

# Client Interview Form

Date \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

**CLIENT**

**SPOUSE**

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Birth Date \_\_\_\_\_

Age \_\_\_\_\_

Age \_\_\_\_\_

Birth Place \_\_\_\_\_

Birth Place \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Work Phone (    ) \_\_\_\_\_

Work Phone (    ) \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_

Pager (    ) \_\_\_\_\_

Pager (    ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Fax (    ) \_\_\_\_\_

Fax (    ) \_\_\_\_\_

Social Security No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Driver's License # \_\_\_\_\_

Driver's License # \_\_\_\_\_

State \_\_\_\_\_

State \_\_\_\_\_

Occupational License # \_\_\_\_\_

Occupational License # \_\_\_\_\_

Armed Forces Status \_\_\_\_\_

Armed Forces Status \_\_\_\_\_

Next of Kin \_\_\_\_\_

Next of Kin \_\_\_\_\_

Relation \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_



Residence of the children during the last five years:

Where	With Whom	How Long

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 you / your spouse's health insurance require that you/he/she have the children as dependents to continue health insurance for them? (Check with employer benefits office)

**CHILD CARE**

\_\_\_\_\_ Yes How many weeks per year? \_\_\_\_\_

Paid by whom \_\_\_\_\_

\_\_\_\_\_ No Cost per week During school \_\_\_\_\_ Summer \_\_\_\_\_

Are you paying or receiving support for other children?

\_\_\_\_\_ Yes How much per week \$ \_\_\_\_\_ Number of Children \_\_\_\_\_

\_\_\_\_\_ No

Is you spouse paying or receiving support for other children ?

\_\_\_\_\_ Yes How much per week \$ \_\_\_\_\_ Number of Children \_\_\_\_\_

\_\_\_\_\_ No Provide copies of the court support orders.

Does either party have children from a prior relationship ?

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
Living with \_\_\_\_\_ Client \_\_\_\_\_ Spouse \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
Living with \_\_\_\_\_ Client \_\_\_\_\_ Spouse \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
Living with \_\_\_\_\_ Client \_\_\_\_\_ Spouse \_\_\_\_\_ Social Security Number \_\_\_\_\_

**CUSTODY AND SUPPORT**

How are the "best interests of the children" served regarding custody? (Who should have custody and why)

---

---

---

If you and your spouse have agreed on custody, describe:

---

---

---

Do you know of anyone else who claims parenting time rights with your children?

\_\_\_\_\_ Yes State the person's name, address and relationship \_\_\_\_\_

\_\_\_\_\_ No \_\_\_\_\_

Has support been paid since separation ?

\_\_\_\_\_ Yes How much per week \$ \_\_\_\_\_

\_\_\_\_\_ No \_\_\_\_\_

If you and your spouse have agreed on child support, how much per week \$ \_\_\_\_\_

**PRIOR LITIGATION**

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

\_\_\_\_\_ Yes    Indicate 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 you spouse or any other family member ?

\_\_\_\_\_ Yes    Indicate when and where filed, status of case, case number and name of Judge

\_\_\_\_\_ No

---

Does anyone else claim custody over children of you or your spouse ?

\_\_\_\_\_ Yes    Indicate when and where filed, status of case, case number and name of Judge

\_\_\_\_\_ No

---

Is there an order/judgment for continuing jurisdiction over children of you or your spouse for any other reason ?

\_\_\_\_\_ Yes    Indicate when and where filed, status of case, case number and name of judge

\_\_\_\_\_ No

---

Is there presently on file a case where one of the parties is currently paying support for another child not of this marriage ?

\_\_\_\_\_ Yes    Indicate when and where filed, status of case, case number and name of Judge

\_\_\_\_\_ No

---

**FAMILY HEALTH AND SOCIAL ISSUES**

Do you, your spouse or your children have:

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

\_\_\_\_\_ Yes    Please explain \_\_\_\_\_

---

\_\_\_\_\_ No

Any problems with substance abuse (drugs, alcohol) ?

