

HEIDI L. WOLF
LAURIE J. TANGE

H. WOLF LAW FIRM
ATTORNEYS AT LAW

PHONE: 269-673-2105
FAX: 269-686-5996

Date _____
Name: _____
Address: _____

Home phone: _____
Cell phone: _____
Work phone: _____
E-mail address: _____

How did you find us:

- Allegan County Legal Assistance Center
- Facebook
- Allegan News
- On-line _____
- Referred by: _____
- Other (please explain) _____

Type of Case

- Domestic Violence
- Alcohol Related
- Criminal
- Wills/Trusts
- Business Formation
- Litigation
- Other (please explain): _____

YOURSELF

FULL NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: HOME: _____ WORK: _____ CELL: _____

D.O.B: _____ AGE: _____ SSN: _____

HAIR COLOR: _____ EYE COLOR: _____ RACE: _____

HEIGHT: _____ WEIGHT: _____ DRIVERS LICENSE #: _____

SCARS/IDENTIFYING MARKS: _____

EMAIL: _____ DO YOU CHECK OFTEN? _____

Alias / Other Names Used? _____

YOUR SPOUSE / SIGNIFICANT OTHER / EX

FULL NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: HOME: _____ WORK: _____ CELL: _____

D.O.B: _____ AGE: _____ SSN: _____

HAIR COLOR: _____ EYE COLOR: _____ RACE: _____

HEIGHT: _____ WEIGHT: _____ DRIVERS LICENSE #: _____

SCARS/IDENTIFYING MARKS: _____

EMAIL: _____ DO YOU CHECK OFTEN? _____

Alias / Other Names Used? _____

OPPOSING ATTORNEY (If Any): _____

RECORD OF DIVORCE INFORMATION

Your Birthplace:

Number of this Marriage:

1 2 3 _____

Your Spouses Birthplace:

Number of this Marriage:

1 2 3 _____

Place of This Marriage:

City, Village or Township County State

Date of Marriage:

Date of Seperation:

Brides Maiden Name or Name Before Marriage:

MINOR CHILDREN

COMPLETE NAMES (FIRST, MIDDLE and LAST.)

D.O.B

SSN - (REQUIRED)

Table with 3 columns: COMPLETE NAMES (FIRST, MIDDLE and LAST.), D.O.B, SSN - (REQUIRED). Each column has 5 horizontal lines for data entry.

Current Address of the Minor Children Listed above:

Custody: Now _____

Post Judgment: _____

Visitation: Now _____

Post Judgment: _____

Places where the children have resided over the last 5 years:

With Whom:

Two columns of horizontal lines for listing residence places and with whom.

Name and contact information of anyone else interested in Custody of the Children

Two horizontal lines for contact information.

Any current cases involving yourself, _____
 your spouse or the minor children? _____

MEDICAL INSURANCE INFORMATION

| | PROVIDER | PLAN NUMBER | MEDICAL | DENTAL | OPTICAL |
|-----------|----------|-------------|---------|--------|---------|
| Yourself: | | | | | |
| | | | | | |
| Spouse: | | | | | |
| | | | | | |

EMPLOYMENT

Your Employer: _____ Job Title: _____
 Address: _____ Time at Job: _____
 _____ Gross Pay / Week: _____
 _____ Net Pay / Week: _____
 _____ Hourly / Avg # Hrs: _____
 Phone Number: _____

Spouse Employer: _____ Job Title: _____
 Address: _____ Time at Job: _____
 _____ Gross Pay / Week: _____
 _____ Net Pay / Week: _____
 _____ Hourly / Avg # Hrs: _____
 Phone Number: _____

Other Sources of Income: (I.E. - Unemployment, Pension, Retirement)

Is either party receiveing any sort of state aid? Yes: _____ No: _____

If yes, Please state what is being received: _____

CHILD SUPPORT

Temporary Order: _____

Final Order: _____

| No. Dependents | Amount Per Schedule | Agreed Amount |
|----------------|---------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Amount: _____

Case Number: _____

Marital Property

Real Property:

| Description | Value | Amount Owed | Payment | Rental? | Name(s) on Deed |
|-------------|-------|-------------|---------|---------|-----------------|
| | | | | | |
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Vehicles: (Automobiles, Campers, ATV, Jet Ski, ect.)

| Year / Make / Model | Value | Amount Owed | Monthly Payment | Name(s) on Title |
|---------------------|-------|-------------|-----------------|------------------|
| | | | | |
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Bank Accounts:

| Name of Bank | Type of Account | Joint / Individual | Balance |
|--------------|-----------------|--------------------|---------|
| | | | |
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| | | | |
| | | | |

Pension/Retirement Accounts:

Who's Account is this?

DEBTS OF PARTIES

| Who Owes: | Amount: | Monthly Payment: | What for: |
|-----------|---------|------------------|-----------|
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Areas of Dispute (Place a Check in the box)

| | | | |
|-------------------|--------------------------|-----------------|--------------------------|
| Property Division | <input type="checkbox"/> | Retirement | <input type="checkbox"/> |
| Child Custody | <input type="checkbox"/> | Disability | <input type="checkbox"/> |
| Child Support | <input type="checkbox"/> | Debt Division | <input type="checkbox"/> |
| Visitation | <input type="checkbox"/> | Spousal Support | <input type="checkbox"/> |

Notes:
