



DIVORCE INFORMATION

FAMILY LAW - BANKRUPTCY LAW - IMMIGRATION LAW - SOCIAL SECURITY LAW

METHOD OF SERVICE: _____

PLEASE FILL OUT THIS FORM COMPLETELY ANSWERING **ALL** QUESTIONS
AND USING COMPLETE LEGAL NAMES.

Today's Date: ___/___/___ Referred by: _____

Section 1 - Client Information

Please provide the following information about **YOU**.

_____, _____, _____
First Middle Last Name

Home Phone #: (____) _____ - _____ Work Phone# (____) _____ - _____

Address: _____
Number Street

_____, _____, _____
City State Zip

Birthdate ___/___/___ Birthplace _____ Social Security # _____ - _____ - _____

Highest Education Level _____

Occupational license number(s), type(s), issuing state(s) and date(s) _____

Driver's License No: _____

Aliases: _____

Number of marriage (Circle One) 1st 2nd 3rd 4th

Your Height _____ Your Weight _____

Your Hair Color _____ Your Race _____

Your Age _____ Your Eye Color _____

Any Identifying Physical Marks? _____

* Please provide the following information about **YOUR EMPLOYMENT** *

_____ Work Phone #: (____) _____ - _____
Employer Name

_____ Work Hours _____.m - _____
Business Address

Position _____ Length of Employment _____

Gross Before Tax Income: \$ _____

After Tax Income: \$ _____ Weekly ___/ Bi-Weekly ___/ Monthly ___/ Yearly _____

Pension/Retirement/Profit Sharing _____ Vested _____

Bank/Credit Union Deductions _____ Unemployment Benefits _____

Other Income _____

YOUR INSURANCE

Name of Medical Provider _____

Policy Number _____

Name of Dental Provider _____

Policy Number _____

Name of Optical Provider _____

Policy Number _____

Section 2 - Information About Your Spouse

Please provide the following information about **YOUR SPOUSE**:

First Middle Last Name

Home Phone #: (____) _____ - _____ Work Phone # (____) _____ - _____

Address: _____
Number Street City State Zip County

Birthdate ___/___/___ Birthplace _____ Social Security # _____ - _____ - _____

Number of Marriage 1st 2nd 3rd 4th

Highest Education Level _____ Driver's License No: _____

Occupational license number(s), type(s), issuing state(s) and date(s) _____

Aliases: _____

Spouse's Height _____ Spouse's Weight _____

Spouse's Hair Color _____ Spouse's Race _____

Spouse's Identifying Physical Marks? _____

Spouse's Age _____ Spouse's Eye Color _____

Please provide the following information about **YOUR SPOUSE'S EMPLOYMENT**

Employer Name

Work Phone #: (____)____ - _____

Business Address

Work Hours _____.m - _____.m.

Position _____

Length of Employment _____

Gross Before Tax Income: \$ _____

After Tax Income: \$ _____ Weekly ___/ Bi-Weekly ___/ Monthly ___ / Yearly _____

Pension/Retirement/Profit Sharing _____ Vested _____

Bank/Credit Union Deductions _____ Unemployment Benefits _____

Other Income _____

YOUR SPOUSE'S INSURANCE

Name of Medical Provider _____

Policy Number _____

Name of Dental Provider _____

Policy Number _____

Name of Optical Provider _____

Policy Number _____

Section 3 - Information About Your Marriage

Marriage date ___/___/___ Performed by _____ Separation date ___/___/_____

Place of Marriage _____
City County State

Length of your residency in Michigan? _____ Current County _____

Resided together in Michigan for how long? _____

Prior Name(s) _____ Maiden Name _____

Restoration of Maiden Name desired _____ Pregnant? _____

Section 4 - Information About Your Children

_____/_____/_____
First Middle Last Name Birthdate Age Resides With

_____/_____/_____
First Middle Last Name Birthdate Age Resides With

_____/_____/_____
First Middle Last Name Birthdate Age Resides With

_____/_____/_____
First Middle Last Name Birthdate Age Resides With

Addresses of children during last 5 years:

_____ with _____
_____ with _____
_____ with _____
_____ with _____

Were the children born of this marriage or a previous marriage? _____

If previous, to whom do they belong? _____

Who desires custody of the children? Husband _____ Wife _____ or Joint _____

Other Court action regarding children? _____

Children's Social Security Numbers:

Do you have any work related daycare expenses? _____

If so, how much per week do you pay in daycare \$ _____

Section 5 - Information About Your Marital Assets

Section 5a - Real Estate

Do you and/or your spouse own your marital residence? _____

Where is it located? _____

Number and Street City State Zip

Date of purchase _____ Purchase price \$ _____

Down payment \$ _____ Source _____

Balance owing \$ _____ Tax Assessment \$ _____

F.M.V. \$ _____ Taxes \$ _____ Insurance \$ _____

Other Real Estate: _____

Section 5b - Automobiles

Year	Make	Model	Used By	Titled To
------	------	-------	---------	-----------

Year	Make	Model	Used By	Titled To
------	------	-------	---------	-----------

Year	Make	Model	Used By	Titled To
------	------	-------	---------	-----------

Section 5c - Other Personal Property

Please list any other personal property that you feel should be considered in the division of marital assets (i.e. boat, snowmobile, sports equipment, furnishings, appliances, etc.). _____

Please list any Stocks, Bonds, Money Markets and CDs that you and/or your spouse have and in whose name they are in at this time.

Section 5d - Bank Accounts

Checking:

_____	_____	_____
Bank	Balance	In Whose Name

_____	_____	_____
Bank	Balance	In Whose Name

Savings:

_____	_____	_____
Bank	Balance	In Whose Name

_____	_____	_____
Bank	Balance	In Whose Name

Safe Deposit Boxes: _____

Section 5e - Life Insurance

Please provide the cash value of any life insurance policies you and/or your spouse may have and who is named as the beneficiary.

		Cash Value	Beneficiary
		Cash Value	Beneficiary

Section 6 - Debt Information

Section 6a - Loans

Creditor Name	Balance	Used by	For the purchase of
Creditor Name	Balance	Used by	For the purchase of
Creditor Name	Balance	Used by	For the purchase of
Creditor Name	Balance	Used by	For the purchase of

Section 6b - Credit Cards

Creditor Name	Balance	Used by	For the purchase of
Creditor Name	Balance	Used by	For the purchase of
Creditor Name	Balance	Used by	For the purchase of
Creditor Name	Balance	Used by	For the purchase of

Creditor Name	Balance	Used by	For the purchase of
_____	_____	_____	_____
_____	_____	_____	_____

Section 7 - Monthly Living Expenses

Please complete this section keeping in mind what general living expenses and other debts (loans, credit cards, etc.) you anticipate will be your responsibility should you and your spouse divorce.

- | | |
|-----------------------|-------------------------|
| Rent/Mortgage _____ | Car Payment _____ |
| Food _____ | Car Insurance _____ |
| Heat _____ | Medical Insurance _____ |
| Electric _____ | Life Insurance _____ |
| Phone _____ | Home Insurance _____ |
| Water _____ | Day Care _____ |
| Other Utilities _____ | School Expenses _____ |
| Church/Clubs _____ | Allowance _____ |
| Transportation _____ | Extracurricular _____ |
| Medical _____ | Miscellaneous _____ |

Total Monthly Expenses \$ _____

Section 8 - Additional Information

General cause for the breakdown of this marriage : _____

Are you and/or your spouse interested in counseling? _____

Are you ____ or your spouse ____ in the Military Service? (check if yes)

Have you or has your spouse been involved in a bankruptcy within the past year?

Yes___ No___ Do you or your spouse plan to file for bankruptcy? Yes___ No___

Section 9 - Previous Marriages

Husband: No. _____ Children _____ Custody _____ Support _____

Wife: No. _____ Children _____ Custody _____ Support _____

Prior Divorce Action: _____

Judge: _____

Prior Support Action: _____

Section 10 - Spousal Support

If you are interested in spousal support please detail the facts and reasons to show a need for spousal support and your spouse's ability to pay.

Section 11 - Health Care

If Health care coverage is available for the minor children through either parent, please list: the names of the policyholder, insurance company, health care organization or health maintenance organization; and the policy, certificate or contract number:_____
