

**CLIENT PERSONAL DATA
(DIVORCE)**

CLIENT

Name _____ Home TX# _____
Address _____ Work TX# _____
SS#: _____ Driver's License _____ Net weekly income: _____
DOB: _____ Place of Birth: _____ **E-Mail:** _____

Employer: _____
Name Address City, State, Zip
Relative or friend likely to know _____
your whereabouts in the future: Name Address City, State, Zip

SPOUSE

Name _____ Home TX# _____
Address _____ Work TX# _____
SS#: _____ Driver's License _____
DOB: _____ Place of Birth: _____ Net weekly income: _____

Employer: _____
Name Address City, State, Zip
Opposing Attorney: _____
Name Address City, State, Zip

PLEASE KEEP THIS OFFICE INFORMED OF ANY ADDRESS CHANGE DURING THE PENDENCY OF YOUR CAUSE OF ACTION AND IN THE FUTURE FOR ANY POSSIBLE NOTIFICATION BY THE COURT.

CASE DATA

Date Opened: _____ Ref. By: Newspaper: _____ Friend: _____ Yellow Pages: _____

GENERAL INFORMATION

Place of marriage [city, county and state] _____
Lived in Michigan 180 days _____ County 10 days? _____
Number of previous marriages: Yours _____ Spouse _____
How terminated: Yours _____ Spouse _____
Maiden Name of Wife: _____
Does Wife Desire Name Change _____
Is there a prenuptial or postnuptial agreement? _____ If yes, attach copy of Agreement.
Date of Marriage: _____ Date of Separation: _____

Do you, your spouse, or your children have

* **Any serious physical or mental disability, disorder, handicap or incurable disease?**

Yes.

No.

* **Any problems with substance abuse (drugs, alcohol)?**

Yes. What type of drugs _____

What treatment and by whom? _____

When _____

Place of Treatment _____

No.

CHILDREN

1. **Name** _____ **Birth Date** _____ **Age** _____

Living with client spouse

School: _____ Grade _____

2. **Name** _____ **Birth Date:** _____ **Age** _____

Living with client spouse

School: _____ Grade _____

3. **Name** _____ **Birth Date:** _____ **Age** _____

Living with client spouse

School: _____ Grade _____

Parties agree on who children will live with? _____

Has support been paid since separation?

Yes. How much per week? _____

No.

If you and spouse have agreed on support, now much per week? _____

Is wife pregnant?

yes - when is birth expected? _____

no.

Name of Health Care insurance provider for children: _____

Policy, Group or contract Number _____

Paid by whom? _____

Does your/spouse's health insurance require that he/she have the children as dependents to continue health insurance for them?

CHILD CARE

Yes. How many weeks per year? _____
Paid by whom? _____
Cost per week? During School _____ Summer _____
 No.

Are you paying or receiving support for other children (Check one)?

Yes. How much per week? _____ No. of children: _____
 No.

Is your spouse paying or receiving support for other children (check one)?

Yes. How much per week? _____ No. of children: _____
 No. Please provide copies of support orders.

Does either party have children from a previous relationship?

1. Name _____ Birth Date: _____ Age _____
Living with client spouse SSN: _____
2. Name _____ Birth Date: _____ Age _____
Living with client spouse SSN: _____

Name & address of person(s) other than parties, if any, who may have custody of children during pendency of this case: _____

Are there any prior divorce, paternity, custody and/or support actions in this marriage or relationship, filed by you, your spouse or the prosecutor? If yes, state Case # _____ County _____ State _____

PRIOR LITIGATION

Has either spouse previously filed for divorce, custody, etc., in this county or elsewhere?

Yes. Indicated when and where filed, status of case, case number and name of Judge: _____
 No.

Has there been any previous domestic relations case filed in this county, involving you and/or your spouse or any other family member?

Yes. indicate when and where filed, status of case, case number and name of Judge: _____
 No.

Any problems with debts? _____ Gambling? _____

Any marriage counseling? _____

Personal Counseling? _____ Yours or Spouse.

Would you begin or continue counseling? _____

Would you sign a waiver of confidentiality so that we may have access to your records? yes no.

Are you or your spouse receiving ADC?

yes. Case worker: _____ Case No: _____
 no.

PHYSICAL INJUNCTION INFORMATION

What physical abuse, if any, has occurred and on what dates? _____

Has either spouse been arrested, convicted, imprisoned, or placed on probation?

yes. Explain. _____
 no

Physical description of client.

Race: _____ Height: _____ Weight: _____
Eye Color: _____ Hair Color: _____

Glasses

yes worn all of the time? yes no.
 no

Mustache/beard

yes color: _____
 no

Distinguishing scars or tattoos: _____

Any current restraining Orders? _____

Physical description of spouse:

Race: _____ Height: _____ Weight: _____
Eye Color: _____ Hair Color: _____

Glasses

yes worn all of the time? yes no.
 no

Mustache/beard

yes color: _____
 no

Distinguishing scars or tattoos: _____

Any current restraining Orders? _____

Is carrying a weapon a condition of his/her employment?

yes
 no

EMPLOYMENT

CLIENT

Employer _____

Address: _____

Date of Hire: _____

Occupation: _____

Weekly gross pay: _____

Weekly take-home pay: _____

Pension: _____

Income Last Year: _____

Previous Employer: _____

SPOUSE

Employer _____

Address: _____

Date of Hire: _____

Occupation: _____

Weekly gross pay: _____

Weekly take-home pay: _____

Pension: _____

Income Last Year: _____

Previous Employer: _____

Other Income Sources, (pension, retirement, public assistance, or ADC, veterans' benefits, social security, annuity funds):

1. Type: _____
Gross per year: _____

2. Type: _____
Gross per year: _____

EDUCATION

Client:
Highest degree _____

Spouse:
Highest degree: _____

Did either spouse contribute to the education of the other?

yes. Describe: _____
 no.

Trust beneficiaries

Are you or your spouse the beneficiary under any trust?

yes. Provide Details: _____
 no.

Assets held at the time of marriage:

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

yes. Briefly explain _____

 no.

Other obligations (for example, spousal support to a former spouse) _____

Is there anyone, other than the spouse and identified children financially dependent on you?

- yes. Give details: _____
 no.

On your spouse?

- yes. Give details: _____
 no.

RELIEF TO BE REQUESTED

- divorce
- separate maintenance
- annulment
- custody of children
- parenting time rights
- child support payments
- spousal support
- spouse to vacate home
- contribution to your attorney fees
- restoration of former name
- procurement of \$_____ life insurance to secure child support.
- property division
- property injunction
- domestic abuse injunction
- health insurance for children or yourself
- home utility payments
- home insurance
- mortgage payment
- debts
- other _____

FINANCIAL ARRANGEMENT

Retainer Amount: _____ **Hourly Rate:** _____ \$

NOTES: _____

