

YOUR GENERAL INFORMATION

Full legal name _____
Current Address _____
City / State _____
County of Residence _____
Home Phone _____ Cell Phone _____
Work Phone _____ Email Address _____
Date of Birth _____ State of Birth _____
Social Security Number: _____
Driver's License Number: _____
Maiden Name: _____ Do you want the name restored? Yes No
How many marriages: _____ Race: _____ Education level: _____

YOUR EMPLOYMENT INFORMATION

Name and address of your employer _____
Present position: _____ How long? _____
Current salary or pay rate: \$ _____ per/ _____ (hour/week/month/yr.)
How often are you paid? _____ monthly _____ bi-Weekly _____ weekly
Normal hours of employment: _____
If you have been in your current job for less than 3 years, list prior jobs for the past 3 years: _____

SPOUSE GENERAL INFORMATION

Spouse full legal name: _____
Current address: _____
County of residence: _____
Spouse's attorney (if known) _____
Date of birth: _____ State of birth: _____
Spouse Social Security Number _____
Maiden name (if applicable) _____
How many marriages: _____ Race: _____ Education level: _____

SPOUSE EMPLOYMENT INFORMATION

Name and address of spouse's employer _____
Present position: _____ How long? _____
Current salary of pay rate: \$ _____ per/ _____ (hour/week/month/yr.)
How often are paid? _____ monthly _____ bi-Weekly _____ weekly
Normal hours of employment: _____
If Spouse has been in current job for less than 3 years, list prior jobs for the past 3 years: _____

MARRIAGE INFORMATION

Place of Marriage (City and State): _____
Date of Marriage: _____
Was there a prenuptial agreement: _____ YES _____ NO

CHILDREN

Children of this marriage: Full name, birth date, and social security number of children of this marriage (or adopted):

Name	DOB	Age	Social Security Number

Children of prior marriages or of a different parent: Full name and birth dates of children born of previous marriages or adopted:

Name	DOB	Age

Who carries health insurance for the children? _____ ME _____ SPOUSE
 Cost of individual plan per month: \$ _____
 additional cost per month to carry children on plan: \$ _____

Do you and your spouse have a current parenting schedule? If so, please explain:

What would you like the physical care schedule to look like?

*place "X" on the overnights in your care / place "0" on overnight with other parent

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Week 1							
Week 2							
Week 3							
Week 4							

Proposed Holiday schedule:

Holiday	Start Time	End Time	Odd Yrs	Even Yrs
Easter				
Mother's Day				
Memorial Day				
Father's Day				
July 4th				
Labor Day				
Thanksgiving Day				
Christmas Eve				
Christmas Day				
New Year's Eve				
New Year's Day				

FINANCIAL INFORMATION

Home (if owned)

Address: _____

Market value (if known) _____

Vehicles / trailers / boats / etc.

Title	Year	Make	Model	Mileage	Loan Balance

Investments: (stocks, bonds, mutual funds , etc.)

Type	Place where held	\$ Amount	Loan against?

Retirement Accounts (401K, IRA, Pension etc.)

Type	Place where held	\$ Amount	Loan against?

Bank Accounts:

Bank Name	Name of Account	\$Balance

Life Insurance (all life insurance that may have cash value available to you at this time)

Additional Information:

