

# THOMPSON, THOMPSON & GLANVILLE, PLC

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## DIVORCE INTAKE FORM - DO

Date:		Our File No:	
<b>CLIENT INFORMATION</b>			
Your Name (First, Middle, Last):			
Address:			
City:	State:	Zip:	Phone:
Cell Phone:	Email address:		
Do you prefer to have invoices sent to you via: <input type="checkbox"/> Email <input type="checkbox"/> First Class Mail <input type="checkbox"/> Both			
Date of Birth:	Birthplace:	Social Security #:	
Driver's License # and State:		Armed Forces status:	
Next of kin (Relation's name and address):			
No. of Your previous marriages:		How terminated:	
<b>SPOUSE INFORMATION</b>			
Spouse's Name (First, Middle, Last):			
Address:			
City:	State:	Zip:	Phone:
Cell Phone:	Email address:		
Date of Birth:	Birthplace:	Social Security #:	
Driver's License # and State:		Armed Forces status:	
Next of kin (Relation's name and address):			
No. of Spouse's previous marriages:		How terminated:	
<b>MARRIAGE INFORMATION</b>			
Place of marriage (City/Township, County State):		Date of Marriage (Month, Day, Year):	
Lived in Michigan 180 days?	County 10 days?	Date of separation:	
Number of Children Under 18 in Household:			
Wife's Maiden name:		Wife's Name before this marriage:	
Does wife desire name change? <input type="checkbox"/> No <input type="checkbox"/> Yes To what? _____			

CURRENT ESTATE PLAN			
Is there a prenuptial or postnuptial agreement?		<input type="checkbox"/> No <input type="checkbox"/> Yes Please attach a copy of the agreement.	
Do you have a will or a trust?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you have a power of attorney or health care directive?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>CHILDREN UNDER 18 (FROM A PRIOR RELATIONSHIP)</b>			
Name (First, Middle, Last):		Date of Birth:	
Social Security #:	Grade:	School:	
Child Lives With: <input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Other Parent		<input type="checkbox"/> Child of prior relationship	
Name (First, Middle, Last):		Date of Birth:	
Social Security #:	Grade:	School:	
Child Lives With: <input type="checkbox"/> Client <input type="checkbox"/> Spouse <input type="checkbox"/> Other Parent		<input type="checkbox"/> Child of prior relationship	
Is wife pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes When is birth expected? _____			
Are <u>you</u> <i>paying</i> or <i>receiving</i> support for other children (circle one)? <input type="checkbox"/> No <input type="checkbox"/> Yes How much per week? \$_____ No. of children _____ Provide copies of the court support orders.			
Is <u>your spouse</u> <i>paying</i> or <i>receiving</i> support for other children (circle one)? <input type="checkbox"/> No <input type="checkbox"/> Yes How much per week? \$_____ No. of children _____ Provide copies of the court support orders.			
<b>PRIOR LITIGATION</b>			
Has either spouse previously filed for divorce in this county or elsewhere? <input type="checkbox"/> No <input type="checkbox"/> Yes Indicate when and where filed, status of case, case number, and name of judge.			
Has there been any previous domestic relations case filed in this county involving you and/or your spouse or any other family member? <input type="checkbox"/> No <input type="checkbox"/> Yes Indicate when and where filed, status of case, case number, and name of judge.			
Is there presently on file a case where one of the parties is currently paying support for another child not of this marriage? <input type="checkbox"/> No <input type="checkbox"/> Yes Indicate when and where filed, status of case, case number, and name of judge.			
<b>FAMILY HEALTH AND SOCIAL ISSUES</b>			
Do you, your spouse, or your children have:			
any serious physical or mental disability, disorder, handicap or incurable disease? <input type="checkbox"/> No <input type="checkbox"/> Yes			
any problems with substance abuse (drugs, alcohol)? <input type="checkbox"/> No <input type="checkbox"/> Yes What type of drugs? _____ What treatment and by whom? _____ When? _____ Place of treatment: _____			
What physical abuse, if any, has occurred and on what dates?			
Has either spouse ever been arrested, convicted, imprisoned, or placed on probation? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Any particular interest in another person by either party? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain.			
Any problems with debts: <input type="checkbox"/> No <input type="checkbox"/> Yes		Any problems with gambling <input type="checkbox"/> No <input type="checkbox"/> Yes	
Any marriage counseling? <input type="checkbox"/> No <input type="checkbox"/> Yes		Any Personal counseling (yours/spouse's)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Would you begin or continue counseling? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain.		Attitudes (yours/spouse's) toward reconciliation:	
Are you or your spouse receiving ADC? <input type="checkbox"/> No <input type="checkbox"/> Yes Caseworker: _____ Case No: _____			

PHYSICAL INFORMATION				
<b>Physical Description of Client:</b>				
Race:	Height:	Weight :	Eye color:	Hair color:
Glasses <input type="checkbox"/> No <input type="checkbox"/> Yes Worn all the time? <input type="checkbox"/> Yes <input type="checkbox"/> No			Mustache/beard <input type="checkbox"/> No <input type="checkbox"/> Yes Color	
Distinguishing scars or tattoos			Any current restraining orders?	
<b>Physical Description of Spouse:</b>				
Race:	Height:	Weight :	Eye color:	Hair color:
Glasses <input type="checkbox"/> No <input type="checkbox"/> Yes Worn all the time? <input type="checkbox"/> Yes <input type="checkbox"/> No			Mustache/beard <input type="checkbox"/> No <input type="checkbox"/> Yes Color	
Distinguishing scars or tattoos			Any current restraining orders?	

EMPLOYMENT		
<b>Client's Employment Information:</b>		
Employer Name:		Employer Address:
Occupation:		Professional license, type and no:
Gross Income (before taxes and other deductions): \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly		
Hourly pay rate (including shift premium and cost of living adjustment: \$ _____		
Total regular hours worked per pay period:	Average overtime hours for past 12 months:	Date of hire:
Income last year: \$	Weekly take home: \$	Recognition or other awards
Employment benefits: <input type="checkbox"/> health insurance <input type="checkbox"/> vision insurance <input type="checkbox"/> dental insurance <input type="checkbox"/> life insurance <input type="checkbox"/> profit-sharing <input type="checkbox"/> early retirement benefits _____ <input type="checkbox"/> signing bonus or any special payment <input type="checkbox"/> retirement _____ <input type="checkbox"/> Pension _____ <input type="checkbox"/> car allowance _____ (amount) <input type="checkbox"/> expense reimbursements _____ <input type="checkbox"/> other _____		
<b>Please attach a copy of your four most recent paycheck stubs.</b> Indicate if any deductions are mandatory (other than taxes), for example, union dues, pension, etc. Please attach the last 2 income tax returns (personal and business) with their schedules and W-2 forms.		
Previous employer:	Address:	Annual income:
Other income sources (provide monthly income from all other sources):		
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Commissions _____  <input type="checkbox"/> Bonuses _____  <input type="checkbox"/> Profit Sharing _____  <input type="checkbox"/> Interest _____  <input type="checkbox"/> Dividends _____  <input type="checkbox"/> Annuities _____  <input type="checkbox"/> Pensions/Longevity _____  <input type="checkbox"/> Deferred Comp/IRA _____  <input type="checkbox"/> Trust Funds _____             </div> <div style="width: 33%;"> <input type="checkbox"/> Unemp. Benefits _____  <input type="checkbox"/> Strike Pay _____  <input type="checkbox"/> SUB Pay _____  <input type="checkbox"/> Sick Benefits _____  <input type="checkbox"/> Workers' Comp. _____  <input type="checkbox"/> Soc. Sec. Benefits _____  <input type="checkbox"/> VA Benefits _____  <input type="checkbox"/> Disability Ins. _____  <input type="checkbox"/> GI Benefits _____             </div> <div style="width: 33%;"> <input type="checkbox"/> Nat'l Guard/Res. Drill _____  <input type="checkbox"/> Armed Services _____  <input type="checkbox"/> Allowance for Rent _____  <input type="checkbox"/> Rental Income _____  <input type="checkbox"/> Spousal Support _____  <input type="checkbox"/> State Disability Asst. _____  <input type="checkbox"/> F I P _____  <input type="checkbox"/> SSI _____  <input type="checkbox"/> Other _____             </div> </div>		
Does anyone pay any living or housing expenses on your behalf? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide details of the payments including amount per month paid on your behalf: _____		

If unemployed and not receiving unemployment or worker's compensation benefits, or working part-time only, provide the following information regarding your last full-time employer: <input type="checkbox"/> Never employed full-time Name of last full-time employer: _____ Position: _____ Address of last full-time employer: _____ Last day employed full-time: _____ Length of time employed: _____ Reason for leaving last full-time employment: _____ Gross earning per pay period (earning before taxes): \$ _____																													
If self-employed, list each owner's draw you have made during the past twelve month:																													
<b>Spouse's Employment Information (please attach a copy of your spouse's four most recent paycheck stubs):</b>																													
Employer Name:		Employer Address:																											
Occupation:		Professional license, type and no:																											
Gross Income (before taxes and other deductions): \$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> bimonthly <input type="checkbox"/> monthly																													
Hourly pay rate (including shift premium and cost of living adjustment: \$ _____																													
Total regular hours worked per pay period:	Average overtime hours for past 12 months:	Date of hire:																											
Income last year: \$	Weekly take home: \$	Recognition or other awards																											
Employment benefits: <input type="checkbox"/> health insurance <input type="checkbox"/> vision insurance <input type="checkbox"/> dental insurance <input type="checkbox"/> life insurance <input type="checkbox"/> profit-sharing <input type="checkbox"/> early retirement benefits _____ <input type="checkbox"/> signing bonus or any special payment <input type="checkbox"/> retirement _____ <input type="checkbox"/> Pension _____ <input type="checkbox"/> car allowance _____ (amount) <input type="checkbox"/> expense reimbursements _____ <input type="checkbox"/> other _____																													
Previous employer:	Address:	Annual income:																											
Other income sources (provide monthly income from all other sources):																													
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Commissions _____</td> <td><input type="checkbox"/> Unemp. Benefits _____</td> <td><input type="checkbox"/> Nat'l Guard/Res. Drill _____</td> </tr> <tr> <td><input type="checkbox"/> Bonuses _____</td> <td><input type="checkbox"/> Strike Pay _____</td> <td><input type="checkbox"/> Armed Services _____</td> </tr> <tr> <td><input type="checkbox"/> Profit Sharing _____</td> <td><input type="checkbox"/> SUB Pay _____</td> <td><input type="checkbox"/> Allowance for Rent _____</td> </tr> <tr> <td><input type="checkbox"/> Interest _____</td> <td><input type="checkbox"/> Sick Benefits _____</td> <td><input type="checkbox"/> Rental Income _____</td> </tr> <tr> <td><input type="checkbox"/> Dividends _____</td> <td><input type="checkbox"/> Workers' Comp. _____</td> <td><input type="checkbox"/> Spousal Support _____</td> </tr> <tr> <td><input type="checkbox"/> Annuities _____</td> <td><input type="checkbox"/> Soc. Sec. Benefits _____</td> <td><input type="checkbox"/> State Disability Asst. _____</td> </tr> <tr> <td><input type="checkbox"/> Pensions/Longevity _____</td> <td><input type="checkbox"/> VA Benefits _____</td> <td><input type="checkbox"/> F I P _____</td> </tr> <tr> <td><input type="checkbox"/> Deferred Comp/IRA _____</td> <td><input type="checkbox"/> Disability Ins. _____</td> <td><input type="checkbox"/> SSI _____</td> </tr> <tr> <td><input type="checkbox"/> Trust Funds _____</td> <td><input type="checkbox"/> GI Benefits _____</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>			<input type="checkbox"/> Commissions _____	<input type="checkbox"/> Unemp. Benefits _____	<input type="checkbox"/> Nat'l Guard/Res. Drill _____	<input type="checkbox"/> Bonuses _____	<input type="checkbox"/> Strike Pay _____	<input type="checkbox"/> Armed Services _____	<input type="checkbox"/> Profit Sharing _____	<input type="checkbox"/> SUB Pay _____	<input type="checkbox"/> Allowance for Rent _____	<input type="checkbox"/> Interest _____	<input type="checkbox"/> Sick Benefits _____	<input type="checkbox"/> Rental Income _____	<input type="checkbox"/> Dividends _____	<input type="checkbox"/> Workers' Comp. _____	<input type="checkbox"/> Spousal Support _____	<input type="checkbox"/> Annuities _____	<input type="checkbox"/> Soc. Sec. Benefits _____	<input type="checkbox"/> State Disability Asst. _____	<input type="checkbox"/> Pensions/Longevity _____	<input type="checkbox"/> VA Benefits _____	<input type="checkbox"/> F I P _____	<input type="checkbox"/> Deferred Comp/IRA _____	<input type="checkbox"/> Disability Ins. _____	<input type="checkbox"/> SSI _____	<input type="checkbox"/> Trust Funds _____	<input type="checkbox"/> GI Benefits _____	<input type="checkbox"/> Other _____
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<input type="checkbox"/> Deferred Comp/IRA _____	<input type="checkbox"/> Disability Ins. _____	<input type="checkbox"/> SSI _____																											
<input type="checkbox"/> Trust Funds _____	<input type="checkbox"/> GI Benefits _____	<input type="checkbox"/> Other _____																											
Does anyone pay any living or housing expenses on your behalf? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide details of the payments including amount per month paid on your behalf: _____																													

