

KENNEDY LAW FIRM

David R. Kennedy, Attorney at Law

INFORMATION ABOUT YOU

Full name: _____ Date of birth: _____ SSN: _____

All previous names you have used:

Current home address: _____ County: _____

Length of time you have lived at your present address: _____

Your employer name and address: _____

Your job position and duties: _____

Home phone: _____ Home Fax: _____ Pager: _____

Work phone: _____ Work Fax: _____ Email: _____

Cell phone: _____ Do we need to call first before faxing? Yes No

Alternate phone contact if we can't reach you any other way: _____

Your driver's license number and state of issue: _____

How did you select our firm:

referred by another attorney (who): _____

referred by someone else (who): _____

other: _____

INFORMATION ABOUT YOUR SPOUSE

Spouse's Full name: _____ Date of birth: _____ SSN: _____

Spouse's current home address: _____ County: _____

Length of time your spouse has lived at current address: _____

Spouse's employer name and address: _____

Spouse's job position and duties: _____

Spouse's driver's license number and state of issue: _____

If we must serve your spouse with legal papers, when and where would be best: _____

What does your spouse look like (a photograph would be useful): _____

INFORMATION ABOUT YOUR MARRIAGE

Date you were married: _____ Place (City and State): _____

Who moved out of the marital home and when? _____

Were you ever separated or divorced from this spouse before now? Yes No

If so, when and why: _____

Have you ever been divorced before? Yes No

If so, when, list court, state, name of former spouse, and date of divorce: _____

What is the primary reason you want this divorce:

irreconcilable differences adultery abandonment
 physical abuse mental abuse spouse's addiction

List your children by any prior relationship (name, age, residence): _____

List your spouse's children by any prior relationship (name, age, residence): _____

INFORMATION ABOUT CHILDREN OF THIS MARRIAGE

Name the children of this marriage	Male or Female	Date of birth	Social Security Number
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1. _____

2. _____

3. _____

If you have reason to question who the father is of any of these children, please explain: _____

Where and with whom your children have lived for the past five years:

From date - to date	City and State	With What Adults
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_____ - _____

_____ - _____

Are any of your children of Indian blood? Yes No On a tribal roll? Yes No

Have your children been the subject of any other legal proceedings, including DHS investigations, neglect or delinquency proceedings, adoption, grandparental rights proceedings, personal injury actions? If so, explain:

INFORMATION ABOUT YOUR HEALTH INSURANCE

Are your children covered on any health insurance policy? _____ Yes _____ No

Name of health plan _____ Name of dental plan _____

Deductible \$ _____

Co-Pay on doctor visits \$ _____

Co-Pay on prescriptions \$ _____

As to the premium, please state:

cost for employee only \$ _____ amount deducted each pay period \$ _____

cost for employee and spouse \$ _____ how often is the deduction made?

cost for employee and children \$ _____
_____ weekly
_____ every two weeks
_____ two times per month
_____ once per month

Is the premium for the insurance paid through deduction from your or your spouse's pay?

_____ Mine _____ My spouse's

If you, your spouse or any of your children have any serious health problems, please describe: _____

INFORMATION ABOUT YOUR HOME

Briefly describe your home: _____

Do you want your spouse to move out? ___ Yes ___ No Explain: _____

Give the legal description of your home (it's on your deed or mortgage): _____

If your home is mortgaged, identify:

name of mortgage holder (lender) address of mortgage holder account number

Date acquired home: _____ Total price \$ _____ Down payment \$ _____

Original mortgage amount \$ _____ Current balance of mortgage \$ _____

Monthly payment on mortgage \$ _____ Date of last appraisal: _____

Is home now listed for sale? ___ Yes ___ No Amount of last appraisal: _____

Name and phone number of appraiser: _____

Name and phone number of realtor: _____

NOTE: If you or your spouse own any other real property (land or homes), please provide the information requested above as to each such property on the back of this sheet.

INFORMATION ABOUT YOUR VEHICLES

What vehicle(s) do you now have? (year, make, model) _____

What vehicle(s) do you want to keep permanently? _____

List the current mileage _____ List the VIN of the vehicle: _____

What vehicle(s) does your spouse now have? (year, make, model): _____

What vehicle(s) do you want your spouse to keep permanently? _____

List the current mileage _____ List the VIN of the vehicle: _____

Do you or your spouse or children own any other vehicles? Identify them: _____

Identify any outstanding debts on these vehicles:

Vehicle	name and address of lender	account number	amount of original note	current balance	monthly payment
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1. _____

2. _____

Are any of the vehicle(s) you have listed above titled in the name of anyone other than you or your spouse?

