

## **Background Information**

### **Your Information**

Your Full Legal Name:

If wife, your maiden:

Your Home Address:

Preferred Mailing Address:

Telephone Numbers: Home:

Cell:

Work:

Other:

Email Address:

Your Date of Birth:

Your Place of Birth:

Last Four Digits of Your Social Security No.:

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### **Your Spouse's Information**

Spouse's Full Name:

If wife, her maiden name:

Spouse's Home Address:

Spouse's Employer Name:

Spouse's Employer Address:

Telephone Numbers: Home:

Cell:

Work:

Other:

Spouse's Date of Birth:

Spouse's Place of Birth:

Last Four Digits of Spouse's Social Security No.:

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**Marriage and Children**

Date of Marriage:

Place of Marriage (City and State):

First Marriage?

For you: Yes \_\_\_\_\_ No \_\_\_\_\_

For Spouse: Yes \_\_\_\_\_ No \_\_\_\_\_

If Prior Marriage, How Was it Terminated?

For you: Death \_\_\_\_\_ Dissolution \_\_\_\_\_

For Spouse: Death \_\_\_\_\_ Dissolution \_\_\_\_\_

Date of Separation, if living apart:

Length of time lived in Connecticut: Client \_\_\_\_\_ Spouse \_\_\_\_\_

Has Any Dissolution (divorce) or Other Action Been Commenced?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Name of Opposing Counsel:

Court Location:

Are there children of this Marriage? Yes \_\_\_\_\_ No \_\_\_\_\_

Name	Date of Birth	If enrolled in school, grade/level
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Educational Background**

Client

Spouse

High School:

Year Graduated:

College:

Year Graduated:

Degree(s):

Other:

**Present Employment Information**

Client

Spouse

Employer:

Address:

Position/Title:

Length of Employment:

Yearly Gross:

Weekly Gross:

Weekly Net:

Prior Employment:

**Any Health Concerns for You, Your Spouse, or Children?**