We know your time is extremely valuable to you. Therefore filling out this form prior to, and bringing it with you to your appointment, allows for more time to discuss the particulars of your case during your consultation and less time spent on gathering personal information on the parties involved. Please take a few moments to fill out the following form with as much information as possible and bring it with you to your appointment. Thank you!

Type of case:	☐ Dissolution	□ Legal Separa	tion	☐ Post Dissolution			
Has your case been f	iled with any Court already?	□ no □ yes C	Cty/St				
Is there a hearing dat	e & time currently scheduled	l? □ no □ yes If	so, Date/Time				
Married://	Separated:/	If Divorced	, date finalized:/_	/			
	estoration of maiden/previou I Agreement? □ no □ yes	s name? □ no □ ye	es. If so, name:				
	Perso	onal Information:					
Your Name (include maiden name)			Spouse's Name (include maiden name)				
Your Home Address		Spouse's	Home Address				
Your City, State, Zip	County	Spouse's	Spouse's City, State, Zip County				
Your Home Phone		Spouse's	Home Phone				
Your Cell Phone		Spouse's	s Cell Phone				
Your email address		Spouse's	Spouse's email address				
Your DOB	Your SSN	Spous	se's DOB S <sub>I</sub>	oouse's SSN			
	Children (plea	se use back page if	needed):				
Name of child/Sex or	f child DOB	Social Sec #	Daycare/ School	Cost			
Name of child/Sex or	f child DOB	Social Sec #	Daycare/ School	Cost			
Name of child/Sex or	f child DOB	Social Sec #	Daycare/ School	Cost			
•	use currently pregnant? \( \subseteq \text{Ye} \) use have any children from a	•					

## **Employment Information:**

Vour Employer's Nama			Cnouse's	Spouse's Employer's Name					
Your Employer's Name			spouse s	Employer's Name	5				
Your Employe	er's Address		Spouse's	Employer's Addr	ess				
Your Employe	er's City, State Zip		Spouse's	Employer's City,	State ZIP				
Position		How long?	Position		How long?				
	Tourism Trow long.								
\$ \$ \$ \$ \$ Wkly gross pay commissions bonuses			\$ Wkly gro	\$ oss pay commis	\$ssions bonuses				
wkiy gioss p	bay commissions	bonuses	wkiy git	<u>oss pay</u> commis	ssions bonuses				
Employer hea	lth Insurance availa	ble □ yes □ No	Employer	health Insurance	available $\square$ yes $\square$ No				
	-			e 1 1)					
	ŀ	Real Estate (please	use back page i	i needed):					
Do you and/or	r your spouse currer	itly own any real est	tate? □ No □ yes	s If yes, please an	swer questions below.				
·			•		•				
1									
Street		City, Sta	nte, Zip	County	Deeded to H/W/Joint				
		• ,	, <b>1</b>	•					
\$Mortgage B	alance \$alance Mthly p	ayment Morto	age Company na	ome address					
Wiorigage D	arance with p	ayment wortg	age company na	ine, address					
2. Street		City, Sta	te 7in	County	Deeded to H/W/Joint				
Street		City, Sta	ite, zip	County	Decaded to 11/ W/Joint				
\$	\$								
Mortgage Ba	lance Mthly p	ayment Mortg	age Company na	ame, address					
				•	properties listed above.				
Reference pro	perty by number fro	om above ( <b>please us</b>	se back page if r	needed).					
No. Balance	ee Payment	Lien Holder/Fin	ancial Institution	n name, address	H/W/Joint				
No. Balance	ee Payment	Lien Holder/Fin	nancial Institution	n name, address	H/W/Joint				
	1 0.7 1.10110			,	12////03/110				
N. D.1		T: II 11 /F:	tal T. 272 27		TT/XX1/T · .				
No. Balance	ce Payment	Lien Holder/Fin	ianciai institutio	n name, address	H/W/Joint				
No. Balance	ee Payment	Lien Holder/Fin	ancial Institution	n name, address	H/W/Joint				

## Financial Information (please use additional paper if needed):

Banking Institute	Banking Institute Account #		# Checking/Savings		H/W/Joint/Other		
Banking Institute Ac		Account #	Account #		ecking/Savings	H/W/Joint/Other	
Banking Institute Accord		Account #	ount #		ecking/Savings	H/W/Joint/Other	
	Stocks, Bonds, I	RAs, Othe	r Holdings	(please	use back page if	needed):	
Financial Institute		Account #		Type of Holding		H/W/Joint/Other	
Financial Institute		Account #		Type of Holding		H/W/Joint/Other	
Financial Institute		Account #		Type of Holding		H/W/Joint/Other	
	V	ehicles (plo	ease use bac	k page	e if needed):		
Year Make Model & Mileag		ıge	ge \$Payment		Balance Owed	Titled: H/W/Joint/Other	
Year Make	Model & Milea	ıge	\$Payment	\$	Balance Owed	Titled: H/W	/Joint/Other
Year Make	ear Make Model & Mileage Payme		\$Payment	\$ Balance Owed		Titled: H/W/Joint/Other	
	Del	ots (please	use addition	ıal pap	er if needed):		
Creditor Name, A	Address			– <del>Deb</del>	t owned by H/W/J	\$ \$ Payment	\$Balance
Creditor Name, Address			– <del>Deb</del>	t owned by H/W/J	\$Payment	\$Balance	
Creditor Name, Address			Debt owned by H/W/J		\$Payment	\$Balance	
Creditor Name, Address			Debt owned by H/W/J		\$Payment	\$Balance	
Creditor Name, Address			Debt owned by H/W/J		\$Payment	\$Balance	
Creditor Name, A	Address			– <del>Deb</del>	t owned by H/W/J	\$ \$ Payment	\$Balance