

**BOYD, FERNAMBUCQ & DUNN, P.C. - INFORMATION SHEET - INITIAL DIVORCE**

COUNTY \_\_\_\_\_

INTERVIEW DATE \_\_\_\_\_ REFERRED BY \_\_\_\_\_

**CLIENT INFORMATION:**

**Date served with Complaint:** \_\_\_\_\_

FULL NAME \_\_\_\_\_ PRIOR NAME \_\_\_\_\_

RESIDENT ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ IN CITY LIMITS? Y/N

SEND CORRESPONDENCE TO \_\_\_\_\_ ZIP \_\_\_\_\_

HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_ SSN \_\_\_\_\_

D/O/B \_\_\_\_\_ RACE \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

LAST YEAR OF EDUCATION COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4 5+

EMPLOYED BY \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

SALARY \_\_\_\_\_ BONUS \_\_\_\_\_ OTHER INCOME \_\_\_\_\_

NUMBER OF THIS MARRIAGE \_\_\_\_\_ PREVIOUS MARRIAGE ENDED BY \_\_\_\_\_

MARRIAGE DATE \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

SEPARATION DATE \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

**OPPOSING PARTY INFORMATION:**

FULL NAME \_\_\_\_\_ PRIOR NAME \_\_\_\_\_

RESIDENT ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ IN CITY LIMITS? Y/N

SEND CORRESPONDENCE TO \_\_\_\_\_ ZIP \_\_\_\_\_

HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_ SSN \_\_\_\_\_

NUMBER OF THIS MARRIAGE \_\_\_\_\_ PREVIOUS MARRIAGE ENDED BY \_\_\_\_\_

D/O/B \_\_\_\_\_ RACE \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

LAST YEAR OF EDUCATION COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4 5+

EMPLOYER/NAME AND ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

SALARY \_\_\_\_\_ BONUS \_\_\_\_\_ OTHER INCOME \_\_\_\_\_



Location\_\_\_\_\_

FMV\_\_\_\_\_ Date purchased\_\_\_\_\_

Mortgagee\_\_\_\_\_ Monthly payment\_\_\_\_\_

Mortgage balance\_\_\_\_\_ Equity\_\_\_\_\_

VEHICLES

Year/Make/Model\_\_\_\_\_ Name\_\_\_\_\_

Driven by\_\_\_\_\_ Lienholder\_\_\_\_\_

Monthly payment\_\_\_\_\_ Balance\_\_\_\_\_ FMV\_\_\_\_\_

Year/Make/Model\_\_\_\_\_ Name\_\_\_\_\_

Driven by\_\_\_\_\_ Lienholder\_\_\_\_\_

Monthly payment\_\_\_\_\_ Balance\_\_\_\_\_ FMV\_\_\_\_\_

Year/Make/Model\_\_\_\_\_ Name\_\_\_\_\_

Driven by\_\_\_\_\_ Lienholder\_\_\_\_\_

Monthly payment\_\_\_\_\_ Balance\_\_\_\_\_ FMV\_\_\_\_\_

Boats, Motorcycles, RVs, etc.\_\_\_\_\_

BANK ACCOUNTS

Bank\_\_\_\_\_ Name\_\_\_\_\_ Type\_\_\_\_\_ Balance\_\_\_\_\_

Bank\_\_\_\_\_ Name\_\_\_\_\_ Type\_\_\_\_\_ Balance\_\_\_\_\_

Bank\_\_\_\_\_ Name\_\_\_\_\_ Type\_\_\_\_\_ Balance\_\_\_\_\_

Bank\_\_\_\_\_ Name\_\_\_\_\_ Type\_\_\_\_\_ Balance\_\_\_\_\_

OTHER CASH ASSETS

Bonds\_\_\_\_\_

Notes\_\_\_\_\_

Stocks\_\_\_\_\_

CDs\_\_\_\_\_

Mutual funds\_\_\_\_\_

Pensions\_\_\_\_\_

RETIREMENT

Plan Administrator \_\_\_\_\_ Type \_\_\_\_\_

Name on Account \_\_\_\_\_ % Vested \_\_\_\_\_

Plan Administrator \_\_\_\_\_ Type \_\_\_\_\_

Name on Account \_\_\_\_\_ % Vested \_\_\_\_\_

BUSINESS INTERESTS

Type \_\_\_\_\_ %Ownership \_\_\_\_\_ Value \_\_\_\_\_ Debt \_\_\_\_\_

Type \_\_\_\_\_ %Ownership \_\_\_\_\_ Value \_\_\_\_\_ Debt \_\_\_\_\_

LIFE INSURANCE

Name of policy holder (owner) \_\_\_\_\_ Type \_\_\_\_\_

Company \_\_\_\_\_ Premium \_\_\_\_\_ Beneficiary \_\_\_\_\_

Paid by \_\_\_\_\_ Death benefit \_\_\_\_\_ Cash value \_\_\_\_\_

Name of policy holder (owner) \_\_\_\_\_ Type \_\_\_\_\_

Company \_\_\_\_\_ Premium \_\_\_\_\_ Beneficiary \_\_\_\_\_

Paid by \_\_\_\_\_ Death benefit \_\_\_\_\_ Cash value \_\_\_\_\_

MEDICAL INSURANCE

Company \_\_\_\_\_ Paid by \_\_\_\_\_ Premium \_\_\_\_\_ Family? Y/N

Company \_\_\_\_\_ Paid by \_\_\_\_\_ Premium \_\_\_\_\_ Family? Y/N

DEBTS

Mine/Theirs/Joint Type \_\_\_\_\_ Payment \_\_\_\_\_ Balance \_\_\_\_\_

Mine/Theirs/Joint Type \_\_\_\_\_ Payment \_\_\_\_\_ Balance \_\_\_\_\_

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Mine/Theirs/Joint Type \_\_\_\_\_ Payment \_\_\_\_\_ Balance \_\_\_\_\_

MISCELLANEOUS

Do you have a will? Y/N                      Does your spouse? Y/N

Does your spouse know you are here? Y/N

Return to prior name? Y/N

Have you seen an attorney for anything in the last year? Y/N

If so, who and why? \_\_\_\_\_

Have you seen a doctor or therapist in the last year? Y/N

If so, who and why? \_\_\_\_\_

List any significant medical, physical, or emotional problems

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

In your own words, why are you here? \_\_\_\_\_

\_\_\_\_\_

What is your ideal result? \_\_\_\_\_

\_\_\_\_\_