ie: Adultery, Desertion, Physical cruelty, Drunkenness, other):

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

10. DO YOU OR YOUR SPOUSE OR ANY OF YOUR CHILDREN HAVE ANY AFFLICTIONS OR SPECIAL MEDICAL NEEDS? IF YES, PLEASE EXPLAIN:

\_\_\_\_\_  
(This includes epilepsy, diabetes, hypoglycemia, etc.)

11. WHILE MARRIED, HAVE YOU EVER LIVED IN NEVADA, NEW MEXICO, ARIZONA, WASHINGTON, LOUISIANA, TEXAS, IDAHO, OR CALIFORNIA? If so, please state.

\_\_\_\_\_

12. **DURING THE MARRIAGE** WE ACQUIRED THE FOLLOWING REAL PROPERTY (land, house, building, timeshares): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. List all real property you owned before this marriage: \_\_\_\_\_

\_\_\_\_\_

Your spouse's real property owned before this marriage: \_\_\_\_\_

\_\_\_\_\_

14. List all loans or obligations *subject to mortgage on real property*:

<u>Creditor's Name</u>	<u>For</u>	<u>Monthly payment</u>	<u>Balance</u>
------------------------	------------	------------------------	----------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. DURING THE MARRIAGE WE ACQUIRED THE FOLLOWING PERSONAL PROPERTY (cars, boats, other vehicles, furniture, household contents, art work, tools, equipment, jewelry, rights of action):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. FINANCIAL - stocks/bonds- \_\_\_\_\_  
savings accounts- \_\_\_\_\_  
checking accounts- \_\_\_\_\_  
retirement plans- \_\_\_\_\_  
IRA's/401-K's- \_\_\_\_\_  
Military pension- \_\_\_\_\_  
OTHER INVESTMENTS OR EMPLOYMENT/RETIREMENT PROGRAMS-  
\_\_\_\_\_

17. Do you and your spouse have a Prenuptial Agreement? \_\_\_\_\_

18. Is your spouse named as a devisee in your Will? \_\_\_\_\_

19. Have you named your spouse as your agent in a Durable Power of Attorney or Health Care Power of Attorney? \_\_\_\_\_

20. DURING THE MARRIAGE WE BECAME OBLIGATED ON THE FOLLOWING (credit cards, loans, promissory notes, healthcare debts, other financial obligations):

<u>Creditor's Name</u>	<u>For</u>	<u>Monthly payment</u>	<u>Balance</u>
_____			
_____			
_____			
_____			

**IV. RELIEF YOU DESIRE:**

1. WHAT DO YOU WANT US TO DO?

- OBTAIN DIVORCE based on:  
\_\_\_ ADULTERY \_\_\_ HABITUAL INTOXICATION \_\_\_ PHYSICAL CRUELTY  
\_\_\_ DESERTION FOR 1 YEAR \_\_\_ NO FAULT 1 YEAR SEPARATION
- NAME CHANGE TO: \_\_\_\_\_
- CHILD CUSTODY;
- CHILD SUPPORT (Obtain or adjust);
- ALIMONY;
- PROPERTY DIVISION;
- MEDICAL EXPENSES (For client or for children);
- MEDICAL INSURANCE;
- OTHER INSURANCE;
- RESTRAINING ORDER;
- ENFORCEMENT OF PRIOR ORDER: \_\_\_\_\_;
- SEPARATION/FINANCIAL DIVISION;
- ATTORNEY FEES;
- REVOKE DURABLE POWER OF ATTORNEY;
- REVOKE HEALTH CARE POWER OF ATTORNEY;
- DRAFT NEW WILL
- OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. IS THERE A SITUATION IN WHICH **A CHILD** FACES IMMINENT HARM, OR A HEALTH OR SAFETY THREAT, REQUIRING EMERGENCY ACTION?

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

3. IS THERE A SITUATION IN WHICH **YOU** FACE IMMINENT HARM, (CRIMINAL DOMESTIC VIOLENCE) FROM YOUR SPOUSE, REQUIRING EMERGENCY ACTION?

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