

DIVORCE FINANCIAL WORKSHEET

FOR PROFESSIONALS

CLIENT INTAKE SHEET

Divorce Financial Worksheet

This information sheet will serve as a valuable asset whether assisting us in the preparation of your case or for your personal record keeping. There are many instances when you go through the information sheet that you will need to skip over certain sections because it does not apply to you or that you need to get additional information. In order for this packet to be of benefit to you, it is crucial that you be as accurate as possible. There may be some information, i.e., values that you do not know.

Date Prepared: _____

Personal Information

Your Last Name		First Name	
Street Address			
City	State	ZIP	
Tel: Home	Tel: Work	Tel: Mobile	
E-Mail Address(es)			
DOB	Place of Birth	SSN	

Marriage Details

Marriage Date	Place of Marriage	Date of Separation
Type of Marriage <input type="checkbox"/> Religious <input type="checkbox"/> Civil <input type="checkbox"/> Common Law		

Spousal History

Full Name of Present/Most Recent Spouse	SSN
Is this your first marriage <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

Full Name of Former Spouse (If answered No above to 1 st marriage)		SSN
Date of Marriage	Date of Divorce	Court Granting Divorce
Grounds of Divorce		Case No.
Alimony Arrangement <input type="checkbox"/> I am RECEIVING alimony <input type="checkbox"/> I am PAYING alimony		Amount of Alimony
Is this your first marriage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Comments

Full Name of Former Spouse (If applicable)		SSN
Date of Marriage	Date of Divorce	Court Granting Divorce
Grounds of Divorce		Case No.
Alimony Arrangement <input type="checkbox"/> I am RECEIVING alimony <input type="checkbox"/> I am PAYING alimony		Amount of Alimony
Is this your first marriage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Comments

Full Name of Former Spouse (If applicable)		SSN
Date of Marriage	Date of Divorce	Court Granting Divorce
Grounds of Divorce		Case No.
Alimony Arrangement <input type="checkbox"/> I am RECEIVING alimony <input type="checkbox"/> I am PAYING alimony		Amount of Alimony
Is this your first marriage: <input type="checkbox"/> Yes <input type="checkbox"/> No		Comments

Dependant Information

Full Name of Child	DOB	Where does he/she reside? <input type="checkbox"/> You <input type="checkbox"/> Other Parent	Are you paying or receiving support? <input type="checkbox"/> Paying <input type="checkbox"/> Receiving
Comments			Support Amount

Full Name of Child	DOB	Where does he/she reside? <input type="checkbox"/> You <input type="checkbox"/> Other Parent	Are you paying or receiving support? <input type="checkbox"/> Paying <input type="checkbox"/> Receiving
Comments			Support Amount

Full Name of Child	DOB	Where does he/she reside? <input type="checkbox"/> You <input type="checkbox"/> Other Parent	Are you paying or receiving support? <input type="checkbox"/> Paying <input type="checkbox"/> Receiving
Comments			Support Amount