

Date: _____ Referred by: _____

FIRST NAME MIDDLE MAIDEN LAST

Home Address: _____ Zip: _____
Mailing Address: _____ Zip: _____
Home Phone: _____ Cell #: _____
SS# _____ Driver's License # _____ STATE _____
Email Address: _____ Business Phone: _____
Employer: _____ Fax # we may use: _____
Employer's address: _____ Zip: _____
Date of Birth: _____ Place of Birth: _____ Education: _____
No. of marriages: _____ How did previous marriage(s) end? _____

WHAT CELL PHONE NUMBER AND EMAIL ADDRESS WOULD YOU LIKE US TO USE TO REGISTER YOU FOR OUR SECURE CLIENT PORTAL, CASEWAY?

Cell Phone #: _____ Email Address: _____

Caseway allows us to share important documents with you, allows you to share important documents with us, allows us to send you invoices, and provides you the convenience of making a credit/debit card payment. Once we register you for Caseway, you will receive an email with the link, as well as a text message with your secure login code.

INFORMATION ON THE OPPOSING PARTY:

FIRST NAME MIDDLE MAIDEN LAST

This person is your Spouse _____ Ex-Spouse _____ Other _____

SS# _____ Driver's License # _____ STATE _____
Address: _____ Zip: _____
Phone: _____ Email Address: _____ Opposing Party's Lawyer: _____
Employer: _____ Business Phone: _____
Employer's address: _____ Zip: _____
Date of Birth: _____ Place of Birth: _____ Education: _____
No. of marriages: _____ How did previous marriage(s) end? _____

I am requesting legal services from Gravitt Law Group, PLC. I agree to pay its customary fees for such services. Payment is due at the time services are provided.

Signature Required

If Married, Date of Marriage: _____ Place of Marriage: _____

If Divorced, Date of Decree: _____ (attach or bring a copy)

Date of Separation: _____ County last lived together: _____

Who left marital domicile? _____ How long have you lived in Virginia? _____

Do you and your spouse have a pre-nuptial agreement? _____ (attach or bring a copy)

Women only: In divorce decree do you want your name changed? _____ To what? _____

Do you or your spouse hold a license, certificate, registration or other authorization to engage in a profession, trade, business, or occupation issued by the Commonwealth of Virginia? **H W** Describe: _____

Either party active military service? List branch and rank: **H W** _____

Names of children of this marriage:	SSN:	Age & Date of Birth	Lives with whom?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Children of previous marriage:

_____	_____	_____	_____
_____	_____	_____	_____

Child Support: Name(s) of child/children covered _____

Court ordered? _____ Court: _____ Date: _____

By Agreement? _____ Date of Agreement: _____

Amount paid: _____ To whom? _____

Amount received: _____ From whom? _____

Cost of Daycare: _____ per _____

Medical expenses owed: 100% _____ 50% _____ Other _____

If property division is or may be in issue, complete the following:

REAL ESTATE OWNED: House and lot: _____ House and _____ Acres

Address of property: _____

Deed: Both Names _____ Wife Only _____ Husband Only _____ Down payment \$ _____

Estimated Value: _____ Date Acquired: _____ Purchase Price: _____

Mortgage Company: _____ Balance Owed: _____ Monthly Payment: _____

Second Mortgage: _____

OTHER REAL ESTATE: Farm Land _____ Rental Property _____ Other _____

Description: _____

Deed: Both Names _____ Wife Only _____ Husband Only _____

Estimated Value: _____ Date Acquired: _____ Purchase Price: _____

Mortgage Company: _____ Balance Owed: _____ Monthly Payment: _____

(Use Back for Additional Real Property)

TANGIBLE PERSONAL PROPERTY:

Description	Value	Creditor	Balance Owed	Payment
Husband's Auto: _____	_____	_____	_____	_____
Wife's Auto: _____	_____	_____	_____	_____
Other Vehicle: _____	_____	_____	_____	_____
Boat: _____	_____	_____	_____	_____
Farm Equipment: _____	_____	_____	_____	_____

_____ Check here if you or your spouse own jewelry, art work, coin or stamp collections, guns or other property of value.

INTANGIBLE PERSONAL PROPERTY:

Institution/Location	Owner(s)	Value
Cash on Hand: _____	H W Both	_____
Checking Account: _____	H W Both	_____
Savings Account: _____	H W Both	_____
Certificates of Deposit: _____	H W Both	_____
IRAs (Husband): _____	H W Both	_____
IRAs (Wife): _____	H W Both	_____
Stocks, Bonds, Mutual Funds: _____	H W Both	_____
Savings Bonds: _____	H W Both	_____
Husband's Pension: _____	H W Both	_____
Husband's Profit-Sharing: _____	H W Both	_____
Husband's Stock Plan: _____	H W Both	_____
Wife's Pension: _____	H W Both	_____
Wife's Profit-Sharing: _____	H W Both	_____
Wife's Stock Plan: _____	H W Both	_____
Life Insurance with Cash Value: _____	H W Both	_____
Other: _____	H W Both	_____

MARITAL DEBTS: (Charge Cards, Loans, Etc.)

Creditor:	Balance Owed	Monthly Payment	Debtor(s)	For What Acquired?
_____	_____	_____	H W Both	_____
_____	_____	_____	H W Both	_____
_____	_____	_____	H W Both	_____
_____	_____	_____	H W Both	_____
_____	_____	_____	H W Both	_____
_____	_____	_____	H W Both	_____
_____	_____	_____	H W Both	_____
_____	_____	_____	H W Both	_____
_____	_____	_____	H W Both	_____
_____	_____	_____	H W Both	_____

If support is or may be in issue, complete the following: (Bring tax returns, W-2 forms, and pay stubs, if available)

Husband/Father's gross annual income: \$ _____ /year

Pay period: Weekly _____ Monthly _____ 2x month _____ Every 2 wks _____

Gross per pay period \$ _____ Net per pay period \$ _____

Wife/Mother's gross annual income: \$ _____ /year

Pay period: Weekly _____ Monthly _____ 2x month _____ Every 2 wks _____

Gross per pay period \$ _____ Net per pay period \$ _____

Medical Insurance:

Company name & address _____

Subscriber Name: _____ Subscriber #: _____

Persons covered: _____

Amount paid for insurance: \$ _____ per _____ (pay period)

Cost of insurance per pay period for employee only: \$ _____

Cost of insurance for children only: \$ _____

Who pays for coverage? Mother _____ Father _____

Is insurance an employment benefit? _____