If so, explain: _____

INFORMATION ABOUT OTHER MARITAL ASSETS

Do you or your spouse have:

1. one or more checking accounts? If so, please provide the following information:

name of institution	account number	names on the account	current balance
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1. _____

2. _____

3. _____

2. one or more savings accounts? If so, please provide the following information:

name of institution	account number	names on the account	current balance
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1. _____

2. _____

4

3.

3. Other accounts/money market, mutual funds, certificates of deposit? If so, please provide the following information:

name of institution	account number	names on the account	current balance
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1.

2.

3.

4. Boats, trailers, motorcycles, water recreation vehicles, etc.? (List by make, model, year, and VIN or title number)_____

5. Expensive jewelry? If so, please describe. If any piece was a gift, please indicate to whom, from whom, occasion and date (month and year):_____

6. Life insurance policies? If so, please provide the following information:

institution	term or whole life	insured	account/policy #	owner	coverage amount	surrender value
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1.

2.

3.

7. Retirement, pension and/or thrift plan /401K / IRA? If so, please provide the following information:

institution	owner	account/policy #	current value
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1.

2.

3.

MARITAL PROPERTY

IDENTIFY WHAT YOU BELIEVE TO BE THE PRESENT VALUE (normally 1/2 - 1/3 original cost) OF EACH ITEM IN THE COLUMN FOR HUSBAND OR WIFE, DEPENDING UPON WHO YOU WANT TO HAVE EACH ITEM

DESCRIPTION OF ITEM	ORIGINAL COST	DATE ACQUIRED	PRESENT VALUE TO HUSBAND	PRESENT VALUE TO WIFE
1.	\$		\$	\$
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				

(If you need additional room, continue on the back of this sheet or use additional sheets.) If any items were owned before the marriage or were acquired by gift during the marriage, please describe on the back of this sheet.

NON-MARITAL PROPERTY

List significant items of property **you owned** before this marriage or received as a gift or inheritance during the marriage. If any of the items are no longer in existence, explain what happened to them. _____

List significant items of property **your spouse** owned before this marriage or received as a gift or inheritance during the marriage. If any of the items are no longer in existence, explain what happened to them. _____

List significant items of property **you and your spouse** received, **as a couple**, during this marriage as a gift or inheritance. If any of the items are no longer in existence, explain what happened to them. _____

List significant items of property **your children** received as a gift or inheritance during your marriage. If any of the items are no longer in existence, explain what happened to them. _____

INFORMATION ABOUT INCOME

HUSBAND:	WIFE:
ADDRESS:	ADDRESS:
SOC SEC NO:	SOC SEC NO:
OCCUPATION:	OCCUPATION:
EMPLOYER:	EMPLOYER:
BIRTHDATE:	BIRTHDATE:

Gross MONTHLY income from:	HUSBAND	WIFE
Salary and wages, including commissions, bonuses, allowances and overtime payable	\$	\$
Pensions and retirement		
Social Security		
Disability and unemployment insurance		
Public assistance (welfare, AFDC payments, etc)		
Child support from prior marriage		
Rents		
All other sources:		
GROSS MONTHLY INCOME	\$	\$

Itemized MONTHLY deductions from gross income:	HUSBAND	WIFE
State and federal income taxes	\$	\$
Social Security and Medicare		
Medical or other insurance (describe)		
Union or other dues		
Retirement or pension fund		
Savings plan		
Credit Union (specify whether for savings or loan payment)		
Other: (specify)		
TOTAL MONTHLY DEDUCTIONS	\$	\$
NET MONTHLY INCOME (TAKE HOME PAY)	\$	\$

INFORMATION ABOUT DEBTS

CREDITOR'S NAME, ADDRESS, AND ACCOUNT NUMBER	PURPOSE FOR DEBT	DATE INCURRED	ORIGINAL AMOUNT	CURRENT BALANCE	MONTHLY PAYMENT
			\$	\$	\$
TOTAL				\$	\$

YOUR MONTHLY EXPENSES

	MONTHLY AMOUNT
Rent or mortgage payment (residence)	\$
Real property taxes (residence)	
Real property insurance (residence)	
Maintenance (residence)	
Food and household supplies	
Utilities: water, electricity, gas, heat, cable	
Telephone	
Laundry and cleaning	
Clothing and shoes (self and children)	
Medical, psychological, and medicine expenses not paid by insurance (co-pays and deductible)	
Dental expenses not paid by insurance (co-pays and deductible)	
Insurance (life, health, liability and disability)	
Child Care and babysitting	
School (expenses, supplies and lunches)	
Entertainment (includes movies, eating out, clubs, social obligations, travel, savings for vacation)	
Incidentals (includes cosmetics, haircuts, allowances, grooming & gifts)	
Donations and tithes	
Auto expense (gas, oil, repair, tires, tag, inspections)	
Auto insurance	
Auto payments	
Installment payment(s) (reference your list of marital debt on previous page of packet)	
Other expenses (list on back of this sheet)	
Payment of child support for children of previous marriage or relationship	
Payment of spousal support (alimony) for a spouse of a prior marriage	
TOTAL:	\$

