



Divorce Client Information Form

Please Complete this form **as completely as possible** and return it to the address or email below.
Representation **will not begin** until this form, fee agreement, and retainer are returned.

Date Completed:

Client's Personal Contact Information

Full Name (including middle name):

Aliases /Former Names:

Home/Mailing Address:

Telephone No.: Home: Work: Cell:

May we contact you at work? *Yes* *No* *If yes, what are your normal work hours?*

Email (Optional): Fax:

Preferred Method of Contact: *Home Phone* *Cell Phone* *Work Phone* *Email*

I have received court paperwork on this matter

Additional Contact

Name: Phone No.: Cell:

Address:

Email: Relationship:

Client's Personal Details

Date of Birth: SSN:

State/County of Birth: Drivers' License:

Length of Time in Michigan: Gender: Male Female Transgender

County of Residence: Length of Time in County:

Eye Color: Hair Color: Race:

Height: Weight: Tattoos/Scars:

Opposing Party's Personal Details

Full Name (including middle name):

Aliases /Former Names:

Home/Mailing Address:

Telephone No.: Home: Work: Cell:

Date of Birth: SSN:

State/County of Birth: Drivers' License:

Years in Michigan: Gender: Male Female Transgender

County of Residence: Length of Time in County:

Eye Color: Hair Color: Race:

Height: Weight: Tattoos/Scars:

Who is the other party's attorney (if any)?

Children

Full Name: Date of Birth:

Social Security Number: *Resides with* *Mother* *Father* *Joint*

Full Name: Date of Birth:

Social Security Number: *Resides with* *Mother* *Father* *Joint*

Full Name: Date of Birth:

Social Security Number: *Resides with* *Mother* *Father* *Joint*

Full Name: Date of Birth:

Social Security Number: *Resides with* *Mother* *Father* *Joint*

Do any of these children have special needs? Please Explain:

Who pays for medical insurance for the children? *I do* *Other Party* *Medicare*

Child: Policy No.: Insurance Provider:

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Where do the children attend school or daycare? Tuition per child per year (if any):

Please list each of the addresses where they children have lived in the past 5 years (with dates):

Describe any other litigation involving the children? (Including CPS or DHS)

Name any other person with custody of the children and his or her relationship to the children

Current Matter Information

I want to seek:

- | | |
|---|---|
| <input type="checkbox"/> Sole Legal Custody | <input type="checkbox"/> Joint Legal Custody |
| <input type="checkbox"/> Sole Physical Custody | <input type="checkbox"/> Joint Physical Custody |
| <input type="checkbox"/> Parenting Time | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Spousal Support/Alimony | <input type="checkbox"/> Attorney Fees |
| <input type="checkbox"/> Real Property (House, Land) | <input type="checkbox"/> Personal Property (Vehicles, Furniture, etc) |
| <input type="checkbox"/> Accounts (401k, Pension, Bank, Stocks) | <input type="checkbox"/> Other (describe): |

Client's Education History

High School: Date of Diploma/GED:

College: Major: Date of Degree:

Vocational School: Date of Certification:

Additional Training & Date Received:

Opposing Party's Education History

High School: Date of Diploma/GED:

College: Major: Date of Degree:

Vocational School: Date of Certification:

Additional Training & Date Received:

Client's Employment

Employer's Name & Address:

Supervisor: Phone No. FAX:

Position: Date Hired:

Scheduled Work Hours:

Gross Weekly Income: *Please list any deductions i.e. Insurance, Union Dues*

If unemployed, what is the last work done?

Dates: from to Reason for Leaving:

Former Employer's Name & Address:

Opposing Party's Employment

Employer's Name & Address:

Supervisor: Phone No. FAX:

Position: Date Hired:

Scheduled Work Hours:

Gross Weekly Income: *Please list any deductions i.e. Insurance, Union Dues*

If unemployed, what is the last work done?

