

SEPARATION OR DIVORCE CLIENT INFORMATION

Referred By: _____

Date: _____

CLIENT PERSONAL DATA

Mr. Mrs.
Miss Ms.

_____ First

_____ Middle

_____ Last

Address: _____

_____ City/Town/Village

_____ State

_____ Zip

_____ County

Maiden Name: (if applicable) _____

Phone: _____ Work _____ Home (if ok to call)

_____ Cell _____ Best daytime number

Mailing
Address: _____

Address History Past 3 Years:

E-Mail Address: _____ (If OK to use)

Birthdate: _____ Birthplace: _____

Color/Race: _____ Condition of Health: _____

Education: _____
Highest Level Achieved

Have you resided in New York within the past 2 years? _____

If no, exactly how long? _____

EMPLOYMENT INFORMATION

Soc.Sec.No.: _____ - _____

Employer: _____

Address: _____

Phone: _____

Occupation: _____ Length of employment: _____

Earnings: Gross: _____ Net: _____

Other Sources of Income: _____

Group Health Plan: _____ Address: _____

ID # _____ Plan Administrator: _____ Type of Coverage: _____

SPOUSE PERSONAL DATA

Mr. Mrs.
Miss Ms.

_____ First _____ Middle _____ Last

Address: _____

_____ City/Town/Village _____ State _____ Zip _____ County

Maiden Name: (if applicable) _____

Phone: _____ Work _____ Home (if ok to call)
_____ Cell _____ Best daytime number

Mailing
Address: _____

_____ City/Town/Village _____ State _____ Zip

Address History Past 3 Years:

E-Mail Address: _____ (If OK to use)

Birthdate: _____ Birthplace: _____

Color/Race: _____ Condition of Health: _____

Education: _____
Highest Level Achieved

Attorney: _____

EMPLOYMENT INFORMATION

Soc.Sec.No.: _____ - _____

Employer: _____

Address: _____

Phone: _____

Occupation: _____ Length of employment: _____

Earnings: Gross: _____ Net: _____

Other Sources of Income: _____

Group Health Plan: _____ Address: _____

ID # _____ Plan Administrator: _____ Type of Coverage: _____

MARRIAGE INFORMATION

Date of Marriage: _____ Married in civil ceremony: ___ Yes ___ No

Place of Marriage: _____
City State County

Are Parties Separated: ___ Yes Date of Separation: _____
___ No

	<u>Husband</u>	<u>Wife</u>
Number of Times Married:	___	___
Prior Marriage(s) Ended In:	___ Death ___ Divorce/Annulled	___ Death ___ Divorce/Annulled

CHILDREN

Number of Children of this Marriage: _____

Name: _____
Date of Birth: _____ Age: _____
Soc. Sec. No.: _____
Resides With: ___ Wife
 ___ Husband
 ___ Specify _____

Name: _____
Date of Birth: _____ Age: _____
Soc. Sec. No.: _____
Resides With: ___ Wife
 ___ Husband
 ___ Specify _____

Name: _____
Date of Birth: _____ Age: _____
Soc. Sec. No.: _____
Resides With: ___ Wife
 ___ Husband
 ___ Specify _____

Name: _____
Date of Birth: _____ Age: _____
Soc. Sec. No.: _____
Resides With: ___ Wife
 ___ Husband
 ___ Specify _____

PRIOR MARRIAGE

Children from Prior Marriage:

Who has custody: _____

Name: _____

Date of Birth: _____ Age: _____

Name: _____

Date of Birth: _____ Age: _____

Name: _____

Date of Birth: _____ Age: _____

FINANCIAL INFORMATION

Please check all that you or your spouse own (individually or joint).

- House
- Other Real Property
- Pension
- TDSP/Annuity
- IRA
- Checking

- Savings
- Stock
- Bonds
- Life Insurance
- Business

List major debts:

BRIEF STATEMENT OF MARITAL HISTORY AND DIFFICULTIES