MICHAEL T. WEBSTER 12 Old Ferry Road SHALIMAR, FL 32579 (850) 651-0354 WWW.MTWLAW.COM

DISSOLUTION OF MARRIAGE INFORMATION SHEET

DATE:	***************************************		
CLIENT	'S NAME		ADDRESS
SOCIAL	SECURITY NUMBER		
AGE	DATE OF BIRTH	(C) (H)	(W) TELEPHONE NUMBERS
E-Mail ad	ddress		
	SE PARTY SECURITY NUMBER		ADDRESS
	DATE OF BIRTH		(W) TELEPHONE NUMBERS
	ED BY:		
ATTORNEY FOR ADVERSE PARTY			ADDRESS

ADDRE	SS C	F MARITAL RES	SIDENCE	···			
DATE C	F MA	ARRIAGE:		DATE	OF SEPARA	ΓΙΟΝ:	
PLACE WIFE P	OF M	IARRIAGE: NANT:		······································			
LENGTI	H OF	RESIDENCE IN	FLORIDA:				***
REASO	N FO	R DIVORCE:					
			CHIL	DREN	<u>1</u>		
	Na	ıme			DOB	SSN	
1			State Control of the				
2			PAN A				
3			, , , , , , , , , , , , , , , , , , , ,				
4	-	·	The second section is a second se				
5		•					· · · · · · · · · · · · · · · · · · ·
RESIDI	ENC	ES OF CHILD	REN FOR	PAST	5 YEARS:		
"From" d	ate	"To" date	Addı	ess			With
			OF THE STATE OF TH				
							!
							

HUSBAND

EMPLOYER:				
OCCUPATION:				
SALARY:				
OTHER INCOME: EDUCATION:				
OTHER TRAINING: PREVIOUS MARRIAGE: YES () NO () DATE OF DISSOLUTION OF MARRIAGE:				
PREVIOUS MARRIAGE: YES () NO ()				
DATE OF DISSOLUTION OF MARRIAGE:				
PRIOR CHILDREN:				
AMOUNT OF CHILD SUPPORT/ALIMONY	BEING	PAID	TO	FORMER
SPOUSE:				
ASSETS AND DEBTS BEFORE THE MARRIAGE				
A)				
b)				
C)				
WIFE				
<u></u>				
EMPLOYER:				
OCCUPATION.				
OTHER INCOME:				
EDUCATION				
OTHER TRAINING: PREVIOUS MARRIAGE: YES () NO () DATE OF DISSOLUTION OF MARRIAGE:				
PREVIOUS MARRIAGE: YES () NO ()				
DATE OF DISSOLUTION OF MARKINGE				
PRIOR CHILDREN:	DEINIO	DAID	=-	
AMOUNT OF CHILD SUPPORT/ALIMONY	BEING	PAID	10	FORMER
SPOUSE:				
ASSETS AND DEBTS BEFORE THE MARRIAGE				
, 100210 , 1112 D2510 D21 O112 1112 1111 (1111 1101				
A)				
B)				
C)				
D)				

REAL PROPERTY

1. ADDRESS:	
NAMES PROPERTY TITLED IN: DATE PURCHASED:_ PRESENT VALUE:_ MORTGAGE BALANCE:_ MORTGAGE BALANCE:	PURCHASE PRICE: MONTHLY PAYMENTS: EQUITY:
2. ADDRESS:	
NAMES PROPERTY TITLED IN: DATE PURCHASED:_ PRESENT VALUE:_ MORTGAGE BALANCE: MORTGAGE BALANCE:	PURCHASE PRICE: MONTHLY PAYMENTS: EQUITY:
3. ADDRESS:	
NAMES PROPERTY TITLED IN: DATE PURCHASED: PRESENT VALUE:_ MORTGAGE BALANCE: MORTGAGE BALANCE:	PURCHASE PRICE: MONTHLY PAYMENTS: EQUITY:
4. OTHER REAL PROPERTY	

<u>VEHICLES WITH TITLES</u> CARS, TRUCKS, BOATS, ATVS, PWCS, TRACTORS, etc.

1) YEAR:	AMOUNT OWED:	
MAKE:	OWED TO:	
TITLED:	VALUE:	
USED BY:	VALUE: PAYMENTS:	
2) YEAR:	AMOUNT OWED:	
MAKE:	OWED TO:	
IIILED:	VALUE:	
USED BY:	VALUE: PAYMENTS:	
3) YEAR:	AMOUNT OWED:	
MAKE:	OWED TO:	
TITLED:	VALUE:	
USED BY:	PAYMENTS:	
4) YEAR:	AMOUNT OWED:	
MAKE:	OWED TO:	
TITLED:	VALUE:	
TITLED:USED BY:	VALUE:PAYMENTS:	
5) YEAR:	AMOUNT OWED:	
MAKE:	OWED TO:	
TITLED:	VALUE:	
TITLED:USED BY:	VALUE: PAYMENTS:	
6) YEAR:	AMOUNT OWED:	
MAKE:	OWED TO:	
111LED:	VALUE:	
USED BY:	PAYMENTS:	

BANK ACCOUNTS

	Name of Account	Who owns?	Value
1			
2			
3			
4			

RETIREMENT ACCOUNTS

	Name of Account	Who owns?	Value
1			
2			
3			
4			

INVESTMENT ACCOUNTS

p	Name of Account	Who owns?	Value
1			
2			
3			
4			

SAFETY DEPOSIT	BOX:

CREDIT CARD OR UNSECURED DEBTS OF PARTIES

	Creditor	Bal.	Pmts.	Title
1				
2				
3				
4				
5				
6				
7				
8				
9				
19				

LIFE INSURANCE

	LIFE INSURANCE					
	Carrier	Death benefit	Insured	Туре	CSV	
1						
2						
3						
4						
5						
CAN	THESE POLICIES BE MAINT.	AINED?				
WHO	WILL PAY PREMIUMS?				- The state of the	
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:	

RELIEF SOUGHT

() RESIDENTIAL CARE () TIMESHARING () CHILD SUPPORT \$	() ATTORNEY'S FEES AND COSTS () TEMPORARY RESTRAINING ORDER () RESTORATION OF MAIDEN NAME () USE OF HOME () AUTOMOBILE () DEPENDENCY EXEMPTION () OTHER
	<u>NOTES</u>
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