

Biviano Law Firm

CLIENT INFORMATION

INSTRUCTIONS:

Please complete the following providing as much detail as possible. If answer is based on estimated figures, so indicate (Est.). If an item does not apply, so indicate (N/A). Attach additional sheets if necessary.

CLIENT

SPOUSE

Full Legal Name _____

Full Legal Name _____

Residence _____

Residence _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Phone Number (work) _____

Phone Number (work) _____

Phone Number (home) _____

Phone Number (home) _____

Phone Number (cell) _____

Phone Number (cell) _____

E-mail _____

E-mail _____

Social Security Number _____

Social Security Number _____

Driver's License Number _____

Driver's License Number _____

How long has client been a resident of:

How long has spouse been a resident of:

County? _____

County? _____

State? _____

State? _____

Former (legal/maiden) name _____

Former (legal/maiden) name _____

Date of Birth _____ Age _____

Date of Birth _____ Age _____

Client referred by: _____

MARITAL STATUS

Date of this marriage _____

Place of this marriage (city or village, county & state) _____

Number of prior marriages: Client _____ Spouse _____

Is client presently living with spouse? _____

Who left? _____

Date Couple Separated _____

CHILDREN BY THIS MARRIAGE (or former marriage if after divorce):

Name _____ Age _____ Date of Birth _____ Year in School _____

Name _____ Age _____ Date of Birth _____ Year in School _____

Name _____ Age _____ Date of Birth _____ Year in School _____

Name _____ Age _____ Date of Birth _____ Year in School _____

Name _____ Age _____ Date of Birth _____ Year in School _____

RESIDENCES OF CHILDREN FOR LAST FIVE YEARS:

From _____ To _____ Address _____

Residing with _____

From _____ To _____ Address _____

Residing with _____

From _____ To _____ Address _____

Residing with _____

From _____ To _____ Address _____

Residing with _____

From _____ To _____ Address _____

Residing with _____

List any health problems for either party or dependent children: _____

CHILDREN BY OTHER MARRIAGES/RELATIONSHIPS

Name _____ Age _____ Date of Birth _____

Child residing at _____

Name _____ Age _____ Date of Birth _____

Child residing at _____

Name _____ Age _____ Date of Birth _____

Child residing at _____

For children by other marriages/relationships, please state the following (if applicable): 1) if you pay/receive child support for said child(ren), 2) the annual amount of the support order, and 3) the county and case number for the support action. _____

EMPLOYMENT

CLIENT

SPOUSE

Employer _____

Employer _____

Employer Address: _____

Employer Address: _____

How long? _____

How long? _____

Position/Title _____

Position/Title _____

Gross earnings per pay _____

Gross earnings per pay _____

How often are you paid? _____

How often is spouse paid? _____

Deductions **other than** taxes and social security: _____

Net pay per period _____

Net pay per period _____

Describe, if applicable: _____

Describe, if applicable: _____

Overtime _____

Overtime _____

Bonus _____

Bonus _____

Commissions _____

Commissions _____

Other benefits _____

Other benefits _____

OTHER INCOME

If other income is received, state details including source, amount and frequency:

IF UNEMPLOYED

Last employer's:

Name _____

Name _____

Address _____

Address _____

Date of last employment _____

Date of last employment _____

Unemployment benefits _____

Unemployment benefits _____

Since _____ Since _____
 Prior salary _____ Prior salary _____
 Worker's Comp. Acct. No. _____ Worker's Comp. Acct. No. _____

EDUCATION, EMPLOYMENT SKILLS

What level of education does each party currently have?

Client _____ Spouse _____

What level of education did each party have at the time the parties were married?

