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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 _____ Pension? Yes No Type _____
If yes, does it still exist or did you withdraw it when you left that 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 _____

Do you have a current Will? _____
Who is the primary beneficiary of it _____

Military Service? Details: _____

Other important information about you: _____

B. Spouse:

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 _____
Other _____

Support rec'd for other children _____
Other _____

Prior employer's name _____
Address _____
Worked there from _____ to _____
Job Title _____ Pension? Yes No Type _____
If yes, does it still exist or did you withdraw it when you left that job _____

Education:

Years of schooling _____
Where _____ Degree _____

Has your spouse ever filed Bankruptcy? Yes No If yes, when? where? _____

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

Does your spouse pay/receive child support? If so, how much, how often _____

Military Service? Details: _____

Other important information about spouse: _____

Spouse's Attorney _____

C. Marriage:

Date of Marriage _____ Place of Marriage (City and State) _____
If separated, who and when left, and under what circumstances _____

Prior periods of separation? If so, give details, including dates: _____

D. Health:

Do you or your spouse 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 problems of this marriage or otherwise? _____
If so, give details _____

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

E. Medical Insurance Information:

#1 Name of Insurer _____
Address _____

Plan Code Number _____ Group No. _____
 Is it provided by employment _____
 Cost of coverage _____
 Details of coverage _____

#2 Name of Insurer _____
 Address _____
 Plan Code Number _____ Group No. _____
 Is it provided by employment _____
 Cost of coverage _____
 Details of coverage _____

ASSETS:

A. Life Insurance Policies:

Company	Face Amount	Type	Owner	Issue Date	Beneficiary	Cash Value & Date of Valuation

B. Retirement Plan Assets/401(k)/403(b)/KEOGH/SEP/IRAs/ESOPs/Other Annuity Plans:

H or W	Type	Company/Institution	Date Began	Value & Date of Valuation

C. Vehicles/Boats/Airplanes/Recreational Vehicles:

#1 #2 #3 #4

Type/Kind _____
 Make/Model/Year _____
 Who uses? _____
 Titled to _____
 Loan Company _____
 Present Balance _____
 Monthly Payment _____
 Name on Loan _____
 Insurer _____
 Fair Market Value _____

D. Checking/Savings/Mutual Funds/Money Markets/CDs/Bonds/Accounts Receivable/Tax Refunds Due But Not Yet Received/Other Money Assets:

Name of Bank/Institution	Acct. No.	Balance	In Name of

US Savings Bonds? Yes No If yes, Number/Dates/Series _____

E. Inheritances/Gifts:

During the course of your marriage, did you or your spouse receive any inheritances or advances on inheritances? _____

If yes, give details: Name of deceased/donor; relationship to you or your spouse; dollar amount or value of what was inherited; how was the inheritance or advance used; what is the current location of the inheritance or advancement? _____

During the course of your marriage, did you or your spouse receive any property or monetary gifts exceeding \$1,000 in value? Yes No If so, give details: Name of person giving gift; amount of gift; was the gift given to both or just one of you; how was the gift used? _____

F. Other Assets:

Personal Property:

Please list on a *separate sheet* all items of furniture, furnishings and other personal property which have **not** been divided by agreement, breaking those items down into marital property and separate property items. Be sure to include collectibles, coins, stamps, firearms, etc.

Are there any **other kinds of assets** not specifically mentioned above? (Season tickets, frequent flyer miles, pre-paid tickets, timeshares, etc.) If so, please list type/amount/values: _____

Business Details:

Sole Proprietor/Partner/Corporation _____

Other people involve in business _____

Important dates _____

Details _____

G. Real Estate Holdings:

#1

#2

#3

Address _____

County/State _____

Titled to Whom _____

Date of Purchase _____

Purchase Price _____

Down Payment _____

Source of Payment _____

Beginning Mortgage _____

Lender _____

Address of Lender _____

Payment/Month _____

Taxes Included? _____

If no, Taxes per Half _____

Insurance Included? _____

If no, Cost of Insurance _____

Mortgage Balance at time of Marriage or Purchase _____

Present Balance of First Mortgage _____

Date Refinanced or 2nd Mortgage obtained _____

Amount Refinanced _____

Lender _____

Address of Lender _____

Payment/Month _____

Present Balance _____

Date Refinanced or 2nd Mortgage obtained _____

Amount Refinanced _____

Lender _____

Address of Lender _____

Payment/Month _____

Present Balance _____

Other Liens _____

Easements _____

Improvements _____

Date of Last Appraisal _____

Appraiser _____

Value at Appraisal _____

Present Value _____

Gross Equity _____

Separate Equity? If so, amount? _____

Mortgage at date of Marriage _____ Value at that time _____

Marital Equity _____

H. Premarital/Separate Property:

Did you or your spouse bring any real estate, stocks/bonds, bank accounts, pension plans, retirement plans, personal property, household goods, vehicles, or any other assets into the marriage? Yes No If yes, please describe what was brought into the marriage, noting the person who owned it, the type of property and the value at that time:

I. Prior Agreements:

Have you and your spouse entered into any prior written agreements? _____ If so, give details, stating whether prenuptial/separation/dissolution _____

J. 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	H/W/Jt	Acct. No.	What was credit used for	Balance	Payment/month

K. 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	_____
1. 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 _____	

12. What do you consider the other parent's greatest strengths and weaknesses as a parent? _____

13. How would you propose that decisions regarding the children be made in the future? (Circle)

- | | | | |
|---------------------------------|-----|-------|------|
| a. Education | You | Other | Both |
| b. Non-emergency health care | You | Other | Both |
| c. Religious upbringing | You | Other | Both |
| d. Extracurricular activities | You | Other | Both |
| e. Grooming/daily personal care | You | Other | Both |
| f. Discipline | You | Other | Both |
| g. Privileges | You | Other | Both |
| h. Supervision | You | Other | Both |
| i. Other (Specify) | You | Other | Both |
| j. Other (Specify) | You | Other | Both |

14. How would you propose that the children have parenting time with each parent? _____

15. Please give all other relevant and helpful information regarding the children: _____
