

POST DIVORCE INFORMATION FORM

CLIENT

All the following must be complete.

Today's Date: _____ Your Case Number: _____

Your Name: _____
 First Middle Maiden Last (any others)

Your Birthdate: _____ Social Security Number: _____

Mailing Address: _____

City, State and **Zip Code**: _____

Address of where you are living: _____

City, State and **Zip Code**: _____

Give Directions to your House: _____

Place of Employment: _____

Address where Employed: _____

City, State and **Zip Code**: _____

Telephone #s Home: _____ Work: _____ Other: _____

Length of time Employed at present job: _____ Position held: _____

Income \$ _____ gross \$ _____ net \$ _____
 Wages per week Wages after taxes Gross per year

How often are you paid? ____ Weekly ____ Every two weeks ____ Two times per month
____ other

List your Payroll Deductions and their Amounts: _____

DO YOU HAVE ANY OTHER TYPES OF INCOME? _____ if so, list below:

Welfare/ADC/GA	\$ _____	per month
Unemployment Benefits	\$ _____	per month
Worker's Compensation	\$ _____	per month
Disability Benefits	\$ _____	per month
Social Security	\$ _____	per month
Alimony	\$ _____	per month
Child Support	\$ _____	per month
Dividends/Interest	\$ _____	per month
Rental Property	\$ _____	per month
Any Other	\$ _____	per month

(overtime, commissions, royalties, tips, severance pay, pensions, trust income, annuities, capital gains, etc.)

Do you pay child support for any other children? _____ If so, how much?

To whom? _____ How often? _____

Do you pay alimony to a former spouse? _____ If so, how much? _____

Do any minor children live with you who are not part of this divorce? _____ How many?

Are these children yours or are they step-children? _____

If these children are yours - list their names and ages: _____

Do you have health/hospital insurance on the children of this marriage? ____ If you do, please state the name of the Insurance Company: _____ and how much is your monthly premium? _____

LIST ALL MINOR CHILDREN OR DEPENDENT CHILDREN OF THIS MARRIAGE:

_____	Birthdate _____	Social Securty # _____
_____	Birthdate _____	Social Securty # _____
_____	Birthdate _____	Social Securty # _____
_____	Birthdate _____	Social Securty # _____

Where are the minor children presently living? _____

**THE FOLLOWING PAGE YOU MUST COMPLETE CONCERNING
YOUR EX-HUSBAND OR EX-WIFE**

PLEASE FILL OUT THE FOLLOWING WHICH IS ABOUT YOUR EX

Name: _____
 First Middle Maiden Last (any others)

Birthdate: _____ Social Security Number: _____

Mailing Address: _____

City, State and **Zip Code**: _____

Address of where he or she is living: _____

City, State and **Zip Code**: _____

Give Directions to his/her House: _____

Place of Employment: _____

Address where Employed: _____

City, State and **Zip Code**: _____

Telephone #s Home: _____ Work: _____ Other: _____

Length of time Employed at present job

Income \$ _____ gross \$ _____ net \$ _____
 Wages per week Wages after taxes Gross per year

How often is he/she paid? _____ weekly _____ every two weeks _____ two times per month
_____ other

DOES HE/SHE HAVE ANY OTHER TYPES OF INCOME? if so, list below:

Welfare/ADC/GA	\$ _____	per month
Unemployment Benefits	\$ _____	per month
Worker's Compensation	\$ _____	per month
Disability Benefits	\$ _____	per month
Social Security	\$ _____	per month
Alimony	\$ _____	per month
Child Support	\$ _____	per month
Dividends/Interest	\$ _____	per month
Rental Property	\$ _____	per month
Any Other	\$ _____	per month

(overtime, commissions, royalties, tips, severance pay, pensions, trust income, annuities, capital gains, etc.)

Does he/she pay child support for any other children? _____ If so, how much? _____

To whom? _____ How often? _____

Does he/she pay alimony to a former spouse? _____ If so, how much? _____

Does he/she have any minor children living with them who are not part of this divorce?

How many? _____

Are these children theirs or are they step-children? _____

Does he/she have health/hospital insurance on the children of this marriage? _____

If so, please state the name of the Insurance Company: _____

How much is the monthly premium? _____