

DIVORCE FINANCIAL ASSOCIATES, LLC

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INFORMATION ABOUT YOU

Full name: _____ Date of birth: _____ SSN: _____

All previous names you have used: _____

Current home address: _____

County: _____ Can we send mail to you there? _____

Length of time you have lived at your present address: _____

Your employer name and address, phone: _____

_____ Start Date: _____

Your job position and duties: _____

Home phone: _____ Home Fax: _____ Pager: _____

Work phone: _____ Work Fax: _____ Email: _____

Cell phone: _____ Do we need to call first before faxing? Yes No

Alternate phone contact if we can't reach you any other way: _____

Your driver's license number and state of issue: _____

Name of Attorney: _____ Case Number: _____

Address & Phone of Attorney: _____

How did you select our firm:

referred by : _____

other: _____

INFORMATION ABOUT YOUR SPOUSE

Spouse's Full name: _____ Date of birth: _____ SSN: _____

Spouse's current home address: _____

County: _____

Length of time your spouse has lived at current address: _____

Spouse's employer name and address, phone: _____

_____ Start Date: _____

Spouse's job position and duties: _____

INFORMATION ABOUT YOUR MARRIAGE

Date you were married: _____ Place (City and State): _____

Who moved out of the marital home and when? _____

Were you ever separated or divorced from this spouse before now? ____ Yes ____ No

If so, when and why: _____

List your children by any prior relationship (name, age, residence): _____

List your spouse's children by any prior relationship (name, age, residence): _____

Is there a prenuptial or postnuptial agreement? If yes please attach a copy ____ Yes ____ No

INFORMATION ABOUT CHILDREN OF THIS MARRIAGE

Name the children of this marriage Number	Male or Female	Date of birth	Social Security
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1. _____

2. _____

3. _____

If you have reason to question who is the father of any of these children, please explain: _____

Where and with whom your children have lived for the past five years:

from date - to date	City and State	With What Adults
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____

Are any of your children of Indian blood? ____ Yes ____ No On a tribal roll? ____ Yes ____ No

Have your children been the subject of any other legal proceedings, including DHS investigations, neglect or delinquency proceedings, adoption, grandparental rights proceedings, personal injury actions? If so, explain:

INFORMATION ABOUT YOUR HEALTH INSURANCE

Are your children covered on any health insurance policy? _____ Yes _____ No

Name of health plan _____ Name of dental plan _____

Deductible \$ _____

Co-Pay on doctor visits \$ _____

Co-Pay on prescriptions \$ _____

As to the premium, please state:

cost for employee only \$ _____ amount deducted each pay period \$ _____

cost for employee and spouse \$ _____ how often is the deduction made?

cost for employee and children \$ _____ _____ weekly
_____ every two weeks
_____ two times per month
_____ once per month

Is the premium for the insurance paid through deduction from your or your spouse's pay?

_____ Mine _____ My spouse's

If you, your spouse or any of your children have any serious health problems, please describe: _____

INFORMATION ABOUT YOUR HOME

Briefly describe your home: _____

Do you want your spouse to move out? ___ Yes ___ No Explain: _____

Give the legal description of your home (it's on your deed or mortgage): _____

If your home is mortgaged, identify:

name of mortgage holder (lender) address of mortgage holder account number

Date acquired home: _____ Total price \$ _____ Down payment \$ _____

Original mortgage amount \$ _____

Monthly payment on mortgage \$ _____

Is home now listed for sale? _____ Yes _____ No

Amount of last appraisal: \$ _____

Name and phone

By Whom: _____

number of realtor: _____

Phone: _____

NOTE: If you or your spouse own any other real property (land or homes), please provide the information requested above as to each such property on the back of this sheet.

INFORMATION ABOUT YOUR VEHICLES

What vehicle(s) do you now have? (year, make, model) _____

What vehicle(s) do you want to keep permanently? _____

List the current mileage _____ List the VIN of the vehicle: _____

What vehicle(s) does your spouse now have? (year, make, model): _____

What vehicle(s) do you want your spouse to keep permanently? _____

List the current mileage _____ List the VIN of the vehicle: _____

Do you or your spouse or children own any other vehicles? Identify them: _____

Identify any outstanding debts on these vehicles:

name and address of lender	account number	amount of original note	current balance	monthly payment
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1. _____

2. _____

Are any of the vehicle(s) you have listed above titled in the name of anyone other than you or your spouse?