Dates: from to Reason for Leaving:

Former Employer's Name & Address:

Client's Memberships/Affiliations (Optional)

Religious Group:

Union Group:

Civic Group:

Volunteer Work:

Opposing Party's Memberships/Affiliations (Optional)

Religious Group:

Union Group:

Civic Group:

Volunteer Work:

Property Description

Real Property

Marital Home Address:

Current Residents:

The property is: *Owned* *Rented* *If Purchased, please answer:*

Name(s) on Title:

Purchase Price Date Acquired: Current Value:

1st Mortgage Holder:

Date Obtained: Balance Owed:

2nd Mortgage Holder:

Date Obtained: Balance Owed:

Home Equity Loan Holder:

Date Obtained: Balance Owed:

This property should be: *Awarded to Me* *Awarded to My Spouse* *Sold*

Additional Property Address:

Current Residents:

The property is: *Owned* *Rented* *If Purchased, please answer:*

Name(s) on Title:

Purchase Price Date Acquired: Current Value:

1st Mortgage Holder:

Date Obtained: Balance Owed:

2nd Mortgage Holder:

Date Obtained: Balance Owed:

Home Equity Loan Holder:

Date Obtained: Balance Owed:

This property should be: *Awarded to Me* *Awarded to My Spouse* *Sold*

Vehicles

Year: Make: Model:

This vehicle is: *Owned* *Rented* Primary Operator:

Who pays for upkeep/insurance/gas?

Date Obtained: Approx. Value: Amount Owed:

Lien Holder:

Name(s) on Title:

This vehicle should be: *Awarded to Me* *Awarded to My Spouse* *Sold*

Year: Make: Model:

This vehicle is: *Owned* *Rented* Primary Operator:

Who pays for upkeep/insurance/gas?

Date Obtained: Approx. Value: Amount Owed:

Lien Holder:

Name(s) on Title:

This vehicle should be: *Awarded to Me* *Awarded to My Spouse* *Sold*

Year: Make: Model:

This vehicle is: *Owned* *Rented* Primary Operator:

Who pays for upkeep/insurance/gas?

Date Obtained: Approx. Value: Amount Owed:

Lien Holder:

Name(s) on Title:

This vehicle should be: *Awarded to Me* *Awarded to My Spouse* *Sold*

Please list any recreational vehicles (RVs, watercraft, motorcycles, etc.) and their values:

Bank Accounts

Bank Name & Location:

Type of Account: Date Obtained: Balance:

Name(s) on Account:

This account should be: *Awarded to Me* *Awarded to My Spouse* *Split*

Bank Name & Location:

Type of Account: Date Obtained: Balance:

Name(s) on Account:

This account should be: *Awarded to Me* *Awarded to My Spouse* *Split*

Bank Name & Location:

Type of Account: Date Obtained: Balance:

Name(s) on Account:

This account should be: *Awarded to Me* *Awarded to My Spouse* *Split*

Bank Name & Location:

Type of Account: Date Obtained: Balance:

Name(s) on Account:

This account should be: *Awarded to Me* *Awarded to My Spouse* *Split*

Retirement Accounts

Employer Name:

Account Management Company:

Type of Account: Date Earned: to

Name(s) on Account:

This account should be: *Awarded to Me* *Awarded to My Spouse* *Split*

Employer Name:

Account Management Company:

Type of Account: Date Earned: to

Name(s) on Account:

This account should be: *Awarded to Me* *Awarded to My Spouse* *Split*

Employer Name:

Account Management Company:

Type of Account: Date Earned: to

Name(s) on Account:

This account should be: *Awarded to Me* *Awarded to My Spouse* *Split*

Please list any personal property worth over \$200 and its value:

Is Fault a factor? Yes No

Please briefly describe the circumstances:

What is your goal in hiring an attorney?

Please list any special concerns you may have:

Please provide copies of the following documents:

All Prior Orders Regarding This Matter
CPS, DHS, or Police Reports Regarding This Matter

All Deeds and Mortgages of Real Property

All Titles of Vehicles

Most Recent Account Statements for **all** accounts

***Please return this completed form,
along with your Retainer Agreement and payment
to the address below.***