



Melissa Graham-Hurd & Associates LLC  
 4030 Massillon Road, Suite B  
 Uniontown, Ohio 44685  
 Phone (330) 996-4099/Fax (330) 643-0732  
 Email [mgh@grahamhurdlaw.com](mailto:mgh@grahamhurdlaw.com)  
[emd@grahamhurdlaw.com](mailto:emd@grahamhurdlaw.com)  
[maf@grahamhurdlaw.com](mailto:maf@grahamhurdlaw.com)

## 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 \_\_\_\_\_

**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 \_\_\_\_\_

**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 \_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_

**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 \_\_\_\_\_

**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 \_\_\_\_\_  
Spouse's Attorney \_\_\_\_\_

**C. Marriage:**

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

**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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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



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**G. 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? \_\_\_\_\_

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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? \_\_\_\_\_

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**H. Gifts to Others**

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? \_\_\_\_\_

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**I. 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. \_\_\_\_\_

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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: \_\_\_\_\_

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**J. 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 2<sup>nd</sup> Mortgage obtained \_\_\_\_\_

Amount Refinanced \_\_\_\_\_

Lender \_\_\_\_\_

Address of Lender \_\_\_\_\_

Payment/Month \_\_\_\_\_

Present Balance \_\_\_\_\_

Date Refinanced or 2<sup>nd</sup> 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? \_\_\_\_\_

Marital Equity \_\_\_\_\_

**K. 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:

\_\_\_\_\_



- 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 \_\_\_\_\_

**CHILDREN:**

**A. Children of this Marriage:**

Name	Date of Birth	SSN	Living with now

**B. Children of Other Relationships:**

Name	Date of Birth	SSN	Living with now


**C. 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: \_\_\_\_\_

\_\_\_\_\_

**D. 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: \_\_\_\_\_

\_\_\_\_\_

**E. Residences:** Where have the MINOR children of this marriage resided for the past five years?

Date Moved In/Date Moved Out	Address	With Whom

**F. Domestic Violence/Child Abuse:**

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    If yes, give all details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**G. 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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?

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

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6. What is your current employment/activity schedule?

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

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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: \_\_\_\_\_

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

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

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

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