

Law Offices of Stacy E. Goodbread, P.C.

CLIENT DATA SHEET

DIVORCE INFORMATION

Date: _____

Cell # _____

Work Phone: _____

Home Phone: _____

Email address: _____

CLIENT:

1. Full Legal Name: _____ Age: _____
2. Address: _____
City/State/Zip: _____
3. How long have you lived at this address? _____
4. **What County do you live in now?** _____ **Race:** _____
5. Date of Birth: _____ Place of Birth: _____
6. Please give the following information concerning your employment.
Employer: _____
Job title: _____
Street address: _____
City, state, zip: _____
Phone: _____ May we call you at work? _____
E-mail: _____ May we e-mail you at work? _____
Monthly gross salary: _____
Annual gross salary: _____
Length of employment: _____
Education/training: _____
If military, Rank: _____ Months in Service: _____ Active: _____ Retired: _____
7. Other address and telephone number where you can be reached: _____
8. Last grade in school: _____
9. Number of marriages (including present): _____
10. If married before, how many ended by: Death: _____ Divorce: _____ Annulled: _____
11. Your Driver's License No: _____ State: _____
12. Your Social Security No.: _____
13. What vehicle(s) are you driving primarily: _____

SPOUSE:

1. Name: _____ Age: _____
2. Address: _____
City/State/Zip: _____
3. How long at this address? _____
4. What County do they live in now? _____ Race: _____
5. Date of Birth: _____ Place of Birth: _____
6. Employer: _____
Job title: _____
Street address: _____
City, state, zip: _____
Phone: _____
E-mail: _____
Monthly gross salary: _____
Annual gross salary: _____
Length of employment: _____
Education/training: _____
If military, Rank: _____ Months in Service: _____ Active: _____ Retired: _____

Are they receiving a military retirement or will they be eligible too: _____

Are they receiving disability from Social Security or VA: _____

If yes, how much is received monthly \$ _____

7. Driver's License No: _____ State: _____ Social Security No: _____
8. Other address and telephone number where you can be reached: _____
9. Last grade in school: _____
10. Number of marriages (including present): _____
11. If married before, how many ended by: Death: _____ Divorce: _____ Annulled: _____
12. What vehicle(s) does the spouse drive primarily: _____

MARRIAGE:

1. Date of marriage: _____ Years of marriage: _____
2. Marriage city, county & state: _____
3. Wife's maiden name: _____
4. Do you wish to change name back? () Yes () No
5. Date of separation: _____ Is the marriage "Common Law"? () Yes () No
6. Is wife presently pregnant? () Yes () No
7. Have you used any illegal drugs, including marijuana, THC or Delta 8? () Yes () No
If yes, which ones, last time used and how often _____
8. Do you allege your spouse uses/used any illegal drugs, including marijuana, THC or Delta 8?
() Yes () No
If yes, which ones, last time used and how often _____
9. Are you or your spouse using any prescription drugs you do not have a prescription for? If yes, explain
_____.
10. Are you or your spouse taking any medicine to treat any mental health conditions? If yes, explain
_____, also who prescribed the medications that
are being taken _____

Have you seen a marriage counselor? _____

If so, please state name: _____

Have you and your spouse attempted reconciliation? _____

If not, would you like to attempt reconciliation?

Check as appropriate if your marital difficulties involve any of the following:

- | | | |
|--|---|-----------------------------------|
| _____ drugs/alcohol | _____ financial dispute | _____ physical violence |
| _____ emotional abuse | _____ your infidelity | _____ religion |
| _____ confinement in
mental institution
for at least 3 years | _____ noncohabitation
for at least 3 years | _____ your spouse's
infidelity |
| _____ other: _____ | | |

LIVING CHILDREN OF THIS MARRIAGE:

<u>Name</u>	<u>Social Security Number</u>	<u>Sex</u>	<u>Place of Birth City, Cty, State</u>	<u>Date of Birth</u>	<u>Residing with</u>
1. _____					
2. _____					
3. _____					
4. _____					

Are the children covered by health Insurance right now, if yes, who covers and what brand of insurance? _____

Are the children covered by dental Insurance right now, if yes, who covers and what brand of

insurance? _____

WHERE AND WITH WHOM HAS EACH CHILD LIVED FOR THE PAST 5 YEARS?

- | | <u>Where</u> | <u>From-To</u> | <u>With Whom</u> |
|----|--------------|----------------|------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

COMMUNITY PROPERTY

- List all Real Property owned/purchased during marriage (include County where property is located)
 - _____
 - _____

If any of the property listed above has been sold, please state which property and when it was sold:
_____.

- List all vehicles purchased and still owned during the marriage (Year, Make and Model)
 - _____ loan ()yes () no
 - _____ loan ()yes () no
 - _____ loan ()yes () no
 - _____ loan ()yes () no

- List all retirement accounts acquired during the Marriage
 - _____ Approximate Balance _____
 - _____ Approximate Balance _____
 - _____ Approximate Balance _____
 - _____ Approximate Balance _____

SEPARATE PROPERTY (Property acquired prior marriage or through gift/inheritance)

- List all Real Property owned/purchased PRIOR marriage (include County where property is located)
 - _____
 - _____

If any of the property listed above has been sold, please state which property and when it was sold:
_____.

- List all vehicles purchased PRIOR the marriage that you still own (Year, Make and Model)
 - _____ loan ()yes () no
 - _____ loan ()yes () no
 - _____ loan ()yes () no

- List all retirement accounts acquired PRIOR to the Marriage
 - _____ Approximate Balance _____
 - _____ Approximate Balance _____

Has there ever been a custody fight regarding the children? () Yes () No