EDUCATION			
<b>Client</b>		Highest degree obtained:	
High school:		Date of diploma or GED:	
Univ./College:		Degree:	Date obtained:
Univ./College:		Degree:	Date obtained:
Additional training:			
<b>Spouse</b>		Highest degree obtained:	
High school:		Date of diploma or GED:	
Univ./College:		Degree:	Date obtained:
Univ./College:		Degree:	Date obtained:
Additional training:			
Did either spouse contribute to the education of the other? <input type="checkbox"/> No <input type="checkbox"/> Yes Describe:			
ASSETS			
<b>REAL PROPERTY.</b> Attach copies of deeds or land contracts and last property tax bill for all property. Use additional sheets if necessary.			
Address of property:			
Date of purchase:		Purchase price:	Estimated value: \$
SEV: \$		Balance on mortgage/land contract: \$	
Monthly payment: \$		The monthly payment includes: <input type="checkbox"/> taxes. <input type="checkbox"/> insurance.	
Name of lender:		Account no:	
Property is titled as follows (names and specific ownership interest in property):			
<input type="checkbox"/> Primary residence		<input type="checkbox"/> Other:	
In whose name:		Paid by <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	
Balance of equity loan or line of credit: \$		Monthly payment: \$	
Name of lender for equity loan or line of credit:			
Address of property:			
Date of purchase:		Purchase price:	Estimated value: \$
SEV: \$		Balance on mortgage/land contract: \$	
Monthly payment: \$		The monthly payment includes: <input type="checkbox"/> taxes. <input type="checkbox"/> insurance.	
Name of lender:		Account no:	
Property is titled as follows (names and specific ownership interest in property):			
<input type="checkbox"/> Primary residence		<input type="checkbox"/> Other:	
In whose name:		Paid by <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	
Balance of equity loan or line of credit: \$		Monthly payment: \$	
Name of lender for equity loan or line of credit:			

**MOTORIZED VEHICLES.** List all motorized vehicles in which you own an interest, include automobiles, boats, snowmobiles, motorcycles, recreational vehicles, etc. Including information on any loans that you co-signed for the benefit of another person. Use additional sheets if necessary.

Year, make and model:		VIN:
Title holder:	Possession:	Miles/Condition:
Purchase price: \$	Monthly payments:	
Lender:	Balance due:	Approximate value of car:
Year, make and model:		VIN:
Title holder:	Possession:	Miles/Condition:
Purchase price: \$	Monthly payments:	
Lender:	Balance due:	Approximate value of car:
Year, make and model:		VIN:
Title holder:	Possession:	Miles/Condition:
Purchase price: \$	Monthly payments:	
Lender:	Balance due:	Approximate value of car:
Year, make and model:		VIN:
Title holder:	Possession:	Miles/Condition:
Purchase price: \$	Monthly payments:	
Lender:	Balance due:	Approximate value of car:

**FINANCIAL ACCOUNTS:** List all financial accounts including, but not limited to bank, credit union, CDs, stocks, annuities, IRAs, 401(k), 403(b), trust, Michigan Education Savings Program (MESP), and health savings accounts in which you have an interest. Use additional sheets if necessary.

