

DIVORCE INFORMATION SHEET
Section 1: Your Personal Information

Personal Information - Client		
Client's Name:		Have you been known by any other name(s)?
Maiden Name (if applicable):		Keep Married Name (if applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		
City:	State:	Zip:
Place of Birth:		Length of residence in this state?
Full Name on Birth Certificate:		
Social Security No:	DOB:	Driver's License No:
Home:	Height:	
Work:	Weight:	
Car/Cell:	Eyes:	
Fax:	Race:	
E-Mail:	Complexion:	
Religion:	Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Military Service / Branch:

Employment		
Employer Name:		
Address:		
City:	State:	Zip:
Phone:	How long with current employer?	
Occupation/Title:	Former Occupation (if any):	

Income		
Annual Salary (Gross):	Annual Salary (Net):	
Salary Deductions	Health Insurance	Health Concerns?
Federal:	<input type="checkbox"/> Medical	
State:	<input type="checkbox"/> Dental	
Social Security:	<input type="checkbox"/> Vision	
Insurance:	<input type="checkbox"/> Individual Coverage Only	
Retirement:	<input type="checkbox"/> Family Coverage	
Mandatory Retirement Plans:	Union Dues:	

Education
Highest Level:

Client Referred By:	Date:
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Section 2: Spouse Personal Information

Personal Information - Spouse		
Spouse's Name:		Have you been known by any other name(s)?
Maiden Name (if applicable):		Keep Married Name (if applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		
City:		State: Zip:
Place of Birth:		Length of residence in this state?
Full Name on Birth Certificate:		
Social Security No:	DOB:	Driver's License No:
Home:		Height:
Work:		Weight:
Car/Cell:		Eyes:
Fax:		Race:
E-Mail:		Complexion:
Religion:	Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Military Service / Branch:

Employment		
Employer Name:		
Address:		
City:		State: Zip:
Phone:		How long with current employer?
Occupation/Title:		Former Occupation (if any):

Income		
Annual Salary (Gross):		Annual Salary (Net):
<u>Salary Deductions</u>		<u>Health Insurance</u> <u>Health Concerns?</u>
Federal:		<input type="checkbox"/> Medical
State:		<input type="checkbox"/> Dental
Social Security:		<input type="checkbox"/> Vision
Insurance:		<input type="checkbox"/> Individual Coverage Only
Retirement:		<input type="checkbox"/> Family Coverage
Mandatory Retirement Plans:		Union Dues:

Education
Highest Level:

Section 3: Marriage

Place of Marriage:	Date of Marriage:
Grounds for Dissolution:	Date of Separation:

Client	Spouse
How many marriages?	How many marriages?
How many dissolved?	How many dissolved?
How many by death?	How many by death?

Section 4: Allocation of Parental Responsibility

Client's Name:	Allocation Desired by Client:
Number of Children:	Number of Minor Children:

Names	Ages	Sex	DOB	Adopted

Education of Children:
Special Problems (Physical, Emotional, Educational, Handicap):
Is child receiving public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what is case number?
Parenting Time Desired:
Additional Concerns:

Section 5: Assets

Vehicles (# 1)	
Make:	Year:
Date of Purchase:	Purchase Price:
Place of Lien:	Amount of Lien:
Name(s) on Title:	Current Value:
Primarily driven by:	Payment Per Month:

Vehicles (# 2)	
Make:	Year:
Date of Purchase:	Purchase Price:
Place of Lien:	Amount of Lien:
Name(s) on Title:	Current Value:
Primarily driven by:	Payment Per Month:

Section 5: Assets (continued)

Stocks and Bonds	
Name(s) of Security:	Name(s) on Title:
Number of Shares:	Purchase Date:
Purchase Price:	Present Value:

Household Property		
Property of Unique or Significant Value:		
Year Purchased:	Purchase Price:	Present Value:

Bank Accounts (# 1)		
Name of Bank:		
Account No:	Type of Account:	
Address:		
City:	State:	Zip:
Current Balance:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	

Bank Accounts (# 2)		
Name of Bank:		
Account No:	Type of Account:	
Address:		
City:	State:	Zip:
Current Balance:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	

Bank Accounts (# 3)		
Name of Bank:		
Account No:	Type of Account:	
Address:		
City:	State:	Zip:
Current Balance:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint	

Life Insurance Policies	
Insurance Company:	Type of Policy:
Beneficiary:	Cash Value:

Real Estate (# 1)	
Address of Property:	Present Value:
Date of Purchase:	Purchase Price:
Address of Lien:	Name of Lien:
Holder of Lien:	Amount of Lien:

Real Estate (# 2)	
Address of Property:	Present Value:
Date of Purchase:	Purchase Price:
Address of Lien:	Name of Lien:
Holder of Lien:	Amount of Lien:

Section 5: Assets (continued)

Jewelry	
Description:	
Date of Purchase:	Who Purchased:
Purchase Price:	Approximate Value:

Income Tax Refund / Liability	
Tax Year:	Amount:

Client's Pension / Profit Sharing	
Name of Plan:	Present Value:
Contributions Since Date of Marriage, if known:	Annual Contributions:

Spouse's Pension / Profit Sharing	
Name of Plan:	Present Value:
Contributions Since Date of Marriage, if known:	Annual Contributions:

Inheritance / Gifts	
Description:	Date of Receipt:
How currently held?	Value:

Other Assets	

Business Interests	
Name of Company:	Type of Ownership:
Type of Business:	How long in Business:

Description of Business	

Section 5: Assets (continued)

Liabilities	
Name of Creditor:	Gross Amount Due:
Monthly Payment:	Type of Purchases:

Estate Plan
Do you have a will?

Please describe estate plan.

Have you and your spouse reached any agreements regarding the divorce? If so, explain.
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