COMPLETE THE FOLLOWING ONLY IF CUSTODY OF THE CHILD(REN) IS AN ISSUE

1. Your home:

- a. Kind of home (apartment, mobile home, duplex, etc.), number of rooms, any problems with utilities, safety, etc.?

- b. Will your spouse say your home is not a proper place to raise your children? _____
Why? _____

- c. Name all people who live in your home and state their relationship to you: _____

- d. Describe your neighborhood: _____

- e. How close are the children's schools, play areas, friends: _____

2. Spouse's home:

- a. Kind of home (apartment, mobile home, duplex, etc.), number of rooms, any problems with utilities, safety, etc.?

- b. Is that home not a proper place to raise your children? _____
Why? _____

- c. Name all people who live in that home and state their relationship to your spouse: _____

- d. Describe the neighborhood: _____

- e. How close are the schools, play areas, children's friends: _____

3. Children's health:

- a. Describe any significant medical problems:

- b. State who usually takes the children to the doctor: _____

- c. If your children are currently taking any medication, state what and why: _____

d. Describe any problems your children have with nerves, sleep, mood swings, school, peer relationships, learning disabilities, etc.: _____

4. If the children are school age:

- a. Grades at school: _____
- b. Attendance at school: _____
- c. Conduct at school: _____
- d. Describe any recent significant changes in grades, attendance or conduct at school:

- e. Describe your children's relationships with classmates and teachers:

5. Drugs and alcohol:

- a. If your spouse says that you or anyone in your household use drugs, prescription or non-prescription, or alcohol, why and what: _____

- b. If your spouse or anyone in your spouse's current household uses drugs, prescription or non-prescription, or alcohol, describe what you know: _____

6. Crime:

- a. If your spouse says you or anyone in your household has ever been arrested for anything other than routine traffic tickets, state who, when, why and what: _____

- b. If your spouse or anyone in your spouse's household has ever been arrested for anything other than routine traffic tickets, state who, when, why and what: _____

7. Mental and emotional:

- a. If your spouse says you or anyone in your household is emotionally unstable, state who and why: _____

- b. If anyone in your household has seen a psychologist or counselor for emotional or mental problems or receives any medication for emotional or mental problems or suffers from "flashbacks" from drug use, military experiences or other past stressful experiences, state who, when and the names of the counselors: _____

c. If anyone in your spouse's household has seen a psychologist or counselor for emotional or mental problems or receives any medication for emotional or mental problems or suffers from "flashbacks" from drug use, military experiences or other past stressful experiences, state who, when and the names of the counselors: _____

8. Work and child care:

a. Describe the current child care arrangement for your children: _____

b. If your spouse has or wants custody, what is or would be the child care arrangement and would it be adequate?

c. Hours you work: _____

d. Where you work: _____

e. Type of work you do: _____

f. Spouse's work hours: _____

g. Spouse's place of work: _____

h. Type of work your spouse does: _____

9. Health:

a. Your medical status and any medical problems: _____

b. Your spouse's medical status and any medical problems: _____

10. Age:

a. You: _____

b. Your spouse: _____

c. Your children: _____

11. Education:

a. You: _____

b. Your spouse: _____

12. Marriages:

- a. How many times have you been married and divorced? _____
- b. How many times has your spouse been married and divorced? _____
- c. List your children, other than the children involved in this proceeding, and state who has custody, how old the children are, and how they are doing: _____

- d. List your spouse's children, other than the children involved in this proceeding, and state who has custody, how old the children are, and how they are doing: _____

- e. If the children involved in this proceeding are emotionally close to any step-siblings, explain: _____

- f. If the children involved in this proceeding are emotionally close to any relatives of either you or your spouse, explain: _____

13. If the children were asked in private by the Judge who they want to live with, what do you think they would say?

14. Respective school districts:

- a. Yours: _____ Your spouse's: _____

15. Any other cases pending regarding custody of the children:

- a. State and county where pending: _____
- b. When case was filed: _____
- c. Case number: _____
- d. Any orders already entered: _____
- e. Judge's name: _____

16. Discipline:

- a. Your beliefs and methods: _____

- b. Your spouse's beliefs and methods: _____

