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DISSOLUTION OF MARRIAGE INFORMATION SHEET

DATE: _____

CLIENT'S NAME _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____

(H) _____ (W) _____

AGE _____ DATE OF BIRTH _____

TELEPHONE NUMBERS _____

E-Mail address _____

ADVERSE PARTY _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____

(H) _____ (W) _____

AGE _____ DATE OF BIRTH _____

TELEPHONE NUMBERS _____

REFERRED BY _____

ATTORNEY FOR ADVERSE PARTY _____

ADDRESS _____

ADDRESS OF MARITAL RESIDENCE _____

DATE OF MARRIAGE: _____

DATE OF SEPARATION: _____

PLACE OF MARRIAGE: _____

WIFE PREGNANT: _____

LENGTH OF RESIDENCE IN FLORIDA: _____

REASON FOR DIVORCE: _____

CHILDREN

<u>NAME</u>	<u>DOB</u>	<u>PLACE OF BIRTH</u>	<u>RESIDENCE</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

RESIDENCES FOR CHILDREN FOR PAST 5 YEARS:

<u>FROM</u>	<u>TO</u>	<u>CITY, STATE</u>	<u>WITH WHOM</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

HUSBAND

EMPLOYER: _____
OCCUPATION: _____
SALARY: _____
OTHER INCOME: _____

EDUCATION: _____
OTHER TRAINING: _____

PREVIOUS MARRIAGE: YES () NO ()
DATE OF DISSOLUTION OF MARRIAGE: _____
CHILDREN: _____
AMOUNT OF CHILD SUPPORT BEING PAID TO FORMER SPOUSE: _____

SEPARATE PROPERTY:

A) _____
B) _____
C) _____

WIFE

EMPLOYER: _____
OCCUPATION: _____
SALARY: _____
OTHER INCOME: _____

EDUCATION: _____
OTHER TRAINING: _____

PREVIOUS MARRIAGE: YES () NO ()
DATE OF DISSOLUTION OF MARRIAGE: _____
CHILDREN: _____

SEPARATE PROPERTY:

- A) _____
- B) _____
- C) _____

REAL PROPERTY

1. ADDRESS: _____

NAMES PROPERTY TITLED IN: _____
DATE PURCHASED: _____ PURCHASE PRICE: _____
PRESENT VALUE: _____ MONTHLY PAYMENTS: _____
MORTGAGE BALANCE: _____
MORTGAGE BALANCE: _____ EQUITY: _____

2. ADDRESS: _____

NAMES PROPERTY TITLED IN: _____
DATE PURCHASED: _____ PURCHASE PRICE: _____
PRESENT VALUE: _____ MONTHLY PAYMENTS: _____
MORTGAGE BALANCE: _____
MORTGAGE BALANCE: _____ EQUITY: _____

3. ADDRESS: _____

NAMES PROPERTY TITLED IN: _____
DATE PURCHASED: _____ PURCHASE PRICE: _____
PRESENT VALUE: _____ MONTHLY PAYMENTS: _____
MORTGAGE BALANCE: _____
MORTGAGE BALANCE: _____ EQUITY: _____

OTHER REAL PROPERTY: _____

VEHICLES

- | | |
|--|---|
| 1) YEAR: _____
MAKE: _____
TITLED: _____
USED BY: _____ | AMOUNT OWED: _____
OWED TO: _____
VALUE: _____
PAYMENTS: _____ |
| 2) YEAR: _____
MAKE: _____
TITLED: _____
USED BY: _____ | AMOUNT OWED: _____
OWED TO: _____
VALUE: _____
PAYMENTS: _____ |
| 3) YEAR: _____
MAKE: _____
TITLED: _____
USED BY: _____ | AMOUNT OWED: _____
OWED TO: _____
VALUE: _____
PAYMENTS: _____ |

BANK ACCOUNTS

- | | |
|---------------------------------|--|
| 1) BANK: _____
TITLED: _____ | TYPE: _____
ACCOUNT NO: _____
ESTIMATED BALANCE: _____ |
| 2) BANK: _____
TITLED: _____ | TYPE: _____
ACCOUNT NO: _____
ESTIMATED BALANCE: _____ |
| 3) BANK: _____
TITLED: _____ | TYPE: _____
ACCOUNT NO: _____
ESTIMATED BALANCE: _____ |

SAFETY DEPOSIT BOX: _____
 STOCKS: _____
 BONDS: _____
 BOAT: _____

DEBTS OF PARTIES

CREDITOR	APPROX. BALANCE	MONTHLY PAYMENTS	ACCOUNT TITLE	PAYMENTS MADE BY
1. _____	\$ _____	\$ _____	_____	_____
2. _____	\$ _____	\$ _____	_____	_____
3. _____	\$ _____	\$ _____	_____	_____
4. _____	\$ _____	\$ _____	_____	_____
5. _____	\$ _____	\$ _____	_____	_____
6. _____	\$ _____	\$ _____	_____	_____

7. _____ \$ _____ \$ _____
 8. _____ \$ _____ \$ _____
 9. _____ \$ _____ \$ _____
 10. _____ \$ _____ \$ _____

LIFE INSURANCE

COMPANY	AMOUNT	BENEFICIARY	CASH VALUE
1. _____	\$ _____	_____	\$ _____
2. _____	\$ _____	_____	\$ _____
3. _____	\$ _____	_____	\$ _____
4. _____	\$ _____	_____	\$ _____

CAN THESE POLICIES BE MAINTAINED? _____

WHO WILL PAY PREMIUMS? _____

MEDICAL INSURANCE

MEDICAL AND DENTAL EXPENSES:

ANY UNUSUAL PROBLEMS IN FAMILY: _____
 HEALTH INSURANCE NOW IN EFFECT: _____
 WILL SPOUSE KEEP THIS POLICY: _____
 WILL POLICY PROVIDE COVERAGE AFTER DISSOLUTION: _____

TAX EXEMPTION

INCOME TAX EXEMPTION TO: _____

RELIEF SOUGHT

- | | |
|----------------------------|---------------------------------|
| () CUSTODY | () ATTORNEY'S FEES AND COSTS |
| () VISITATION | () TEMPORARY RESTRAINING ORDER |
| () CHILD SUPPORT \$ _____ | () RESTORATION OF MAIDEN NAME |
| () LIFE INSURANCE | () USE OF HOME |
| () HEALTH INSURANCE | () SPECIAL EQUITY |
| () ALIMONY \$ _____ | () FURNITURE |
| () RETIREMENT PAY | () AUTOMOBILE |
| () OTHER _____ | |

NOTES
