

BROWN, TARLOW, BRIDGES & PALMER, P.C.

DISSOLUTION CLIENT INFORMATION SHEET

(Please answer all questions on all pages)

Husband's Name: _____

(Father's name, if unmarried)

Address: _____

Employer's Name: _____

Employer's Address: _____

Phone: (home) _____ (work) _____

Birthdate: _____ Place of Birth: _____

Race: _____ Social Security # _____

Driver's License # _____

Education: (# of years) _____ Number of Marriage: _____

If previously married, last marriage ended (specify, by death,
divorce, dissolution, annulment) _____

Date Last Marriage Ended _____

Wife's name: _____

(Mother's name, if unmarried)

Maiden Surname: _____ Name Restored? ____ Yes ____ No

Former Married Names: _____

Address: _____

Employer's Name: _____

Employer's Address: _____

Phone: (home) _____ (work) _____

Birthdate: _____ Place of Birth: _____

Race: _____ Social Security # _____

Driver's License # _____

Education: (# of years) _____ Number of Marriage: _____

If previously married, last marriage ended (specify, by death, divorce, dissolution, annulment) _____

Date Last Marriage Ended _____

Date and Place of this Marriage: _____

Date and Place of Separation for this Marriage: _____

Children of the Marriage:	Birthdate	Sex	SS#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Real Property at Issue Yes ___ No ___
If yes, please provide description of property:

If child(ren) involved, please list addresses for where the child(ren) has lived for the last five years and with whom.

<u>Dates</u>	<u>Addresses</u>	<u>Lived with Whom</u> (Self, other party, grandparent)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Husband/Father's Gross Monthly Income \$ _____

Wife/Mother's Gross Monthly Income \$ _____

Monthly Childcare Costs? \$ _____

Monthly Cost of Insurance for Child Only? \$ _____

1. ASSETS

A. **REAL ESTATE** (Include all interests in real estate-land contracts, options, life tenancies, leases other than homestead, cemetery lots, etc.)

Type/Address	Present Owner	Adjusted Cost Basis	Type of Valuation	Date of Valuation	Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

B. HOUSEHOLD ITEMS AND PERSONAL EFFECTS

	Present Owner	Type of Valuation	Date of Valuation	Value
Furnishings (h)	_____	_____	_____	_____
Furnishings (w)	_____	_____	_____	_____
Personal effects (h)	_____	_____	_____	_____
Personal effects (w)	_____	_____	_____	_____
Jewelry, silver, crystal, china (h)	_____	_____	_____	_____
Jewelry, silver, crystal, china (w)	_____	_____	_____	_____
Antiq., heirlooms, obj. of art (h)	_____	_____	_____	_____
Antiq., heirlooms, obj. of art (w)	_____	_____	_____	_____
Recreation equipment (h)	_____	_____	_____	_____
Recreation equipment (w)	_____	_____	_____	_____
Garden and yard equipment	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. **RETIREMENT BENEFITS** (Designate whether vested or unvested. If deferred income taxes were not considered in determining value, list them under "Deferred Liabilities.")

Type/Address	Present Owner	Adjusted Cost Basis	Type of Valuation	Date of Valuation	Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

D. **LIFE INSURANCE** (If loans were not considered in determining value, list them under "Liens.")

Company Name/ Policy Number	Present Owner	Insured	Beneficiary	Face Value	Date of Valuation	Cash Surrender Value
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

E. **VEHICLES**

Year/Make/Model	Present Owner	Type of Valuation	Date of Valuation	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

F. CASH AND DEPOSIT ACCOUNTS

Name of Institution/Account #	Present Owner	Type of Valuation	Date of Valuation	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Cash on Hand _____	_____	_____	_____	_____

G. STOCK/BONDS/SECURITIES/RETIREMENT

No. of Shares	Company Name/Cert. No.	Present Owner Basis	Adjusted Cost	Type of Valuation	Date of Value Valuation	Value
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

H. BUSINESS AND PROFESSIONAL INTERESTS (If Liabilities were not considered in determining value, list them under "Other Liabilities.")

	Present Owner	Type of Valuation	Date of Valuation	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I. **MISCELLANEOUS ASSETS** (Includes coins, stamps, rare books, other collections, guns, machinery, tools, promissory notes, pre-paid expenses, interests in trusts or estates, powers of appointment, contract or mineral rights, judgments, livestock, valuable pets, franchises, patents, copyrights, trademarks, tax refunds, tax shelters, future interests, receivables, causes of action, enhanced earning capacity, or other tangible or intangible property.)

Description	Present Owner	Date of Valuation	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total			\$ _____

2. **LIABILITIES:**

A. **MORTGAGES AND LIENS** (Secured)

Creditor's Name	Security/Asset	Person(s) Respons.	Monthly Payment	Date of Balance	Balance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total			\$ _____		\$ _____

B. INSTALLMENT PAYMENTS AND OTHER LIABILITIES (Unsecured)

Creditor's Name	Purpose	Person(s) Respons.	Monthly Payment	Date of Balance	Balance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
		Total	\$ _____		\$ _____

C. NON-MARITAL LIABILITIES

Creditor's Name	Purpose	Person(s) Respons.	Monthly Payment	Date of Balance	Balance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
		Total	\$ _____		\$ _____

D. CONTINGENT AND/OR DEFERRED LIABILITIES (Include legal claims, options, contingent income taxes, etc. Indicate if endorser, co-maker, guarantor, or signatory on leases or contracts. Also include all deferred income taxes permitted or required to be recognized by state law with respect to the valuation of any asset, if not previously considered in determining value.)

Creditor's Name	Purpose/Nature/Security	Date of Balance	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. OTHER INSURANCE:

(State name of company, policy number, and other relevant details.)

Health: _____

Accident: _____

Disability: _____

Vehicle: _____

Homeowners/Renters: _____

Personal Property: _____

Personal Liability Umbrella: _____

Other: _____

4. INHERITED PROPERTY:

Did you or your spouse ever acquire any property by bequest, devise or inheritance or pay for property with such funds? Yes No. If "yes", provide details below or on a separate schedule.

Description	Present Owner	Type of Valuation	Date of Valuation	Current Market Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. GIFTS:

Did you or your spouse ever acquire any property by gift or pay for property with such funds? Yes No . If "yes", provide details below or on a separate schedule.

Description	Present Owner	Type of Valuation	Date of Valuation	Current Market Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. OTHER PROPERTY NOT SUBJECT TO DIVISION:

Did you or your spouse ever acquire any other property which you believe should not be divided? ____ Yes ____ No. If "yes", provide details below or on a separate schedule.

Description	Present Owner	Type of Valuation	Date of Valuation	Current Market Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. PROPERTY BROUGHT TO MARRIAGE:

Did you or your spouse bring any property to the marriage? ____ Yes ____ No. If "yes", provide details below or on a separate schedule.

Description	Present Owner	Type of Valuation	Date of Valuation	Current Market Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- 8. Have you disposed of any asset with a fair market value of \$500 or more within the one-year period prior to the filing of the Petition for Divorce, the proceeds of which are not accounted for in this Statement? ____ Yes ____ No. If "yes", attach details.
- 9. Are you a party in any other lawsuits? ____ Yes ____ No. If "yes", attach details.
- 10. Have you ever had a tax audit? ____ Yes ____ No. If "yes", attach details.
- 11. Have you ever filed bankruptcy? ____ Yes ____ No. If "yes", attach details.
- 12. Have you ever prepared a Financial Statement? ____ Yes ____ No. If "yes", attach details.