\_\_\_\_\_ Yes What type of drugs? \_\_\_\_\_

What treatment and by whom? \_\_\_\_\_

When? \_\_\_\_\_

Place of treatment \_\_\_\_\_

\_\_\_\_\_ No

Any particular interest in another person by either party \_\_\_\_\_

Any problems with debts \_\_\_\_\_ Gambling \_\_\_\_\_

Any marriage counseling \_\_\_\_\_

Personal counseling (your/spouse's) \_\_\_\_\_

Would you begin or continue counseling? \_\_\_\_\_

Would you sign a waiver of confidentiality so that we may have access to you records ?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Attitudes (your/spouse's) toward reconciliation \_\_\_\_\_

Are you or your spouse receiving ADC ?

\_\_\_\_\_ Yes Caseworker \_\_\_\_\_ Case No. \_\_\_\_\_

\_\_\_\_\_ No

**PHYSICAL INJUNCTION INFORMATION**

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

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

\_\_\_\_\_ Yes Explain \_\_\_\_\_

\_\_\_\_\_ No

**PHYSICAL DESCRIPTION OF CLIENT:**

Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye color \_\_\_\_\_ Hair Color \_\_\_\_\_

Glasses

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

Worn all the time \_\_\_\_\_ Yes \_\_\_\_\_ No

Mustach/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  
\_\_\_\_\_ No

Worn all the time \_\_\_\_\_ Yes \_\_\_\_\_ No

Mustach/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*

*Spouse*

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Date of Hire \_\_\_\_\_

Date of Hire \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Weekly Gross Pay \_\_\_\_\_

Weekly Gross Pay \_\_\_\_\_

Weekly take home \_\_\_\_\_

Weekly take home \_\_\_\_\_

Pension \_\_\_\_\_

Pension \_\_\_\_\_

Early retirement benefits \_\_\_\_\_

Early retirement benefits \_\_\_\_\_

Signing bonus or any special payment  
\_\_\_\_\_

Signing bonus or any special payment  
\_\_\_\_\_

Profit sharing \_\_\_\_\_

Profit sharing \_\_\_\_\_

Recognition or other awards \_\_\_\_\_

Recognition or other awards \_\_\_\_\_

Income last year \_\_\_\_\_

Income last year \_\_\_\_\_

Please attach a copy of your last three pay stubs. Indicate if any deductions are mandatory (other than taxes), for example, union dues, pension, etc. Please attach the last two income tax returns (personal and business) with their schedules and W-2 forms.

Previous Employer \_\_\_\_\_

Previous Employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Annual Income \_\_\_\_\_

Annual Income \_\_\_\_\_

Other income sources (pension, retirement, public assistance or ADC, Veterans' benefits, Social Security or annuity funds):

1. Type (wage/dividend)

Gross per year \_\_\_\_\_ In whose name \_\_\_\_\_

2. Type (wage/dividend)

Gross per year \_\_\_\_\_ In whose name \_\_\_\_\_

3. Type (wage/dividend)

Gross per year \_\_\_\_\_ In whose name \_\_\_\_\_

**EDUCATION**

***Client***

***Spouse***

Highest degree obtained \_\_\_\_\_

Highest degree obtained \_\_\_\_\_

High School \_\_\_\_\_

High School \_\_\_\_\_

Date of diploma or GED \_\_\_\_\_

Date of diploma or GED \_\_\_\_\_

Univ./College \_\_\_\_\_

Univ./College \_\_\_\_\_

Degree \_\_\_\_\_

Degree \_\_\_\_\_



Date obtained \_\_\_\_\_

Date obtained \_\_\_\_\_

Additional training \_\_\_\_\_

Additional training \_\_\_\_\_

Did either spouse contribute to the education of the other?

\_\_\_\_\_ Yes Describe \_\_\_\_\_  
\_\_\_\_\_ No

**ASSETS**  
**(Attach additional sheets if necessary)**  
**A. Real property**

Resident address \_\_\_\_\_

Date purchased \_\_\_\_\_ Purchase price \_\_\_\_\_

Mortgage Co. \_\_\_\_\_ Account No. \_\_\_\_\_

In whose name \_\_\_\_\_ Monthly payment \_\_\_\_\_ Balance due \_\_\_\_\_

Paid by: \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both

Land contract \_\_\_\_\_ In whose name \_\_\_\_\_

Home equity loan \_\_\_\_\_ Account no. \_\_\_\_\_ In whose name \_\_\_\_\_

Amount of property taxes \_\_\_\_\_ Are they included in monthly payment? \_\_\_\_\_

Additional real estate:

Address: \_\_\_\_\_

Date purchased \_\_\_\_\_ Purchase Price \_\_\_\_\_

Mortgage co. \_\_\_\_\_ Account No. \_\_\_\_\_

In whose name \_\_\_\_\_ Monthly Payment \_\_\_\_\_ Balance Due \_\_\_\_\_

Paid by: \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both

Land contract \_\_\_\_\_ In whose name \_\_\_\_\_

Home equity loan \_\_\_\_\_ Account No. \_\_\_\_\_ In whose name \_\_\_\_\_

Amount of property taxes \_\_\_\_\_ Are the included in monthly payment? \_\_\_\_\_

Attach copies of deeds or land contracts.