If so, explain: _____

INFORMATION ABOUT OTHER MARITAL ASSETS

Do you or your spouse have:

1. **one or more checking accounts?** If so, please provide the following information:

name of institution	account number	names on the account	current balance
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- 1. _____
- 2. _____
- 3. _____

2. **one or more savings accounts?** If so, please provide the following information:

name of institution	account number	names on the account	current balance
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- 1. _____
- 2. _____
- 3. _____

3. **Other accounts/money market, mutual funds, certificates of deposit?** If so, please provide the following information:

name of institution	account number	names on the account	current balance
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- 1. _____
- 2. _____
- 3. _____

4. **Boats, trailers, motorcycles, water recreation vehicles, etc.?** (List by make, model, year, and VIN or title number)

5. **Expensive jewelry?** If so, please describe. If any piece was a gift, please indicate to whom, from whom, occasion and date (month and year):

6. Life insurance policies? If so, please provide the following information:

institution	term or whole life	insured	account/policy #	owner	coverage amount	surrender value
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1. _____
2. _____
3. _____

7. Retirement, pension and/or thrift plan /401K / IRA? If so, please provide the following information:

institution	owner	account/policy #	current value
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1. _____
2. _____
3. _____

Additional Contact information:

Name	Company	Telephone Number
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1. Broker/Investment Advisor _____
2. CPA _____
3. HR Dept or / Pension Plan Administrator _____
4. Life Insurance Agent _____

MARITAL PROPERTY

IDENTIFY WHAT YOU BELIEVE TO BE THE PRESENT VALUE (normally 1/2 - 1/3 original cost) OF EACH ITEM IN THE COLUMN FOR HUSBAND OR WIFE, DEPENDING UPON WHO YOU WANT TO HAVE EACH ITEM

DESCRIPTION OF ITEM	ORIGINAL COST	DATE ACQUIRED	PRESENT VALUE TO HUSBAND	PRESENT VALUE TO WIFE
1.	\$		\$	\$
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

(If you need additional room, continue on the back of this sheet or use additional sheets.) If any items were owned before the marriage or were acquired by gift during the marriage, please describe on the back of this sheet.

NON-MARITAL PROPERTY

List significant items of property **you owned** before this marriage or received as a gift or inheritance during the marriage. If any of the items are no longer in existence, explain what happened to them.

List significant items of property **your spouse** owned before this marriage or received as a gift or inheritance during the marriage. If any of the items are no longer in existence, explain what happened to them.

List significant items of property **you and your spouse** received, as a **couple**, during this marriage as a gift or inheritance. If any of the items are no longer in existence, explain what happened to them.

List significant items of property **your children** received as a gift or inheritance during your marriage. If any of the items are no longer in existence, explain what happened to them.

INFORMATION ABOUT INCOME

Gross MONTHLY income from:	HUSBAND	WIFE
Salary and wages, including commissions, bonuses, allowances and overtime payable	\$	\$
Pensions and retirement		
Social Security		
Disability and unemployment insurance		
Public assistance (welfare, AFDC payments, etc)		
Child support from prior marriage		
Rents		
All other sources:		
GROSS MONTHLY INCOME	\$	\$

Itemized MONTHLY deductions from gross income:	HUSBAND	WIFE
State and federal income taxes	\$	\$
Social Security and Medicare		
Medical or other insurance (describe)		
Union or other dues		
Retirement or pension fund		
Savings plan		
Credit Union (specify whether for savings or loan payment)		
Other: (specify)		
TOTAL MONTHLY DEDUCTIONS	\$	\$
NET MONTHLY INCOME (TAKE HOME PAY)	\$	\$

INFORMATION ABOUT DEBTS

CREDITOR'S NAME, ADDRESS, AND ACCOUNT NUMBER	PURPOSE FOR DEBT	DATE INCURRED	ORIGINAL AMOUNT	CURRENT BALANCE	MONTHLY PAYMENT
			\$	\$	\$
TOTAL				\$	\$

YOUR MONTHLY EXPENSES

	MONTHLY AMOUNT
Rent or mortgage payment (residence)	
Real property taxes (residence)	
Real property insurance (residence)	
Maintenance (residence)	
Food and household supplies	
Utilities: water, electricity, gas, heat, cable	
Telephone	
Laundry and cleaning	
Clothing and shoes (self and children)	
Medical, psychological, and medicine expenses not paid by insurance (co-pays and deductible)	
Dental expenses not paid by insurance (co-pays and deductible)	
Insurance (life, health, liability and disability)	
Child Care and babysitting	
School (expenses, supplies and lunches)	
Entertainment (includes movies, eating out, clubs, social obligations, travel, savings for vacation)	
Incidentals (includes cosmetics, haircuts, allowances, grooming & gifts)	
Donations and tithes	
Auto expense (gas, oil, repair, tires, tag, inspections)	
Auto insurance	
Auto payments	
Installment payment(s) (reference your list of marital debt on previous page of packet)	
Other expenses (list on back of this sheet)	
Payment of child support for children of previous marriage or relationship	
Payment of spousal support (alimony) for a spouse of a prior marriage	
TOTAL:	

