



Request of Maiden Name: Yes \_\_\_\_\_ No \_\_\_\_\_

**CHILDREN**

	<u>FULL NAME</u>	<u>DATE OF BIRTH</u>	<u>AGE</u>	<u>SOCIAL SECURITY NO.</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Any adoptions? \_\_\_\_\_ Is Wife Expecting? \_\_\_\_\_

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**EMPLOYMENT INFORMATION**

Employer \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ Length of Employment \_\_\_\_\_

Earnings: Gross per \_\_\_\_\_ Net per \_\_\_\_\_ Frequency of pay period \_\_\_\_\_

**SPOUSE'S EMPLOYMENT INFORMATION**

Employer \_\_\_\_\_ Address \_\_\_\_\_

Position \_\_\_\_\_ Length of Employment \_\_\_\_\_

Earnings: Gross per \_\_\_\_\_ Net per \_\_\_\_\_ Frequency of pay period \_\_\_\_\_

**NOTE: ATTACH ADDITIONAL SCHEDULES WHERE NEEDED**

**ASSETS**

<b>REAL ESTATE:</b> Address	Approximate Value	Balance Due on Mortgage	Loan Held Where?	Whose Name on Title?
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

<b>AUTOMOBILES:</b> Year, Make & Model	Approximate Value	Amount Due	Loan Held Where?	Who Drives?	Whose Name on Title?
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

<b>BANK ACCOUNTS:</b> Type (checking, savings, CDs, etc.)	What Bank?	Amount Currently In Account	Whose Name on Account?
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

<b>STOCKS:</b> Name of Stock	Shares Held	Approximate Value	Whose Name?
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**BUSINESS OWNERSHIP OR CLOSELY HELD CORPORATION INTERESTS:**

1. \_\_\_\_\_

2. \_\_\_\_\_

<b>PENSIONS:</b>	Name of Employer	Present Value	Defined or Benefit	Defined Contribution	Whose Name?
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

<b>EMPLOYMENT RELATED BENEFITS (401(k), 403 (b), ESOP, etc.):</b>	Employer	Present Value	Type of Plan	Whose Name?
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

<b>INDIVIDUAL RETIREMENT ACCOUNTS (IRAs):</b>	Where located	Present Value	Type	Whose Name?
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

<b>INSURANCE:</b>	Provider Name/Address
Homeowners:	_____
Health/Hospitalization:	_____
Life - Wife:	_____
Life - Husband:	_____
Children's:	_____

<b>MARITAL DEBTS AND OBLIGATIONS:</b>	Creditor's Name	Present Balance	Monthly Payment	Whose Name?
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**NON-MARITAL DEBTS AND OBLIGATIONS:**

Creditor's Name	Present Balance	Monthly Payment	Whose Name?
1. _____			
2. _____			
3. _____			

**NON-MARITAL PROPERTY:**

Description	Owner	Value
1. _____		
2. _____		
3. _____		

**RELATED QUESTIONS:**

A. Are you currently receiving or paying child support? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, from or to whom and how much?

\_\_\_\_\_  
\_\_\_\_\_

B. Are you currently receiving or paying maintenance? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, from or to whom and how much?

\_\_\_\_\_  
\_\_\_\_\_

C. What is the state of your health?

\_\_\_\_\_  
\_\_\_\_\_

D. What is the state of your spouse's health?

\_\_\_\_\_  
\_\_\_\_\_

E. Preference for Custody: Wife \_\_\_\_\_ Husband \_\_\_\_\_ Joint \_\_\_\_\_