Type of account	Current Balance: \$
Account number:	Balance 90 days before current balance: \$
Name of institution	
Name on account:	Source of monies:
Type of account	Current Balance: \$
Account number:	Balance 90 days before current balance: \$
Name of institution	
Name on account:	Source of monies:
Type of account	Current Balance: \$
Account number:	Balance 90 days before current balance: \$
Name of institution	
Name on account:	Source of monies:

<b>INDIVIDUAL RETIREMENT ACCOUNTS</b>		
Financial institution:		
Account number:	Balance:	In whose name:
Financial institution:		
Account number:	Balance:	In whose name:
<b>PENSION. List all defined benefit plans that will pay you a monthly benefit at retirement age. Use additional sheets if necessary. (attach copies of plan descriptions and annual reports for each)</b>		
Company or employer name:		
Lump sum value: \$	Estimated monthly payment: \$	
In whose name:	Account no.:	Vested:
Earliest date you are eligible to receive your pension benefit:		
<b>LIFE INSURANCE. Provide the following information for all life insurance policies in which you or your spouse have an interest. Use additional sheets if necessary.</b>		
<b>Client's Life Insurance</b>		
Insurance Company		Policy no.
Policy owner:		Beneficiary
Death benefit: \$	Premium: \$_____ per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year	
Cash/surrender value: \$_____ as of ____/____/____. <input type="checkbox"/> Taxable		
Type of insurance <input type="checkbox"/> term <input type="checkbox"/> whole life <input type="checkbox"/> _____	Employer provided: <input type="checkbox"/> No <input type="checkbox"/> Yes	Loans against policy
<b>Spouse's Life Insurance</b>		
Insurance Company		Policy no.
Policy owner:		Beneficiary
Death benefit: \$	Premium: \$_____ per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year	
Cash/surrender value: \$_____ as of ____/____/____. <input type="checkbox"/> Taxable		
Type of insurance <input type="checkbox"/> term <input type="checkbox"/> whole life <input type="checkbox"/> _____	Employer provided: <input type="checkbox"/> No <input type="checkbox"/> Yes	Loans against policy
<b>CORPORATE STOCKS, BONDS, NOTES, SECURITIES, BILLS, BROKERAGE ACCOUNTS</b>		
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 source of stock or funds to purchase?

**PERSONAL PROPERTY. List all other items of personal property such as furniture, jewelry, gold, silver, collectibles, artwork, guns, furs, tools, etc that have any significant monetary or emotional value. Use additional sheets if necessary.**

Description of property	Estimated Value	Date purchased or acquired

**MISCELLANEOUS. Use additional sheets if necessary.**

Do you own or have any access to any safe deposit boxes? ☐ no ☐ yes  
If yes, provide information on where it is located and a list of the contents:

Are any accounts, money, or assets being held for your benefit? ☐ no ☐ yes  
If yes, provide amount, where it is held, and the reason it is being held:

Are you holding or acting as the custodian of any money, accounts, or asset for the benefit of someone else? ☐ no ☐ yes If yes, describe what it is, where it is located, and why you are holding it or acting as custodian:

Do you have any ownership interests in any type of business? ☐ no ☐ yes If yes, describe:  
Name and type of business interest \_\_\_\_\_ Type of ownership interest \_\_\_\_\_  
Value of interest \_\_\_\_\_ Initial investment and when \_\_\_\_\_  
Additional amounts invested and when \_\_\_\_\_

Do you have any ownership interest in any patents, inventions, copyrights, etc. ☐ no ☐ yes If yes, describe:

Are there any other assets or income to which you are entitled, or to which you believe you will become entitled? ☐ no ☐ yes If yes, describe the assets, their value, and why you believe you are or will be entitled to them:

Are there any debts that are owed to you? ☐ no ☐ yes If yes, describe who owes the money, how much is owed, the amount and frequency of payments, the purpose of the loan, and the loan end date:

Have you or your spouse made any substantial gifts in the past or placed property in joint names with anyone other than the spouse? ☐ No ☐ Yes Provide details:

Are you or your spouse the beneficiary under any trust? ☐ No ☐ Yes Provide details:

Are there any other items you own that have financial value such as electronic assets, season tickets, or electronic currency such as bitcoin? ☐ no ☐ yes If yes, describe asset, where it is held and its current value as of a specific date:

Are there any outstanding court cases other than this one involving you, your spouse, or family members that may result in an award for or against you? ☐ no ☐ yes If yes, describe the case, where it is filed and the possible award or liability.



**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)?

☐ No ☐ Yes Provide details and the status of assets brought into this state:

**Please list any significant assets or debts either you or your spouse had at the time of marriage.**

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

☐ No ☐ Yes Briefly explain:

**DEBTS. Provide debt information for divorce, separate maintenance, and annulment cases only (DO and DM case types).** Please indicate with an asterisk any accounts that you have reason to believe are delinquent.

**INDEBTEDNESS (credit cards, personal loans, student financial aid loans, other unsecured loans).** Include all loans that are for your or your spouse's benefit or that you or your spouse are a co-signed on for another person. Attach the last three statements for all accounts. Use additional sheets if necessary.

Name of lender/creditor:		Account no.:
Type of debt:	Is the account current? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name(s) on account::
Present balance due : \$	Monthly payment: \$	Who will pay until the divorce judgment?
Name of lender/creditor:		Account no.:
Type of debt:	Is the account current? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name(s) on account::
Present balance due : \$	Monthly payment: \$	Who will pay until the divorce judgment?
Name of lender/creditor:		Account no.:
Type of debt:	Is the account current? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name(s) on account::
Present balance due : \$	Monthly payment: \$	Who will pay until the divorce judgment?
Name of lender/creditor:		Account no.:
Type of debt:	Is the account current? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name(s) on account::
Present balance due : \$	Monthly payment: \$	Who will pay until the divorce judgment?

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? <input type="checkbox"/> No <input type="checkbox"/> Yes Give details:		
On your spouse? <input type="checkbox"/> No <input type="checkbox"/> Yes Give details:		
<b>COURT ORDERED FINANCIAL OBLIGATIONS. Provide the following information for all your court-ordered financial obligations including, but not limited to, child or spousal support in a different case, garnishment, civil judgment against you, and court-ordered fines, fees or restitution. Use additional sheets if necessary.</b>		
Type of obligation (child support, spousal support, garnishment, judgment, etc):		
Payment amount: \$_____ per _____ Balance (if applicable): \$_____		
Estimated end date (if applicable): ____/____/____ Court: _____ Case No: _____		
Miscellaneous. Provide miscellaneous information for divorce, separate maintenance, and annulment cases only (DO and DM case types).		
Have you ever filed for bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the date, case number, and current status of the bankruptcy:		
Do you claim that any of the assets or debts that you listed are your separate property? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide detailed information on which asset(s) or debt(s) and why you think they are your separate property:		
If there is any additional information regarding assets, debts, business interest, stocks, bonds, anticipated income, or any financially related information of any kind that has not been disclosed on this form, provide the information below:		

WHAT ARE YOUR GOALS IN THIS CASE?		
	Divorce	Describe:
	Spousal support	Describe:
	Spouse to vacate home	Describe:
	Contribution to your attorney fees	Describe:
	Restoration of former name	Describe:
	Property division	Describe:
	Domestic abuse injunction	Describe:
	Health insurance for yourself	Describe:
	Home utility payments	Describe:
	Home insurance (Plaintiff/Defendant)	Describe:
	Mortgage payments	Describe:
	Debts	Describe:
	Other	Describe:
PLEASE GIVE A BRIEF SUMMARY OF WHAT YOU THINK A FAIR SETTLEMENT WOULD BE:		

DOCUMENTS REQUESTED		
All of the items below are needed to complete your divorce case file, if they apply to your case. Bring in copies or originals as soon as possible.		
	Tax returns with schedules and W-2s for the last three years	
	Paycheck stubs -- last two months for you and your spouse	
	Copy of the last recorded deed(s) for <b>all real estate</b> , along with a copy of the last property tax bill, and mortgage statement if applicable.	
	Car titles for all vehicles	
	Pension or retirement account statements for your and your spouse	
	Life insurance cash value statement	
	Savings account statements	
	Investment account balance statements	
	Appraisal for any real estate	
	Prenuptial or postnuptial agreement	
	Latest credit card or other debt statements	
	Other:	
	Other:	