

DISSOLUTION OF MARRIAGE INFORMATION SHEET

Date: _____

INFORMATION ABOUT YOU

NAME: _____ SSN: _____

ADDRESS: _____ ZIP: _____

CITY: _____ STATE: _____ EMAIL: _____

HOW LONG HAVE YOU RESIDED IN FLORIDA? _____

PHONE:(HOME) _____ (WORK) _____ (CELL) _____

PLACE OF EMPLOYMENT: _____

EMPLOYMENT ADDRESS: _____

OCCUPATION: _____ SUPERVISOR: _____

YOUR DATE OF BIRTH: _____

WHO REFERRED YOU TO OUR OFFICE? _____

DESCRIBE YOUR EDUCATION: _____

DESCRIBE YOUR EMPLOYMENT HISTORY FOR THE PAST FIVE YEARS:

DATES: EMPLOYER AND ADDRESS: POSITION HELD:

WIFE ONLY: MAIDEN NAME: _____

check if you or spouse would like to be returned to maiden name.

YOUR ANNUAL INCOME: _____

DATE OF MARRIAGE: _____ PLACE OF MARRIAGE: _____

DATE OF SEPARATION: _____

INFORMATION ABOUT YOUR SPOUSE

SPOUSES NAME: _____ SSN: _____

ADDRESS: _____ ZIP: _____

CITY: _____ STATE: _____

PHONE:(HOME) _____ (WORK): _____ (CELL) _____

PLACE OF EMPLOYMENT: _____

EMPLOYMENT ADDRESS: _____

OCCUPATION: _____ SUPERVISOR: _____

SPOUSES DATE OF BIRTH: _____

DESCRIBE YOUR SPOUSE'S EDUCATION: _____

DESCRIBE YOUR SPOUSE'S EMPLOYMENT HISTORY FOR THE PAST FIVE YEARS

DATES: EMPLOYER AND ADDRESS: POSITION HELD:

SPOUSE'S ANNUAL INCOME: _____

INFORMATION ABOUT YOUR CHILDREN

FULL NAME OF CHILD(REN):

1. _____: _____(DATE OF BIRTH) ____ (AGE)

_____ : (PLACE OF BIRTH/COUNTY)

_____ : (SOCIAL SECURITY NUMBER OF CHILD)

2. _____: _____(DATE OF BIRTH) ____ (AGE)

_____ : (PLACE OF BIRTH/COUNTY)

_____ : (SOCIAL SECURITY NUMBER OF CHILD)

3. _____: _____(DATE OF BIRTH) ____ (AGE)

_____ : (PLACE OF BIRTH/COUNTY)

_____ : (SOCIAL SECURITY NUMBER OF CHILD)

(ask for additional blue form if number of children exceeds 3)

RESIDENCE OF CHILDREN FOR LAST FIVE YEARS AND WHO THEY LIVED WITH:

_____ to Present: _____(address), Mother / Father

_____ to _____: _____(address), Mother / Father

_____ to _____: _____(address), Mother / Father

_____ to _____: _____(address), Mother / Father

_____ to _____: _____(address), Mother / Father

HAVE YOU PARTICIPATED AS A PARTY, WITNESS OR IN ANY OTHER CAPACITY IN ANY LITIGATION CONCERNING THE CUSTODY OF THE CHILDREN? _____

IF SO, PLEASE DESCRIBE: _____

INTAKE QUESTIONNAIRE (CONTINUED)

1. IS THERE A MARITAL HOME: **YES NO**
(IF YES), WHO WILL RETAIN POSSESSION OF MARITAL HOME:
HUSBAND WIFE
2. ARE THERE MINOR CHILDREN OF THE MARRIAGE: **YES NO**
(IF YES), WHO WILL HAVE CUSTODY: **MOTHER FATHER**
3. IS THE NON-CUSTODIAL PARENT AWARE OF THEIR CHILD SUPPORT OBLIGATION: **YES NO**
(IF YES) DO THEY UNDERSTAND THAT CHILD SUPPORT WILL BE IN ACCORDANCE WITH THE FLORIDA GUIDELINES:
YES NO
4. IS ALIMONY AN ISSUE BETWEEN THE PARTIES: **YES NO**
(IF YES) DO THE PARTIES AGREE WITH THE AMOUNT AND TERMS OF ALIMONY: **YES NO**
5. ARE THERE ANY DEBTS OF THE MARRIAGE: **YES NO**
(IF YES) HAVE THE PARTIES DIVIDED THE DEBT: **YES NO**
6. ARE THERE ANY ASSETS OF THE MARRIAGE: **YES NO**
(IF YES) HAVE THE PARTIES DIVIDED THE ASSETS: **YES NO**

INFORMATION ABOUT YOUR ASSETS

BANK ACCOUNTS:

BANK:	TYPE OF ACCOUNT:	HOW TITLED:	ACCOUNT NUMBER:	CURRENT BALANCE:
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PLEASE DESCRIBE ANY RETIREMENT FUNDS THAT EITHER YOU OR YOUR SPOUSE HAVE.

AUTOMOBILES:

MAKE OF CAR:	YEAR:	HOW TITLED:	WHO IS USING AUTO?
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REAL PROPERTY:

LOCATION:	HOW TITLED:	ESTIMATED VALUE:
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OTHER PERSONAL PROPERTY:

ITEM:	OWNERSHIP?	ESTIMATED VALUE:
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INFORMATION ABOUT DEBTS

CREDIT CARDS:

CREDITOR: ACCOUNT No.: ESTIMATED BALANCE:

MORTGAGES:

CREDITOR: SECURED BY WHAT PROPERTY Est. BALANCE

AUTO LOANS:

CREDITOR: SECURED BY WHAT AUTO? Est. BALANCE:

PLEASE DESCRIBE ANY OTHER DEBTS NOT SENT FORTH ABOVE:

CREDITOR: SECURED OR UNSECURED: Est. BALANCE:
