

# *KEIL & SIEGEL, L.L.P.*

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**Today's Date:** \_\_\_\_\_

## **I. CASE DATA**

Spouse #1 Information:

Name	First:	Middle:	Last:
Street Address			
City			
State	Zip:	County:	
Phone (Work/Home/Cell)			
E-mail			
Date of Birth			
Place of Birth			
Maiden Name			
Employer Name			
Employer Address			
Employer Phone			
Social security number			

Spouse #2 Information:

Name	First:	Middle:	Last:
Street Address			
City			
State	Zip:	County:	
Phone (Work/Home/Cell)			
E-mail			
Date of Birth			
Place of Birth			
Maiden Name			

Employer Name	
Employer Address	
Employer Phone	
Social security number	

What are the issues involved in this case (Select any that apply)?:

- Cruel and inhuman treatment
- Abandonment
- Confinement in prison
- Adultery
- Living apart one year after separation decree or judgment of separation
- Living apart one year after execution of a separation agreement
- Irretrievable breakdown in relationship

Date of Marriage	
Address of Marriage Place (include City and County)	
Was the marriage religious or civil? Circle one	
Who occupies Marital Residence? Please specify if owned or purchased prior to marriage.	
Date of Separation	
Date of Complaint	
Date Summons Filed	
Date Summons Served	
Date of Divorce (if post-judgment relief sought)	

**Spouse #1 Insurance Information:**

Group Health Plan			
Administrator			
Administrator's Address			
ID #		Type of Coverage	
Unemancipated children, if any are to be covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Spouse #2 Insurance Information:**

Group Health Plan	
Administrator	
Administrator's Address	

ID #		Type of Coverage	
Unemancipated children, if any are to be covered?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**II. Children from this Marriage:** (Add extra pages for each child)

Child #1:

Name	First:	Middle:	Last:
Street Address			
City			
State		Zip:	County:
Date of Birth		Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth			
Social security number			

Child #2:

Name	First:	Middle:	Last:
Street Address			
City			
State		Zip:	County:
Date of Birth		Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth			
Social security number			

Child #3:

Name	First:	Middle:	Last:
Street Address			
City			
State		Zip:	County:
Date of Birth		Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth			
Social security number			

**III. Children from Other Relationships** (For both parties):

Child #1:

Name	First:	Middle:	Last:
Street Address			
City			
State		Zip:	
Date of Birth			
Social security number			

**V. GROSS INCOME:** (State source of income and annual amount).

(a)	Salary or wages (List all employers you worked for during the last 12 months):			
	Employer Name and Address	Pay Period	Wage per Pay Period	Overtime Earnings
1.			\$	\$
2.			\$	\$
3.			\$	\$

(b)	Pay Period Used for Deductions Below:	
	Deductions (For <u>all</u> employers listed in (a) above)	Amount
	Federal tax	\$
	New York State tax	\$
	Local tax	\$
	Social Security	\$
	Medicare	\$
	Other payroll deductions	\$
		\$
		\$
	Total Deductions	\$

(d)	Names of Dependents Claimed	
	Enter (e) through (s) as annual amounts	
(e)	Bonus, commissions, fringe benefits (use of auto, memberships, etc.)	
(f)	Partnership, royalties, sale of assets (income and installment payments)	
(g)	Dividends and interest (state whether taxable or not):	
(h)	Real estate (income only)	
(i)	Trust, profit sharing and annuities (principal distribution and income)	
(j)	Pension (income only)	
(k)	Awards, prizes, grants (state whether taxable):	
(l)	Bequests, legacies and gifts	
(m)	Income from all other sources (including alimony, maintenance or child support from prior marriage)	
(n)	Tax preference items: (These are informational entries. Will not be used in income)	
	1. Long term capital gain deduction	
	2. Depreciation, amortization or depletion	
	3. Stock options - excess of fair market value over amount paid	

**ADDITIONAL INFORMATION:**

Does your child attend day care? \_\_\_\_\_

If so, what are the weekly/monthly expenses? \_\_\_\_\_

Is there any order from any Court anywhere about the custody, visitation or support of the child(ren)? \_\_\_\_\_

If you answered "Yes" to the above question, please elaborate. In addition please attach a copy of such order(s).

\_\_\_\_\_

Have you and your spouse agreed to custody of the child(ren)? \_\_\_\_\_

Have you and your spouse agreed to a visitation schedule? \_\_\_\_\_

Have you and your spouse agreed to provide for child support? \_\_\_\_\_

What are your child support obligations or income for child(ren) of a prior relationship?

\_\_\_\_\_

PRIOR MARRIAGE: Spouse 1; Spouse 2; Both?

1. Date of Termination? \_\_\_\_\_

2. In what county was divorce obtained? \_\_\_\_\_

EDUCATION:

Highest degree obtained and dates:

Spouse1: \_\_\_\_\_

Spouse 2: \_\_\_\_\_

BACKGROUND:

Race (Please specify "S1" and "S2" for Spouse1 and Spouse2):

White \_\_\_\_\_  
African American \_\_\_\_\_  
American Indian \_\_\_\_\_  
Hispanic \_\_\_\_\_  
Asian \_\_\_\_\_

Spouse's current income and employer (include address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are the child(ren) covered under the insurance plan of the Wife or Husband? \_\_\_\_\_

PROPERTY DIVISION

1. Please list all assets which are in joint name or title of the parties which have not yet been divided:

\_\_\_\_\_  
\_\_\_\_\_

2. Please list all assets earned or acquired during the marriage which have not yet been divided :

\_\_\_\_\_  
\_\_\_\_\_

3. Do you and your spouse have any written agreement with regard to division of marital property?

\_\_\_\_\_

4. Do you or your spouse have any pension or retirement plan(s) to which the other party may be entitled?

\_\_\_\_\_

5. Do you and your spouse share any joint debts?

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6. Did you and your spouse file joint tax returns during the marriage? \_\_\_\_\_

7. If you filed jointly, do you plan to file jointly this tax year? \_\_\_\_\_

8. If you file jointly, who pays the tax liability? \_\_\_\_\_

OTHER

1. Are either you or your spouse a member of the military of this state or any other state?

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2. Have either you or spouse ever been a party in an Order of Protection, a party in a Child Abuse/ Neglect proceeding or registered under New York State's Sex Offender Registration Act?

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3. Please provide any other information which would be relevant to your matrimonial action or agreement:

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How were you referred to Keil & Siegel, L.L.P.?

(Please circle the appropriate answer)

Friend/ Colleague \_\_\_\_\_

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