

POST DIVORCE INFORMATION SHEET

LOCATION OF APPOINTMENT: Peoria Morton Telephone Other DATE: _____

How did you hear about us?

Radio Printed Ad Facebook Referral from a former client: _____
 Referral from an attorney: _____ Referral from a friend _____
 Google Search I am a previous client Other (please explain) _____

CLIENT

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, Certificates, etc. _____ Length of Residence in Illinois _____

Number of Previous Marriages _____ How Each Ended (divorce, death, etc.) _____

Client Phone Numbers:

Home _____ Work _____ Cell _____

Client Email: _____

(For Office Use Only): Full Conflict Check Completed By:

EX-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 No. _____

Years of Schooling _____ Degrees, Certificates, etc. _____ Length of Residence in Illinois _____

Number of Previous Marriages _____ How Each Ended (divorce, death, etc.) _____

OTHER PARENT'S EMPLOYMENT INFORMATION

Employer

Address

Position

Length of Employment

Gross Earnings per Pay Period

Net Earnings per Pay Period

Frequency of pay period

Bonuses, Profit Sharing, etc.

Frequency of Award

RELATED QUESTIONS:

A. Are you currently receiving parenting time? _____

If Yes, please list details

B. Is the other parent receiving parenting time? _____

If Yes, please list details

C. Are you currently receiving or paying child support?

Receive payments from whom?

Amount

Frequency

Make payments to whom?

Amount

Frequency

D. Are you currently receiving or paying maintenance?

Receive payments from whom?

Amount

Frequency

Make payments to whom?

Amount

Frequency

E. What is the state of your health? _____

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

G. Other Issues: _____

FOR OFFICE USE

ISSUES TO BE
ADDRESSED:

DOCUMENTS TO
DRAFT: