

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: _____

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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.