Client _____ Spouse _____

Did either party help finance the other's education? _____

If so, who? _____ How? _____

To what extent? _____

Does client wish to pursue an education or job training? _____

What field of study or program? _____

How long will it take to complete the field of study or program? _____

What is the estimated expense to complete the field of study or program? _____

ASSETS

1. REAL ESTATE (Supply copy of Deed(s), if available.)

A. Address _____

Name(s) on Deed _____

Date of Purchase	Purchase Price	Present Value
_____	_____	_____

Name(s) of Lender(s) _____

Balance Due Lender(s)	Monthly Payment	Interest Rate
_____	_____	_____

Real Estate Taxes: Yearly _____ Included in mortgage payment? _____

Are mortgage payments/taxes current? _____ How many months in arrears? _____

Use of property (Residence, Recreational, Investments, etc.) _____

Other liens? _____

If so, indicate name and address of lien holder, date and balance due:

Listed for sale? _____ If so, with whom? _____

Listing price _____ When listed _____

B. Address _____

Name(s) on Deed _____

Date of Purchase	Purchase Price	Present Value
_____	_____	_____

Name(s) of Lender(s) _____

Balance Due Lender(s)	Monthly Payment	Interest Rate
_____	_____	_____

Real Estate Taxes: Yearly _____ Included in mortgage payment? _____

Are mortgage payments/taxes current? _____ How many months in arrears? _____

Use of property (Residence, Recreational, Investments, etc.) _____

Other liens? _____

If so, indicate name and address of lien holder, date and balance due:

Listed for sale? _____ If so, with whom? _____

Listing price _____ When listed _____

C. Address _____

Name(s) on Deed _____

Date of Purchase	Purchase Price	Present Value
_____	_____	_____

Name(s) of Lender(s) _____

Balance Due Lender(s)	Monthly Payment	Interest Rate
_____	_____	_____

Real Estate Taxes: Yearly _____ Included in mortgage payment? _____

Are mortgage payments/taxes current? _____ How many months in arrears? _____

Use of property (Residence, Recreational, Investments, etc.) _____

Other liens? _____

If so, indicate name and address of lien holder, date and balance due:

Listed for sale? _____ If so, with whom? _____

Listing price _____ When listed _____

2. MOTOR VEHICLES (Cars, Trucks, Motorcycles, Boats, RV's, etc.)

A. Make _____ Model _____ Year _____

Name(s) on title _____ Principal driver _____

Purchase Price _____ Present Value _____ Name(s) of Lender(s) _____ Balance Due _____ Monthly Payment _____

Mileage _____ Payment current _____

B. Make _____ Model _____ Year _____

Name(s) on title _____ Principal driver _____

Purchase Price _____ Present Value _____ Name(s) of Lender(s) _____ Balance Due _____ Monthly Payment _____

Mileage _____ Payment current _____

C. Make _____ Model _____ Year _____

Name(s) on title _____ Principal driver _____

Purchase Price _____ Present Value _____ Name(s) of Lender(s) _____ Balance Due _____ Monthly Payment _____

Mileage _____ Payment current _____

D. Make _____ Model _____ Year _____

Name(s) on title _____ Principal driver _____

Purchase Price _____ Present Value _____ Name(s) of Lender(s) _____ Balance Due _____ Monthly Payment _____

Mileage _____ Payment current _____

3. LIFE INSURANCE

Insured	Company	Policy Number	Amount	Beneficiary	Cash Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. SAVINGS ACCOUNTS (Include credit union and Money Market accounts.)

Name of Institution	Type of Account	Account Number	Name(s) on Account	Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. CHECKING ACCOUNTS

Name of Institution	Account Number	Name(s) on Account	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. CERTIFICATE OF DEPOSITS

Name of Institution	Account Number	Name(s) on Account	Maturity Date	Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. SECURITIES (Stocks, bonds, etc.)

Company	Number of Shares	Name(s) on Certificate	Purchase Date	Cost	Present Value	Date of Valuation
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Are any securities pledged or encumbered? _____

If so, explain: _____

8. ACCOUNTS/NOTES RECEIVABLE (Supply copy of Note.)

Debtor	Original Amount	Present Balance	How Paid	Due Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. PARTNERSHIPS/JOINT VENTURES OR OTHER BUSINESS INTERESTS

(Supply tax returns for past two years plus current financial statement.)

Name	Percent of Ownership	Amount Invested	Description of Business
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. PROFESSIONAL/BUSINESS EQUIPMENT (Please describe for you and spouse. State values if known.)

11. SAFE DEPOSIT BOX

Name of Institution	Address	In What Name(s)
_____	_____	_____
_____	_____	_____

Describe contents: _____

12. TAX REFUNDS DUE (Federal, State or City)

Describe, if applicable. Include amounts. _____

13. RETIREMENT ACCOUNTS

(IRA's, KEOUGH, Pension, Profit Sharing, Annuities, Deferred Compensation, etc.)

Please describe and attach relevant documents or plan descriptions, if available. _____

14. OTHER ASSETS

A. Household goods and furniture

Please describe any items of significant value or particular importance. _____

OTHER PROPERTY

Did either spouse own property or possess funds prior to this marriage or inherit any property or funds during marriage or receive a gift during this marriage? (Limit response to items of significant value.)

1. _____ Description _____

Source _____ When acquired? _____

Value at time of marriage or when inherited? _____

What happened to it? _____

2. _____ Description _____

Source _____ When acquired? _____

Value at time of marriage or when inherited? _____

What happened to it? _____

MONTHLY LIVING EXPENSES

DO NOT INCLUDE ON THIS SHEET ITEMS DEDUCTED FROM YOUR SALARY

To get the monthly amount, multiply the weekly amount by 4.3 (or divide yearly total by 12.)

(fill out only those items which apply)

(if estimated, so state.)

ITEM OF EXPENSE	AVERAGE AMOUNT PER MONTH	BALANCE DUE
1. If own home: Mortgage payments Name of Lender _____	_____	_____
Home Insurance (if not included in mortgage payments.)	_____	_____
Real Estate Taxes (if not included in mortgage payments.)	_____	_____
2. Rent.....	_____	_____
Gas.....	_____	_____
Cable/Internet.....	_____	_____
Electricity.....	_____	_____
Telephone (including cell phone).....	_____	_____
Water.....	_____	_____
Garbage & Trash Collection.....	_____	_____
3. Household expenses:		
Food & Grocery items for you and family.....	_____	_____
Meals out (your's & children's).....	_____	_____
Repairs & upkeep; small household items.....	_____	_____
Cleaning Services.....	_____	_____
Pet Expenses.....	_____	_____
4. Clothing (include children's).....	_____	_____
Dry cleaning & laundry.....	_____	_____
5 Automobile expenses: Car Payment(s)		
Name of Lender _____	_____	_____
Name of Lender _____	_____	_____
Insurance.....	_____	_____
Gas & Oil.....	_____	_____
Repairs & Upkeep.....	_____	_____
Annual License Plate Renewal Fee.....	_____	_____
6. Personal expenses; such as drug items, cosmetics, etc.....	_____	_____
Church contributions and dues.....	_____	_____
Barber & beauty shops (including children's).....	_____	_____
Gifts (include Christmas & birthdays).....	_____	_____

ITEM OF EXPENSE	AVERAGE AMOUNT PER MONTH	BALANCE DUE
Newspapers, magazines & books.....	_____	_____
Entertainment & hobbies.....	_____	_____
Club dues Name of club _____	_____	_____
Babysitter.....	_____	_____
7. Doctor & Dental expenses.....	_____	_____
8. School expenses (include tuition) Children..... Yours.....	_____	_____
9. Insurance (except car & home).....	_____	_____
Life Insurance: Face amount of policy _____ Payable to: _____	_____	_____
Medical, dental, vision (if not deducted from salary)..... Other (such as disability, mortgage insurance, contents of home, accident, endowments, etc.) _____	_____	_____
10. Loans (except car payment & home mortgage): Lender _____ Lender _____	_____	_____
11. Charge accounts (include gasoline credit cards only if in arrears). _____ _____ _____	_____	_____
12. Other outstanding debts (such as attorney fees., miscellaneous bills not paid, and other obligations.) _____ _____ _____	_____	_____
13. Miscellaneous expenses (Unexpected expenses, job related expenses, etc. not itemized on this list.) _____ _____ _____	_____	_____
TOTAL OF ITEMS 1 THROUGH 13.....	_____	_____