**B. VEHICLES (car, boat, trailer, motorcycle, snowmobile etc.)**

1. Year/make \_\_\_\_\_  
Vehicle identification no. \_\_\_\_\_

In whose name \_\_\_\_\_ Possession \_\_\_\_\_

Purchase price \_\_\_\_\_ Monthly payment \_\_\_\_\_

Lien holder \_\_\_\_\_ Balance due \_\_\_\_\_

2. Year/make \_\_\_\_\_

Vehicle identification no. \_\_\_\_\_

In whose name \_\_\_\_\_ Possession \_\_\_\_\_

Purchase price \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Lien holder \_\_\_\_\_ Balance due \_\_\_\_\_

3. Year/make \_\_\_\_\_

Vehicle identification no. \_\_\_\_\_

In whose name \_\_\_\_\_ Possession \_\_\_\_\_

Purchase price \_\_\_\_\_ Monthly payment \_\_\_\_\_

Lien holder \_\_\_\_\_ Balance due \_\_\_\_\_

4. Year/make \_\_\_\_\_

Vehicle identification no. \_\_\_\_\_

In whose name \_\_\_\_\_ Possession \_\_\_\_\_

Purchase price \_\_\_\_\_ Monthly payment \_\_\_\_\_

Lien holder \_\_\_\_\_ Balance due \_\_\_\_\_

5. Year/make \_\_\_\_\_

Vehicle identification no. \_\_\_\_\_

In whose name \_\_\_\_\_ Possession \_\_\_\_\_

Purchase price \_\_\_\_\_ Monthly payment \_\_\_\_\_  
Lien holder \_\_\_\_\_ Balance due \_\_\_\_\_

**C. BANK ACCOUNTS OR CREDIT UNION ACCOUNTS**

1. Name of bank and branch \_\_\_\_\_  
Account number \_\_\_\_\_  
Type of account (savings, checking, money market) \_\_\_\_\_  
Signatories \_\_\_\_\_  
Source of monies \_\_\_\_\_ Balance \_\_\_\_\_
2. Name of bank and branch \_\_\_\_\_  
Account number \_\_\_\_\_  
Type of account (savings, checking, money market) \_\_\_\_\_  
Signatories \_\_\_\_\_  
Source of monies \_\_\_\_\_ Balance \_\_\_\_\_
3. Name of bank and branch \_\_\_\_\_  
Account number \_\_\_\_\_  
Type of account (savings, checking, money market) \_\_\_\_\_  
Signatories \_\_\_\_\_  
Source of monies \_\_\_\_\_ Balance \_\_\_\_\_

**D. INDIVIDUAL RETIREMENT ACCOUNTS**

1. Financial institution \_\_\_\_\_

Account No. \_\_\_\_\_ Balance \_\_\_\_\_ In whose name \_\_\_\_\_

2. Financial institution \_\_\_\_\_

Account No. \_\_\_\_\_ Balance \_\_\_\_\_ In whose name \_\_\_\_\_

**E. RETIREMENT PLANS, PENSIONS, KEOGHS, 401(k) PLANS,  
STOCK BONUS OR OPTION PLANS, ETC.  
(attach copies of plan descriptions and annual reports for each)**

1. Employer or financial institution \_\_\_\_\_

Name and type of plan \_\_\_\_\_ Vested \_\_\_\_\_

Value \_\_\_\_\_ Account No. \_\_\_\_\_ In whose name \_\_\_\_\_

2. Employer or financial institution \_\_\_\_\_

Name and type of plan \_\_\_\_\_ Vested \_\_\_\_\_

Value \_\_\_\_\_ Account No. \_\_\_\_\_ In whose name \_\_\_\_\_

3. Employer or financial institution \_\_\_\_\_

Name and type of plan \_\_\_\_\_ Vested \_\_\_\_\_

Value \_\_\_\_\_ Account No. \_\_\_\_\_ In whose name \_\_\_\_\_

**F. CORPORATE STOCKS, BONDS, NOTES, SECURITIES, BILLS,  
BROKERAGE ACCOUNTS**

1. Name of broker and firm holding investments \_\_\_\_\_

Type of investment \_\_\_\_\_

Account no. \_\_\_\_\_ In whose name \_\_\_\_\_

Type of account (saving, checking, money market) \_\_\_\_\_

Purchase Price \_\_\_\_\_ Current value \_\_\_\_\_

What was source of stock or funds to purchase? \_\_\_\_\_

2. Name of broker and firm holding investments \_\_\_\_\_  
 Type of investment \_\_\_\_\_  
 Account no. \_\_\_\_\_ In whose name \_\_\_\_\_  
 Type of account (saving, checking, money market) \_\_\_\_\_  
 Purchase price \_\_\_\_\_ In whose name \_\_\_\_\_  
 What was source of stock or funds to purchase? \_\_\_\_\_

**G. PATENT, INVENTIONS, COPYRIGHTS, ETC.**

**H. LIFE INSURANCE**

***CLIENT***

Name of insurer \_\_\_\_\_  
 Name of insured \_\_\_\_\_  
 Name of Beneficiary \_\_\_\_\_  
 Type of insurance (term, whole life, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 Policy no. \_\_\_\_\_  
 Amount of policy \_\_\_\_\_  
 Cash surrender value \_\_\_\_\_  
 Loans against policy \_\_\_\_\_

***SPOUSE***

Name of insurer \_\_\_\_\_  
 Name of insured \_\_\_\_\_  
 Name of Beneficiary \_\_\_\_\_  
 Type of insurance (term, whole life, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 Policy no. \_\_\_\_\_  
 Amount of policy \_\_\_\_\_  
 Cash surrender value \_\_\_\_\_  
 Loans against policy \_\_\_\_\_

**I. BUSINESS INTERESTS (corporations, partnerships sole proprietorships, etc.)**

Name and type of business interest \_\_\_\_\_

Type of ownership interest \_\_\_\_\_ Value of interest \_\_\_\_\_

Initial investment and when \_\_\_\_\_

Additional amounts invested and when \_\_\_\_\_

**J. COMMUNIT PROPERTY (property acquired with you spouse)**

Have you ever lived in a state the has a community property law (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin?)

\_\_\_\_\_ Yes Provide details and the status of assets brought into this state.  
\_\_\_\_\_

\_\_\_\_\_ No

**K. MISCELLANEOUS ASSETS**

Jewelry \_\_\_\_\_

Value \_\_\_\_\_

Art Work \_\_\_\_\_

Value \_\_\_\_\_

Antiques \_\_\_\_\_

Value \_\_\_\_\_

Coin and other collections \_\_\_\_\_

Value \_\_\_\_\_

Inheritance \_\_\_\_\_

Value \_\_\_\_\_

Annuities \_\_\_\_\_

Value \_\_\_\_\_

Safe deposit box \_\_\_\_\_ Location \_\_\_\_\_

Accounts receivable \_\_\_\_\_

**L. GIFTS**

Have you or your spouse made any substantial gifts in the past or placed property in joint names with anyone other than the spouse?

Yes      Provide details \_\_\_\_\_  
 No

**M. TRUST BENEFICIARIES**

Are you or your spouse the beneficiary under any trust?

Yes      Provide details \_\_\_\_\_  
 No

**N. ASSETS HELD AT TIME OF MARRIAGE**

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

**O. ARE YOU AWARE OF ASSETS BEING GIVEN AWAY, SOLD OR HIDDEN FROM YOU?**

Yes      Briefly explain \_\_\_\_\_  
 No

**LIABILITIES**

Please indicate with an asterisk any accounts that you have reason to believe are delinquent.

Indebtedness (i.e. credit cards, educational loans, personal loans etc.)

