

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 _____

Mine/Theirs/Joint Type _____ Payment _____ Balance _____

Mine/Theirs/Joint Type _____ Payment _____ Balance _____

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? _____
