



Office Use Only – Do Not Complete

File # _____

Driver's License copy obtained? Yes No

Attorney: _____

Date: _____

Referred by: _____

Consultation Fee: _____

Hourly Rate Quoted: _____

Retainer Fee Quoted: _____

MARITAL INTAKE INFORMATION SHEET

Name (full name): _____ Maiden Name: _____

Other Names Used: _____ Race: White ____ Black ____ Other ____

Date of Birth: _____ County & State of Birth: _____

Your Social Security Number: _____ Email Address: _____

Current Address: _____

_____ County: _____

Approximate date started living at this address: _____

Home telephone number: _____ Work number: _____

Cell phone number: _____

Do you have a personal web-site that is accessible to the general public; i.e. facebook, etc.? If so, what is it?

Spouse's Name: _____ Maiden Name: _____

Other Names Used: _____ Race: White ____ Black ____ Other ____

Date of Birth: _____ County & State of Birth: _____

Your Spouse's Social Security Number: _____

Spouse's Address: _____

_____ County: _____

Approximate date started living at this address: _____

Does your spouse have a personal web-site that is accessible to the general public; i.e. facebook, etc.? If so, what is it?

Date of Marriage: _____ Date of Separation: _____

City, County, State where married: _____

How long have you been a resident of PA: _____ Spouse: _____

Are you a U.S. citizen? _____ Spouse? _____

Are you a member of the military service? _____ Spouse? _____

Has your spouse retained an attorney? _____ If so, who: _____

Have you or your spouse ever filed for divorce or annulment of this marriage? _____

If yes, when and where: _____

What number of marriage is this for you? _____ Spouse? _____

Prior marriages: Date: _____ To Whom: _____ When terminated? _____

How many children were born as a result of this marriage? _____

List children's full name and date of birth:

_____	_____
_____	_____
_____	_____

Who are children residing with? _____

Do you have children from a prior relationship? _____

List children's full name and date of birth:

_____	_____
_____	_____

Do you receive or pay child support, spousal support or alimony? _____ Does your spouse? _____

If yes, give details: _____

Do you, your spouse or any of the children have any special problems of handicaps? _____

Your employer: _____ Title: _____ Work hours: _____

Gross monthly pay: _____ Net monthly pay: _____ How long employed? _____

Spouse's employer: _____ Title: _____ Work hours: _____

Gross monthly pay: _____ Net monthly pay: _____ How long employed? _____

Real Estate:

Location: _____

How titled: _____ Present market value: _____

Mortgage: _____ Balance: _____ Monthly payment: _____

Home Equity/2nd mortgage: _____ Balance: _____ Monthly payment: _____

Additional Real Estate:

Location: _____

How titled: _____ Present market value: _____

Mortgage: _____ Balance: _____ Monthly payment: _____

Home Equity/2nd mortgage: _____ Balance: _____ Monthly payment: _____

Personal Property:

Your vehicle: _____ Titled: _____

Loan: _____ Balance: _____ Monthly payment: _____

Spouse's vehicle: _____ Titled: _____

Loan: _____ Balance: _____ Monthly payment: _____

Other vehicles: _____ Titled: _____

Loan: _____ Balance: _____ Monthly payment: _____

Bank Accounts – Both Joint and Separate:

NAME OF BANK	TYPE OF ACCOUNT	NAME(S) ON ACCOUNT	BALANCE

Investments:

Do you have a retirement/401(k) Plan? _____ Balance: _____

Does your spouse have a retirement/401(k) Plan? _____ Balance: _____

Do you have any stocks, bonds, CDs? _____

Does your spouse have any stocks, bonds, CDs? _____

Do either you or your spouse have any other retirement plans? _____

Will the household goods and furnishings need to be divided? _____

Debts (loans and credit cards) – List them all even if separate accounts

To Whom? _____ In Whose Name? _____ Balance: _____

Who has been paying on this account? _____

To Whom? _____ In Whose Name? _____ Balance: _____

Who has been paying on this account? _____

To Whom? _____ In Whose Name? _____ Balance: _____

Who has been paying on this account? _____

To Whom? _____ In Whose Name? _____ Balance: _____

Who has been paying on this account? _____

Do you and/or your spouse have insurance?

Medical: _____

Dental: _____

Life: _____

Other: _____

List any significant gifts or inheritances received by you or your spouse during the marriage: _____

List any pre-marital assets: _____

ATTORNEY WILL FILL IN THE FOLLOWING INFORMATION:

Support:

Number of children _____

Wife's gross monthly take home _____

Husband's gross monthly take home _____

Wife's filing status _____

Number of exemptions _____

Husband's filing status _____

Number of exemptions _____

Child Care Expense _____

Chart figure _____