**CLIENT D.O.B.**

CURRENT ADDRESS

PHONE

EMAIL

SOCIAL SECURITY #

PLACE OF EMPLOYMENT

APPROX. ANNUAL SALARY

Last Year of School Attended: \_\_\_\_\_\_\_

**SPOUSE D.O.B.**

CURRENT ADDRESS

SOCIAL SECURITY #

PLACE OF EMPLOYMENT

APPROX. ANNUAL SALARY

Last Year of School Attended: \_\_\_\_\_\_\_

Wife’s Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILDREN: NAME, ADDRESS AND SOCIAL SECURITY #s**

(additional children can be listed on back)

 1. **D.O.B.**

 2. **D.O.B.**

 3. **D.O.B.**

**MARRIAGE INFORMATION**

DATE OF MARRIAGE

WHERE (City, County, State)

TYPE OF CEREMONY: \_\_\_\_\_\_ RELIGIOUS \_\_\_\_\_\_ CIVIL

HOW LONG HAVE YOU BEEN NYS RESIDENTS:

DO YOU OWN A HOME TOGETHER: YES NO

 IF YES, ADDRESS:

 IS THERE EQUITY IN THE HOME: YES NO

 IF YES, APPROX. HOW MUCH:

IS THERE AN EXISTING SEPERATION AGREEMENT: YES NO

 (must be provided if yes)

 PROVIDED: YES NO

IS THERE A CURRENT CUSTODY OR SUPPORT ORDER : YES NO

(must be provided if yes)

 PROVIDED: YES NO

GROUNDS FOR DIVORCE BEING SOUGHT:

HAS AN ACTION FOR DIVORCE EVER BEEN STARTED : YES NO

 IF YES, WHAT STATE:

DOES EITHER SPOUSE HAVE A PENSION: YES NO

(must be provided if yes)

 PROVIDED: YES NO

**HEALTH INSURANCE INFORMATION**

CLIENT

SPOUSE

CHILD(REN)

(TO BE COMPLETED BY LAW FIRM)

DATE OF CONSULT:

DATE RETAINED:

AMOUNT OF INITIAL RETAINER:

RETAINER SIGNED: Y N

CLIENTS RIGHTS SIGNED: Y N

INITIAL RETAINER PAID: Y N