

LIST ANY OTHER SOURCES OF INCOME YOU RECEIVE:

Welfare/ADC/GR \$_____ per month Child Support from previous spouses \$_____
Unemployment \$_____ per month Dividends/Interest \$_____ per month
Workers Comp \$_____ per month Rental Property \$_____ per month
Disability \$_____ per month Social Security \$_____ per month
Alimony Received \$_____ per month from a previous spouse
Other \$_____ (overtime, commissions, tips, pensions, etc.)

II. ABOUT YOUR SPOUSE

Legal Name: _____
First Middle Maiden Last

Social Security No. _____ Birthdate: _____ Age: _____

Residence Address: _____
Number Street/Road

City State Zip

Describe Location: _____

Mailing Address IF DIFFERENT THAN ABOVE: _____

Telephone #s Home _____ Work: _____ Cell: _____

Pager: _____ Fax: _____ E-mail: _____

Other #'s _____

How long have you lived in Lawrence County, Ohio: _____

Employment: _____

Name of Employer
Occupation/Position: _____ Length of Employment: _____

Employer's Address: _____

State City Zip

Income \$_____ (Before Taxes) \$_____ (After Taxes)\$_____
Week Week Gross per year

How often does he/she get paid: _____ Weekly _____ Every other week _____ Twice per month

List payroll deductions and amounts: _____

Highest Level of Education _____ Physical Condition _____

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III. BACKGROUND:

Date of marriage _____ Place of Marriage _____
Common-Law Info: _____
Client's age when married: _____ Spouse's age when married _____
Do you anticipate a dispute over custody of minor child(ren)? _____
Any prior litigation concerning the custody of the child(ren)? _____
Have you or this spouse filed for divorce before? _____
Is the wife now pregnant? _____ Are you presently living with your spouse? _____
Date of separation _____
Do you have any plans to move away from area? _____ If so, where and when _____

ADJUSTMENTS TO INCOME:

Do you pay child support for other children Yes ____ No ____ \$_____ per month
Do you pay alimony to a former spouse Yes ____ No ____ \$_____ per month
Does your spouse pay child support for other children? Yes ____ No ____ \$_____ per month
Does your spouse pay alimony to a former spouse ? Yes ____ No ____ \$_____ per month
Does your spouse receive child support payments? Yes ____ No ____ \$_____ per month
Number of other dependent children living with you (excluding un-adopted stepchildren) _____
Number of other dependent children living with spouse (excluding un-adopted stepchildren) ____
Health insurance paid by you if children are included (not a free benefit) \$_____ each paycheck
Health insurance premium paid by your spouse if children are included (not a free benefit)
\$_____ TYPE OF MEDICAL INSURANCE _____

IV. CHILDREN:

Legal names of all children of this marriage:

1 _____ Age ____ Date of birth _____ SS# _____
 2 _____ Age ____ Date of birth _____ SS# _____
 3 _____ Age ____ Date of birth _____ SS# _____
 4 _____ Age ____ Date of birth _____ SS# _____
 5 _____ Age ____ Date of birth _____ SS# _____

V. PREVIOUS MARRIAGES

Your previous marriage _____
 Name of prior spouse _____ Date and place of divorce _____
 Your spouse's previous marriage _____
 Name of prior spouse. _____ Date and place of divorce _____

VI. CHILDREN BY PREVIOUS MARRIAGE:

YOURS	_____	_____	_____
	Name	Age	With whom
	_____	_____	_____
	Name	Age	With whom
	_____	_____	_____
	Name	Age	With whom
Spouses	_____	_____	_____
	Name	Age	With whom
	_____	_____	_____
	Name	Age	With whom
	_____	_____	_____
	Name	Age	With whom

VII ASSETS:

(A) REAL ESTATE: (residential, commercial, vacant land)

Parcel#1 _____
 Location/address _____ Name of owners _____ Market value _____
 Name and address of mortgagee/bank _____
 Date purchased _____ Purchase price \$ _____ Down payment \$ _____
 Mortgage balance \$ _____ Present Value \$ _____ Equity \$ _____
 Taxes \$ _____ Occupied by _____
 Income derived, if any \$ _____

Parcel #2 _____
 Location/ address _____ Name of owners _____ Market value _____
 Name and address of mortgagee /bank _____
 Date purchased _____ Purchase price \$ _____ Down pmt. \$ _____
 Mortgage balance \$ _____ Present value \$ _____ Equity \$ _____
 Taxes \$ _____ Occupied by _____
 Income derived, if any \$ _____

Parcel #3 _____
 Location/ address _____ Name of owners _____ Market value _____
 Name and address of mortgagee /bank _____
 Date purchased _____ Purchase price \$ _____ Down pmt. \$ _____
 Mortgage balance \$ _____ Present value \$ _____ Equity \$ _____
 Taxes \$ _____ Occupied by _____
 Income derived, if any \$ _____

Parcel #4 _____
 Location/ address _____ Name of owners _____ Market value _____
 Name and address of mortgagee /bank _____
 Date purchased _____ Purchase price \$ _____ Down pmt. \$ _____
 Mortgage balance \$ _____ Present value \$ _____ Equity \$ _____
 Taxes \$ _____ Occupied by _____
 Income derived, if any \$ _____

(B) AUTOMOBILES AND MOBILE HOMES (aircraft, boats, campers, motorcycles)

<u>Year/make/model</u>	<u>Title owner</u>	<u>Loan co.</u>	<u>On loan</u>	<u>Value</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____

(C) SAVINGS AND CHECKING ACCOUNTS (CDs, money markets)

1	Bank	Type	Acct.#	Amount	Name ownership
2	Bank	Type	Acct.#	Amount	Name ownership
3	Bank	Type	Acct.#	Amount	Name ownership
4	Bank	Type	Acct.#	Amount	Name ownership
5	Bank	Type	Acct.#	Amount	Name ownership

(D) STOCKS AND BONDS

Name of issuer	Type	Number of shares	Whose name	Current value
Name of issuer	Type	Number of shares	Whose name	Current value

(E) RETIREMENT PLANS, 401(k), IRA, Thrift Plan, etc.

Date of Contribution	Amount	Present value	Account held with
Date of Contribution	Amount	Present value	Account held with

(F) LIFE INSURANCE FUNDS:

Company	Insured	Beneficiary	Cash value
Company	Insured	Beneficiary	Cash value

(G) EXPECTED INCOME TAX REFUNDS, IF ANY:

Federal \$ _____ State \$ _____

(H) BUSINESS INTERESTS (closely held corporations, joint ventures, partnerships, sole proprietorships)

Name	Type of business	% of ownership	Original amt. of investment value
Name	Type of business	% of ownership	Original amt. of investment value

(I) EMPLOYMENT BENEFITS of both you and your spouse (pension, retirement plans, stock options, deferred compensation and profit sharing plans)

Name of plan	Company	Whose name	Value	Amt. you contributed
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Name of plan	Company	Whose name	Value	Amt. you contributed
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(J) OTHER ASSETS (boats, jewelry, household furnishings, collectibles, art, guns, coins)

VIII. FAMILY AND INDIVIDUAL DEBTS

Creditor	For	Whose name	Balance due	Mo. pmt.
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1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

15 _____

16 _____

17 _____

YOUR EXPECTED LIVING EXPENSES AFTER SEPARATION

IX. MONTHLY:

A. Housing: ___ Living w/Relatives ___ Rental ___ Marital Residence
Actual amount paid to landlord \$ _____ per month

OR

Are **you** actually making the mortgage payment ___ Yes ___ No Amount \$ _____

B. OTHER MONTHLY EXPENSES:

Car Payment	\$ _____
Clothing	\$ _____
Haircuts/Cosmetics	\$ _____
Toothpaste/Incidentals	\$ _____
Church, Other Organization (specify)	\$ _____
Newspapers, Cigarettes	\$ _____
Child(ren's) Education	\$ _____
Other (specify) _____	\$ _____

Utilities:

Gas, Oil, Wood, Coal	\$ _____
Electricity	\$ _____
Basic Telephone	\$ _____
Water and/or Sewer	\$ _____
Cable	\$ _____

Insurances:

Life	\$ _____
Car	\$ _____
House	\$ _____
Hospitalization	\$ _____
Other (specify) _____	\$ _____

Medical:

Doctor	\$ _____
Hospital	\$ _____
Dental	\$ _____
Prescriptions/Medicine	\$ _____

C. WEEKLY EXPENSES:

Grocery Items (includes food, laundry, cleaning products)	\$ _____
Child Care (employment related only)	\$ _____
School Lunches	\$ _____
Activities minor children (tapes, movies, rentals, music, sports, dance, etc.)	\$ _____
Gasoline and Oil	\$ _____
Car repair	\$ _____
Other (explain) _____	\$ _____

X. RELIEF SOUGHT:

(A) Divorce _____ Dissolution _____

Spousal Support _____ Custody & Child support _____ Division of property _____ Atty fees _____

Restoration of name of _____

Other _____

Annulment _____

(B) Injunction on: House _____ Auto _____ Assets _____ Spouse- _____ Children _____

Grounds for injunction:

(C) Temporary custody order affidavit signed: Yes _____ No _____

PRIMARY CUSTODIAN INFO FOR TEMPORARY CUSTODY ORDER _____

Down payment \$ _____

Court Cost \$ _____ To be paid immediately

Paid at initial interview \$ _____

NOTES

Proposed dissolution settlement

Husband

Wife