

INITIAL DIVORCE INFORMATION

Date: _____

CLIENT:

Name: _____ Phone: _____

Date of birth: _____ Age: _____

Address: _____ SS# _____

City: _____ State _____ Zip _____

How long a resident of county? _____ Of WI? _____

Health problems of yourself: _____

Employer: _____ Phone: _____

Employer Address: _____

Occupation / Current job title: _____

Income:

Annual: _____ Frequency of payments: _____

Benefits:

Group medical	Yes	No
Life Insurance	Yes	No
Retirement	Yes	No

Other _____

Hours / days _____

Job security / advancement _____

Former Legal Name: _____ Maiden name: _____

Do you wish to return to your maiden name? Yes No

SPOUSE

Name: _____ Phone: _____

Date of Birth: _____ Age: _____

Address: _____ SS# _____

City: _____ State _____ Zip _____

Attorney: _____

How long a resident of county? _____ Of WI? _____

Health problems of spouse: _____

Employer: _____ Phone: _____

Employer Address: _____

Occupation / Current job title: _____

Income: Annual: _____ Frequency of payments: _____

Benefits:

Group medical Yes No

Life Insurance Yes No

Retirement Yes No

Other _____

Hours / days _____

Job security / advancement _____

Former Legal Name: _____ Maiden name: _____

Manner of service on spouse? _____

MARRIAGE

Date married: _____

Where: _____

CHILDREN OF MARRIAGE

<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Present address of the minor marital children: _____

School children attend: _____

Grade level: _____

Teachers: _____

Grade performance: _____

Behavior issues: _____

Exceptional education needs: _____

Exceptional health or dental needs of the children: _____

Have there been prior actions for custody of the children? Yes No

Is client or spouse pregnant? Yes No

Residence of minor children during the past five years:

<u>With Whom</u>	<u>Address</u>
_____	_____
_____	_____

OTHER CHILDREN

<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent(s) of other children:

Name(s): _____

Address(es): _____

Involvement of parent: _____

Relationship with marital child(ren): _____

Physical or emotional abuse of client or children? Yes No
(If yes, see abuse questionnaire.)

Describe use of alcohol by both parties: _____

Describe use of medication or controlled substances by both parties: _____

Extent/nature of parenting by both parties:

Who schedules medical/dental appointments?	H	W	Both
Who takes child(ren) to medical / dental appts.?	H	W	Both
Who attends parent/teacher conferences?	H	W	Both
Who attends school activities?	H	W	Both
Who helps with schoolwork?	H	W	Both
Who keeps "family calendar"?	H	W	Both

Who do children go to if they have a problem? H W Both

(Give example): _____

Describe extent of primary parenting (interaction with children) by both parties:

Other family members / others significantly involved in children's lives:

Children ever in counseling? Describe: _____

Client's goals regarding placement: _____

MARITAL STATUS

Previous Marriage(s): Client: _____ Spouse: _____

Other marriages ended by death, divorce, or annulment:

Client: _____

Spouse: _____

Is client presently living with spouse? Yes No

Who left? _____ Date of separation: _____

Has either party previously started an action for divorce, legal separation, annulment, or support action against current spouse? Yes No

EDUCATION

What level of education does each party currently have?

Client: _____ Spouse _____

Did either party help finance each other's education?

Which one _____ How _____

To what extent _____

If client is unemployed, when was the last date of employment? _____

Where _____

What job _____ Salary _____

Does client wish to pursue an education or job training? Yes No

ARMED FORCES

Is client or spouse currently or were either ever a member of the U.S. Armed Forces?

Yes No

If so, give branch and dates of service _____

FINANCIAL INFORMATION

Assets you own individually or with your spouse:

<u>Asset Description</u>	<u>How Titled</u>	<u>When and How Acquired</u>	<u>Estimated Value</u>	<u>Estimated Debt</u>
Home				
Other Real Estate				
Securities/ Brokerage Accounts				
Cash/CD's Money Market Accounts				
Collectibles/ Antiques				
Personal Property/ Automobiles				
Notes Receivable to You				

Debts

(Other than mortgages shown above in connection with assets)

<u>To Whom Payable</u>	<u>Who is Liable? (H, W, Both)</u>	<u>Is Debt Secured by Lien? On What Property?</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Life Insurance

Name of Co. _____ Type of Policy/Plan _____

Title Holder _____ Whose Life Insured _____

Beneficiary _____

When Acquired _____ Face Amount and/or Value _____

Name of Co. _____ Type of Policy/Plan _____

Title Holder _____ Whose Life Insured _____

Beneficiary _____

When Acquired _____ Face Amount and/or Value _____

Do any policies provide double indemnity? Yes No Which ones? _____

Employment Plans

(e.g., HR-IO, IRAs, and Other Pension/Profit-Sharing Plans)

Name of Co. _____ Type of Policy/Plan _____

Title Holder _____ When Acquired _____

Beneficiary _____ Face Amount and/or Value _____

Name of Co. _____ Type of Policy/Plan _____

Title Holder _____ When Acquired _____

Beneficiary _____ Face Amount and/or Value _____

Business/ Employment:

Do you own a business? If so, please supply a copy of the most recent financial statement for your business. If there is a partnership or shareholder agreement, please supply a copy of the agreement.

If your business is a partnership, what is your interest and who are the partners? If it is a corporation, how much and what kind of stock is outstanding and who owns it (and in what amounts)? _____

If you have a written employment agreement with any corporation, please supply a copy of the agreement.

ABUSE INFORMATION ADDENDUM

1. Nature of abuse:

Client:	Physical	Yes	No
	Emotional	Yes	No
Child(ren):	Physical	Yes	No
	Emotional	Yes	No

2. Describe the most recent abuse:

Victim of abuse: _____

Date and time: _____

Where abuse occurred: _____

Describe abusive behavior: _____

Effect of abuse: _____

Witnesses to abuse: _____

Witnesses to injuries: _____

Did you seek treatment from a doctor? _____

Were authorities contacted? _____

Did you tell anyone about the abuse? _____

3. Previous incidents:

Victim of abuse: _____

Date and time: _____

Where abuse occurred: _____

Describe abusive behavior: _____

Effect of abuse: _____

Witnesses to abuse: _____

Witnesses to injuries: _____

Did you seek treatment from a doctor? _____

Were authorities contacted? _____

Did you tell anyone about the abuse? _____

4. Use of alcohol when abusive? _____

5. Patterns to the abuse: _____

6. Does abuser isolate/control client? Explain: _____

7. Have you ever participated in counseling? _____

Did you tell counselor about abuse? _____

8. Plan to deal with future abuse: _____
