

KING | LAW

LAW OFFICE OF GILES W. KING

OFFICE INFO

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Client: _____ Spouse: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Date of Marriage: _____ Date of Separation: _____

| Children | Gender | D.O.B | Age |
|----------|--------|-------|-----|
| | | | |
| | | | |
| | | | |
| | | | |

NOTES:

* Any Children Expected (Y/N) * Any previous orders regarding children (Y/N)

CUSTODY: Legal _____ Physical _____

VISITATION: _____

Insurance: _____ Claims as Tax Dependent: _____ Years: _____

Real Property: _____ Title: _____

_____ Title: _____

Vehicles: _____ Title: _____ Ownership: _____

Debts: _____ Title: _____ Ownership: _____

_____ Title: _____ Ownership: _____

Other Assets: _____