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CLIENT INFORMATION SHEET FOR DIVORCE/DISSOLUTION/LEGAL SEPARATION

Date _____

1. Background:

A. You:

Your complete legal name: _____

Other names you have used: _____

Your Date of Birth: _____ Age: _____ SSN: _____

Your Present Address and Zip: _____

Mailing address (if different): _____

How long at current resident of _____ County, _____, _____
name county name state #of months

Your home phone: _____ Work phone: _____
between hours of _____ and _____ between hours of _____ and _____

Employment:

Present employer's name: _____

Address: _____

Job Title: _____ Duties: _____

Date of hire: _____ Current rate of pay: _____

Frequency of pay: _____ Pension? Yes No Type: _____

Gross pay per pay period: _____ Net: _____

Deductions other than taxes? Yes No If yes, what for, how much: _____

Are there any benefits of employment such as company car/meals/sick days or vacation days due and owing? _____

Other Income Amounts:

Commissions	\$ _____	Company Car	\$ _____
Bonus	\$ _____	Profit Sharing	\$ _____
Expense Acct	\$ _____	Overtime	\$ _____
Other	\$ _____	Other	\$ _____

Other Sources Of Income:

Pensions: _____	Annuities: _____
Interest on Savings: _____	Rent(s): _____
Royalties: _____	Dividends: _____
Workers' Comp: _____	Disability: _____
Social Security: _____	Support rec'd for other children: _____
Other: _____	Other: _____

Prior employer's name: _____

Address: _____

Worked there from: _____ to: _____
Job Title: _____ Why left job? _____

Your Education:

Years of schooling: _____
Where: _____ Degree: _____

Are you a party to any **active lawsuit**? _____

Have you ever filed Bankruptcy? Yes No If yes, when & where: _____

Do you pay/receive child support? If so, how much, how often: _____

Military Service? Details: _____

Other important information about you: _____

B. Other Party:

Spouse's Complete Legal Name: _____
Other names he/she has used: _____

Present Address and Zip: _____
Mailing address (if different): _____
How long at current resident of: _____ County _____, Ohio _____
name county name state # of months

Home phone: _____ Work phone: _____
between hours of ____ and ____ between hours of ____ and ____

Employment:

Present employer's name: _____
Address: _____

Job Title: _____ Duties: _____
Date of hire: _____ Current rate of pay: _____

Frequency of pay: _____ Pension? Yes No Type: _____
Gross pay per pay period: _____ Net: _____

Deductions other than taxes? Yes No If yes, what for, how much: _____

Are there any benefits of employment such as company car/meals/sick days or vacation days due and owing? _____

Other Income Amounts:

Commissions	\$ _____	Company Car	\$ _____
Bonus	\$ _____	Profit Sharing	\$ _____
Expense Acct	\$ _____	Overtime	\$ _____
Other	\$ _____	Other	\$ _____

Other Sources of Income:

Pensions: _____	Annuities: _____
Interest on Savings: _____	Rent(s): _____
Royalties: _____	Dividends: _____
Workers' Comp: _____	Disability: _____
Social Security: _____	Support rec'd for other children: _____
Other: _____	Other: _____

Prior employer's name: _____
 Address: _____
 Worked there from: _____ to: _____
 Job Title: _____ Why left that job? _____

Education:

Years of schooling: _____
 Where: _____ Degree: _____

Has the other party ever filed Bankruptcy? Yes No If yes, when? where? _____

Does he/she have **claims** against anyone for personal injury/worker's compensation, etc.? Yes No If yes, give details: _____

Does your he/she pay/receive child support? If so, how much, how often: _____

Military Service? Details: _____

Other important information about other party: _____

Party's Attorney: _____

C. Health:

Do you or other parent have any on-going medical conditions? If so, give details/name of physician/and address of physician: _____

Have you participated in any counseling or therapy concerning the children's problems or otherwise? _____
 If so, give details: _____

Are there any issues with substance abuse? If so, give details: _____

C. Children in this Case between you and Other Parent:

Name	Date of Birth	SSN	Living with now

D. Children of Other Relationships:

Name	Date of Birth	SSN	Living with now

E. Health Insurance Information:

#1 Name of Insurer: _____
 Address: _____
 Plan Code Number: _____ Group No.: _____
 Is it provided by employment: _____
 Cost of coverage (for Employee only and cost to insure child/ren): _____
 Details of coverage: _____

#2 Name of Insurer: _____
 Address: _____
 Plan Code Number: _____ Group No.: _____
 Is it provided by employment: _____
 Cost of coverage (for Employee only and cost to insure child/ren) Details of coverage: _____

F. Other Income:

Please give all details known for your income other than from employment and that of other parent: _____

G. Debts:

Please list all of your debts including bank loans (except mortgages, second mortgages and car loans previously noted), private loans from individuals, credit card accounts, claims against you disputed or not, student loans, judgment liens against you, taxes unpaid, etc.

Creditor	Acct. No.	What was credit used for	Balance	Payment/month

H. Your Monthly Budget:

1. Food
 - home _____
 - school lunches _____
 - food away from home _____
2. Rent/1st Mortgage _____
- 2nd Mortgage/Equity Loan _____
3. Taxes on Real Estate if not included _____
4. Homeowner's/renter's Insurance if not included _____
5. Home maintenance/repairs _____

- 6. Utilities: Electric _____
 - Gas/Heat _____
 - Water _____
 - Sewer _____
 - Cable _____
 - Trash Removal _____
 - Phone _____
 - 7. Automobile _____
 - Gasoline _____
 - Parking _____
 - Repairs/Maintenance _____
 - Insurance _____
 - Registration/Licenses _____
 - 8. Clothing _____
 - Self _____
 - Children _____
 - Laundry/Dry cleaning _____
 - 9. Toiletries/Haircuts _____
 - 10. Child care _____
 - 11. Medical _____
 - Health Insurances _____
 - Doctors (out of pocket) _____
 - Dentists (out of pocket) _____
 - Optical (out of pocket) _____
 - Orthodontic (out of pocket) _____
 - Prescriptions (out of pocket) _____
 - Counselors (out of pocket) _____
 - Other (please list) _____
 - 12. Entertainment/Cultural/Recreational _____
 - 13. Donations _____
 - 14. Newspapers/Magazines _____
 - 15. School Supplies _____
 - 16. School Tuition _____
 - 17. Allowances for children _____
 - 18. Life/Disability Insurance Premiums _____
 - 19. Income Taxes (not withheld) _____
 - 20. Deferred Compensation _____
 - 21. Union Dues _____
 - 22. Gifts (holidays, birthdays) _____
 - 23. Condo/Association Fees _____
 - 24. Other _____
 - 25. Other _____
 - 26. Other _____
 - 27. Other _____
- TOTAL _____

I. Child's Assets: Do any of the children listed above (who are under age 18 or are still in high school beyond age 18) have employment? Yes No If so, please give details: _____

J. Special Needs Do any of the children listed above have any special needs or disabilities which require on-going medical treatment, school, training or equipment? Yes No If so, please give details: _____

K. Residences: Where have the MINOR children resided for the past five years?

Date Moved In/Date Moved Out	Address	With Whom

M. Children of Other Relationships:

Name	Date of Birth	SSN	Living with now

N. Special Needs Do any of the children listed above have any special needs or disabilities which require on-going medical treatment, school, training or equipment? Yes No If so, please give details: _____

O. Domestic Violence/Child Abuse/Criminal Conduct:

Has anyone in your household (or the other parent’s household) been convicted of or pled guilty to a charge of domestic violence or abuse or neglect of ANY child? Yes No Please also set forth any criminal charges filed, convictions and arrests. Give all details: _____

P. Planning:

1. Will you consider a Shared Parenting Plan where neither parent has “full custody” but the parents are each the “residential parent and legal custodian” of the child? Yes No Note: Shared Parenting does NOT mean sharing parenting time 50/50. _____

2. Are there any reasons for any special limits or restrictions on a parent’s contact with a child, or on decision-making authority or in dispute resolution method? Yes No If yes, give all details: _____

3. For the past 12 months, which parent has performed the following parenting functions?

Mother Father Both

- a. Care for children when ill
- b. Take children to health care appointments
- c. Participate in educational activities (school, social skills, sports, etc.)
- d. Read to children/teach task
- e. Discipline
- f. Bathe/diaper/attend to hygiene
- g. Prepare meals, shop for groceries, eat with children
- h. Purchase clothing, launder clothing
- i. Teach sports, hobbies

4. What was your employment/activity schedule for the past 12 months? _____

5. What was the child's (were the children's) school and activity schedule for the past 12 months?

6. What is your current employment/activity schedule?

7. What is the child's (are the children's) current school and activity schedule?

8. Have you had total care of the children while the other parent was absent? Yes No If yes, explain when, and under what circumstances it occurred and for what duration of time: _____

9. What types of activities have you engaged in with the children without the other parent present?

10. What forms of discipline do you use with the children and for what kinds of rules infractions? (Be specific)

11. What do you consider your greatest strengths and weaknesses as a parent? _____

