

# THE TANCREDO LAW FIRM, P.A.

## CLIENT INFORMATION SHEET – DISSOLUTION OF MARRIAGE

### I. PERSONAL

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell/Work: \_\_\_\_\_

e-mail address: \_\_\_\_\_

SSN: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_

Length of current employment: \_\_\_\_\_

Work History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Annual Earned Income (this year): \_\_\_\_\_

Last Three (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Criminal History? \_\_\_\_\_

Opposing Party: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell/Work: \_\_\_\_\_

e-mail address: \_\_\_\_\_

SSN: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_

Length of current employment: \_\_\_\_\_

Work History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Annual Earned Income (this year): \_\_\_\_\_

Last Three (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Criminal History? \_\_\_\_\_

### II. MARTIAL DATA

Date of Marriage: \_\_\_\_\_ Place (City/State): \_\_\_\_\_ Resident of Florida? \_\_\_\_\_

Length of residence in Florida: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Former Name: \_\_\_\_\_ Do you wish it restored? \_\_\_\_\_

### III. CHILDREN

Number of children of relationship: \_\_\_\_\_ Currently in Custody of: \_\_\_\_\_ Expected Child? \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Shared Parental Responsibility? \_\_\_\_\_ If sole, why would having shared parental responsibility be detrimental to the children? \_\_\_\_\_

Are you seeking predominate care of the children? \_\_\_\_\_ If yes, is the opposing party likely to contest? \_\_\_\_\_

If yes, why is it in the best interest of the children to remain in your predominate care? \_\_\_\_\_

**IV. ASSETS AND DEBTS**

**Marital Home Address:** \_\_\_\_\_ When Purchased: \_\_\_\_\_

Who's Possession: \_\_\_\_\_ Exclusive use and possession for: \_\_\_\_\_

Purchase price: \_\_\_\_\_ Current Mortgage Balance(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_

Fair Market Value: \_\_\_\_\_

If home is pre-marital, value and nature of improvements or increase in value: \_\_\_\_\_

Other Marital Property (real): \_\_\_\_\_

**Vehicles:**

(1) Year/Make/Model: \_\_\_\_\_ Current FMV: \_\_\_\_\_ Loan/Balance: \_\_\_\_\_

Monthly payment: \_\_\_\_\_ Current: \_\_\_\_\_ Whose possession: \_\_\_\_\_

Exclusive use and possession for: \_\_\_\_\_

(2) Year/Make/Model: \_\_\_\_\_ Current FMV: \_\_\_\_\_ Loan/Balance: \_\_\_\_\_

Monthly payment: \_\_\_\_\_ Current: \_\_\_\_\_ Whose possession: \_\_\_\_\_

Exclusive use and possession for: \_\_\_\_\_

Personal Property and Equitable Distribution Issues (including 401K, IRA, retirement benefits):

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

**Marital Debt:** \_\_\_\_\_

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

**V. ALIMONY**

If alimony requested, reasons for entitlement and type of alimony sought: \_\_\_\_\_

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

**VI. OTHER ISSUES**

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

**PLEASE NOTE: There is a consultation fee of \$100.00 for your meeting with the attorney. Any retainer quoted at that time will be honored for 90 days from the date of the initial consultation. If you retain within 90 days, the consultation fee will be credited toward your account. \_\_\_\_\_ initials**

Office Use Only: _____ _____ Date _____ Retainer/Costs _____ Matter No.
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