

MARITAL INFORMATION

CLIENT

DATE: _____

Name - First	Middle	Last	(Maiden)	
Address - Street	County	City	State	Zip
Date of Birth	State of Birth	Age	Social Security No.	Driver's License No.
Years of Schooling; Degrees			Length of Residence in IL	
Number of Previous Marriages			How each ended (death, divorce, etc.)	

SPOUSE

Name - First	Middle	Last	(Maiden)		
Address - Street	County	City	State	Zip	
Date of Birth	State of Birth	Age	Social Security No.	Driver's License No.	
Height	Weight	Race	Hair Color	Eye Color	License Plate
Years of Schooling; Degrees			Length of Residence in IL		
Number of Previous Marriages			How each ended (death, divorce, etc.)		

Date of this Marriage	Place (City)	(County)	(State)
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Date of Separation	Number of Living Children	Number of Children Under Age 18
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Client Phone Numbers: _____

Home	Work	Cell
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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? _____

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

REAL ESTATE: Address	Approximate Value	Balance Due on Mortgage	Loan Held Where?	Whose Name on Title?
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1. _____

2. _____

3. _____

AUTOMOBILES: Year, Make & Model	Approximate Value	Amount Due	Loan Held Where?	Who Drives?	Whose Name on Title?
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1. _____

2. _____

3. _____

4. _____

BANK ACCOUNTS: Type (checking, savings, CDs, etc.)	What Bank?	Amount Currently In Account	Whose Name on Account?
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1. _____

2. _____

3. _____

4. _____

STOCKS: 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. _____

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

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

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

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

MARITAL DEBTS AND OBLIGATIONS:	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 _____