**COMPLETE THE FOLLOWING ONLY
IF CUSTODY OF THE CHILD(REN) IS AN ISSUE**

1. Work and child care:

- a. Describe the current child care arrangement for your children: _____

- b. If your spouse has or wants custody, what is or would be the child care arrangement and would it be adequate?

- c. Hours you work: _____
- c. Where you work: _____
- e. Type of work you do: _____
- f. Spouse's work hours: _____
- g. Spouse's place of work: _____
- h. Type of work your spouse does: _____

2. Health:

- a. Your medical status and any medical problems: _____

- b. Your spouse's medical status and any medical problems: _____

3. Age:

- a. You: _____
- b. Your spouse: _____
- c. Your children: _____

4. Education:

- a. You: _____
- b. Your spouse: _____

5. Marriages:

- a. How many times have you been married and divorced? _____
- b. How many times has your spouse been married and divorced? _____
- c. List your children, other than the children involved in this proceeding, and state who has custody, how old the children are, and how they are doing:
- d. List your spouse's children, other than the children involved in this proceeding, and state who has custody, how old the children are, and how they are doing:

- e. If the children involved in this proceeding are emotionally close to any step-siblings, explain: _____
- d. If the children involved in this proceeding are emotionally close to any relatives of either you or your spouse, explain:

6. If the children were asked in private by the Judge who they want to live with, what do you think they would say?

7. Respective school districts:

- a. Yours: _____
- b. Your spouse's: _____

Anything else you think I should know:

DOCUMENTS TO BE PROVIDED TO ATTORNEY

(Please provide copies - we would prefer you keep your originals)

- ___ 1. Past three years tax returns, including W-2 forms
- ___ 2. Current pay stubs from January to present
- ___ 3. Past six months bank statements for all checking and savings accounts (upon receiving it, provide current months bank statement)
- ___ 4. Verification of debts (i.e., credit card statements, invoices, monthly statements, etc.)
- ___ 5. Verification of assets (i.e., monthly or quarterly statement of any asset listed above in General Information Sheet. Include: checking, savings, mutual funds, brokerage accounts, variable annuities, VUL policies, 401K, 403b, ESOP, etc.)
- ___ 6. Vehicle titles
- ___ 7. Boat titles, Motorcycle titles
- ___ 8. NADA (blue book) value of automobiles (highlight car value - you may obtain this information from a bank, car dealership, etc.)
- ___ 9. Warranty Deed or Quit Claim Deed to all real estate, including residence and/or any and all land.
- ___ 10. Verification of medical insurance cost for children only
- ___ 11. Verification of monthly day care cost for children
- ___ 12. Costs of transportation for visitation
- ___ 13. Verification of other child support payments made either by you or your spouse for any children of a previous marriage or children prior to marriage
- ___ 14. Certificates of Deposit
- ___ 15. Copies of all wills and trusts
- ___ 16. Life Insurance Policies including cash values and death benefits
- ___ 17. Stocks Bonds and other investment papers

- ___ 18. Pension or retirement fund documents and statements including projected benefit at retirement, current vested benefit, COLA provisions, and Summary Plan Description.
- ___ 19. Health insurance cards and papers
- ___ 20. Bank account or credit union statements for at least one year
- ___ 21. You and your spouse's driver's license and social security numbers.
- ___ 22. Copies of bills for regular recurring expenses, such as rent, gas, electric, car insurance, etc.
- ___ 23. Copies of bills, receipts or insurance forms, or medical records for any unusual medical expenses (including for recurring or continuous medical conditions) for yourself, your spouse, or your children)
- ___ 24. Statement of stock options earned, granted and vested
- ___ 25. Copy of deferred compensation plan(s)
- ___ 26. Copies of legal paperwork filed in your case
- ___ 27. Basis value of home (original purchase price plus any improvements) and estimated fair market value.
- ___ 28. Social Security Statement showing estimated benefit and earnings.
- ___ 29. Details of businesses owned including appraisal value, tax return, financial statement.
- ___ 30. ANY OTHER PAPERS SHOWING WHAT YOU AND YOUR SPOUSE EARN, OWN, OR OWE.