1. Creditor \_\_\_\_\_ Account No. \_\_\_\_\_

Type of indebtedness (credit card, etc.) \_\_\_\_\_

Is the account current?  Yes  No      Present balance due \_\_\_\_\_

Monthly payment \_\_\_\_\_ Named borrowers \_\_\_\_\_

Who will pay until the divorce judgment? \_\_\_\_\_

2. Creditor \_\_\_\_\_ Account No. \_\_\_\_\_

Type of indebtedness (credit card, etc.) \_\_\_\_\_

Is the account current? \_\_\_\_\_ Yes \_\_\_\_\_ No Present balance due \_\_\_\_\_

Monthly payment \_\_\_\_\_ Named borrowers \_\_\_\_\_

Who will pay until the divorce judgment? \_\_\_\_\_

3. Creditor \_\_\_\_\_ Account No. \_\_\_\_\_

Type of indebtedness (credit card, etc.) \_\_\_\_\_

Is the account current? \_\_\_\_\_ Yes \_\_\_\_\_ No Present balance due \_\_\_\_\_

Monthly payment \_\_\_\_\_ Named borrowers \_\_\_\_\_

Who will pay until the divorce judgment? \_\_\_\_\_

4. Creditor \_\_\_\_\_ Account No. \_\_\_\_\_

Type of indebtedness (credit card, etc.) \_\_\_\_\_

Is the account current? \_\_\_\_\_ Yes \_\_\_\_\_ No Present balance due \_\_\_\_\_

Monthly payment \_\_\_\_\_ Named borrowers \_\_\_\_\_

Who will pay until the divorce judgment? \_\_\_\_\_

5. Creditor \_\_\_\_\_ Account No. \_\_\_\_\_

Type of indebtedness (credit card, etc.) \_\_\_\_\_

Is the account current? \_\_\_\_\_ Yes \_\_\_\_\_ No Present balance due \_\_\_\_\_

Monthly payment \_\_\_\_\_ Named borrowers \_\_\_\_\_

Who will pay until the divorce judgment? \_\_\_\_\_

Delinquent indebtedness:

Mortgage \_\_\_\_\_ How much? \_\_\_\_\_ How long overdue? \_\_\_\_\_

Property taxes \_\_\_\_\_ How much? \_\_\_\_\_ How long overdue? \_\_\_\_\_

Income taxes \_\_\_\_\_ How much? \_\_\_\_\_ How long overdue? \_\_\_\_\_



Vehicle loan \_\_\_\_\_ How much? \_\_\_\_\_ How long overdue? \_\_\_\_\_

Other \_\_\_\_\_ How much? \_\_\_\_\_ How long overdue? \_\_\_\_\_

Business debts:

What kind? \_\_\_\_\_ How much? \_\_\_\_\_ How long overdue? \_\_\_\_\_

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

Is 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 \$ \_\_\_\_\_ in life insurance to secure child support
- \_\_\_\_\_ Property division \_\_\_\_\_
- \_\_\_\_\_ Property injunction \_\_\_\_\_
- \_\_\_\_\_ Domestic abuse injunction \_\_\_\_\_

\_\_\_\_\_ Health insurance for children or yourself \_\_\_\_\_  
 \_\_\_\_\_ Home utility payments \_\_\_\_\_  
 \_\_\_\_\_ Home insurance (Plaintiff/Defendant) \_\_\_\_\_  
 \_\_\_\_\_ Mortgage payments \_\_\_\_\_  
 \_\_\_\_\_ Debts \_\_\_\_\_  
 \_\_\_\_\_ Other \_\_\_\_\_  
 \_\_\_\_\_ Attorney fee arrangement \_\_\_\_\_

The items checked below are needed to complete you divorce case file. Please collect the items that have been checked and bring in copies or originals to the paralegal as soon as possible.

***Items needed***

***Date given to paralegal***

_____ Tax returns with schedules and W-2s - last two years	_____
<b>Paycheck stubs – last two months</b>	
_____ You	_____
_____ Your spouse	_____
_____ Mortgage statement	_____
<b>Document showing legal description</b>	
_____ Marital home	_____
_____ Vacation property	_____
_____ Income property	_____
<b>Pension or retirement account statement</b>	
_____ You	_____
_____ Your spouse	_____
<b>Car titles</b>	
_____ You	_____
_____ Your spouse	_____

_____	Life insurance cash value statement	_____
_____	Savings account statements	_____
_____	Investment account balance statements	_____
_____	Appraisal for _____	_____
_____	Appraisal for _____	_____
_____	Prenuptial or postnuptial agreement	_____
_____	_____	_____
_____	_____	_____