

CONFIDENTIALCASE INFORMATION

ABOUT ME:

NAME _____ AGE _____ DoB _____

OTHER NAME USED, if any _____

ADDRESS _____ CITY _____ STATE _____
ZIP _____

HOME PHONE _____ WORK PHONE _____

ARE YOU EMPLOYED? _____ EMPLOYER _____

JOB TITLE _____

CURRENT MARRIAGE: 1ST 2ND 3RD SOCIAL SECURITY NUMBER _____

DO YOU HAVE AN ATTORNEY? _____ NAME _____

ADDRESS _____ PHONE _____

ABOUT MY SPOUSE:

NAME _____ AGE _____ DoB _____

OTHER NAME USED, if any _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE: Cell: 1.() _____ Office 2. () _____ Home 3. () _____

ARE YOU EMPLOYED? _____ EMPLOYER _____

ADDRESS _____ JOB TITLE _____

CURRENT MARRIAGE: 1ST 2ND 3RD SOCIAL SECURITY NUMBER _____

DOES HE/SHE HAVE AN ATTORNEY? _____ NAME _____

ADDRESS _____ PHONE _____

MARRIAGE DATE _____ PLACE _____

CHILDREN:

Full Name	Date of Birth	Age	Lives with	Special needs/medical problems?

IS ONE OF THE PARTIES PREGNANT? _____

ARE YOU LIVING TOGETHER NOW? _____

IF NOT, STATE DATE OF SEPARATION _____

ADDRESS _____ LAST _____ LIVED _____ TOGETHER _____

WHO _____ REFERRED _____ YOU? _____

WHAT _____ HOURS _____ ARE _____ YOU _____ AVAILABLE _____ FOR _____ APPOINTMENTS? _____

WHAT _____ DAYS? _____

HAVE THERE BEEN PREVIOUS SEPARATIONS? _____

IF _____ YES, _____ WHEN _____ AND _____ FOR _____ HOW _____ LONG? _____

HAS THERE BEEN ANY ABUSE PETITIONS FILED IN THE MARRIAGE? NO YES

IF YES, GIVE DATE AND COURT _____

DO YOU ANTICIPATE A DISPUTE ABOUT PARENTING ARRANGEMENTS? _____

WHAT ARE THE CURRENT PARENTING ARRANGEMENTS AND SCHEDULE, IF ANY?

IF SO WHAT ARE THEY? _____

HOW LONG HAS THIS PLAN BEEN IN EFFECT? _____

HAS THERE BEEN MARRIAGE COUNSELING BY YOU OR YOUR SPOUSE? NO YES

IF YES, WHO HAVE YOU SEEN AND WHEN? _____

DO YOU HAVE ANY INTEREST IN RECONCILIATION? ____ If yes, have you discussed it with youe spouse?

DO EITHER YOU OR YOUR SPOUSE HAVE CHILDREN FROM A PRIOR RELATIONSHIP?__ IF YES:

WHAT ARE THEIR NAMES AND DATES OF BIRTH? _____

WHO DO THEY LIVE WITH? _____

IS THERE COURT ORDERED SUPPORT? ____ If so the amount per week? _____

PRIOR MARRAGE(S) OF SELF: ____ Names of prior spouse and date marriage(s) terminated: _____

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PRIOR MARRIAGES OF SPOUSE? ____ Names of prior spouses and dates marriage(s) terminated?

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HAVE EITHER YOU OR YOUR SPOUSE INTERRUPTED TEMPORARLY OR PERMANENTLY A CAREER DUE TO FAMILY OBLIGATIONS? _____

If yes, When and for how long? _____

Have you or your spouse been required to change jobs do to a career move by the other party? _____

If so, please explain _____

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DO YOU HAVE YOUR EXTENDED FAMILY LIVING WITH YOU? ____ IF SO WHO _____

DO YOU HAVE YOUR SPOUSE'S EXTENDED FAMILY LIVING WITH YOU? _____ IF SO WHO _____

ARE THEY FINANCIALLY DEPENDENT UPON YOU?

ARE YOU OR YOUR SPOUSE FINANCIALLY DEPENDENT UPON YOUR ORIGINAL FAMILY?

IF YES WHO AND TO WHAT EXTENT?

EDUCATIONAL OPPORTUNITIES

YOUR EDUCATIONAL BACKGROUND

Please include any dates attended school or training and any certificates, diplomas or degrees received: _____

YOUR SPOUSE'S EDUCATIONAL BACKGROUND

Please include any dates attended school or training and any certificates, diplomas or degrees received: _____

Did you or your spouse at any point begin an educational program but not complete it? _____

If yes, who and please explain? _____

Are either of you attending any educational programs now or during the course of the marriage? _____

If yes, who, when, how was it paid for and who supported the family during that time and please explain?

Do either of you have any vocational or other marketable skills which might provide a source of future income? _____ If Yes, Please explain _____

EMPLOYMENT OF THE PARTIES

Where do you work? _____
How long have you worked there? _____
What do you do? _____
Salary: _____ Base pay: _____ Gross pay: _____
Bonus and overtime: _____ Per Hour rate: _____
Benefits: _____ Retirement: _____ 401(k) or 403(b) _____
How much is in each plan? _____ Health Insurance: Y/N _____
Who is the insurance carrier? _____ Policy No: _____
Who is covered? _____ Dental/optical Y/N _____ Policy No: _____
Who are your previous employers and the dates of employment? _____

Have you or your spouse interrupted your careers due to family obligations? If so explain:

Where does your spouse work? _____
How long (s)he worked there? _____
What does (s)he do? _____
Salary: _____ Base pay: _____ Gross pay: _____
Bonus and overtime: _____ Per Hour rate: _____
Benefits: _____ Retirement: _____ 401(k) or 403(b) _____
How much is in each plan? _____ Health Insurance: Y/N _____
Who is the insurance carrier? _____ Policy No: _____
Who is covered? _____ Dental/optical Y/N _____ Policy No: _____
Who are your previous employers and the dates of employment? _____

SCHEDULE A

Schedule of Living Expenses for YOU

Please indicate whether amount is yearly, monthly or weekly.

EXPENSE:	Yearly	Monthly	Weekly
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ABC/KGA 2007

1. Mortgage			
(a) Principal	\$ _____	\$ _____	\$ _____
(b) Interest	_____	_____	_____
(c) Taxes	_____	_____	_____
(d) Special Assessments	_____	_____	_____
(e) Condo Fees	_____	_____	_____
 2. Apartment			
(a) Rent	\$ _____	\$ _____	\$ _____
(b) Parking Fees	_____	_____	_____
(c) Amenities Fees	_____	_____	_____
(d) Tax Clause	_____	_____	_____
(e) Other	_____	_____	_____
(specify) _____	_____	_____	_____
 3. Utilities			
(a) Heat	\$ _____	\$ _____	\$ _____
(b) Electricity	_____	_____	_____
(c) Gas	_____	_____	_____
(d) Telephone	_____	_____	_____
(e) Satellite / Cable	_____	_____	_____
 4. Water & Sewer Fees	\$ _____	\$ _____	\$ _____
 5. Homeowner's / Renter's Insurance	\$ _____	\$ _____	\$ _____
 6. Allowance for Major Home Repairs and Maintenance (estimated)	\$ _____	\$ _____	\$ _____
 7. Allowance for Repair and Replacement of Furniture and Appliances (estimated)	\$ _____	\$ _____	\$ _____
 8. Major Household Cleaning (drapes, etc)	\$ _____	\$ _____	\$ _____

**9. Appliance Maintenance Contract
or**

**Service Insurance or (washer,
dryer, etc.)**

\$ _____ \$ _____ \$ _____

**10. Grounds
Maintenance**

(a) Snow Removal

\$ _____ \$ _____ \$ _____

(b) Trash Removal

(c) Gardener

(d) Tree and Shrub Care

(e) Supplies

(f) Equipment

(g) Cesspool / Septic Tank

(h) Pool

(i) Other

(specify) _____

11. Food

\$ _____ \$ _____ \$ _____

**12. Household
Supplies**

\$ _____ \$ _____ \$ _____

13. Clothing

(a) Self

\$ _____ \$ _____ \$ _____

(b) Children

14. Medical Insurance

\$ _____ \$ _____ \$ _____

**15. Uninsured Medical
Expenses**

(a) General Practitioner

\$ _____ \$ _____ \$ _____

(b) Pediatrician

**(c) Psychiatrist /
Psychologist**

(d) Gynecologist

(e) Prescriptions /
Medications

(f) Other
(specify) _____

_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Dental Insurance

\$ _____	\$ _____	\$ _____
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**17. Uninsured Dental
Expenses**

(a) General

\$ _____	\$ _____	\$ _____
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(b) Orthodontist

_____	_____	_____
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(c) Periodontist

_____	_____	_____
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(d) Other
(specify) _____

_____	_____	_____
-------	-------	-------

18. Optometry

(a) Eyeglasses

\$ _____	\$ _____	\$ _____
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(b) Ophthalmologist

_____	_____	_____
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19. Automobile

(a) Loan Payment (Months remaining:)

\$ _____ \$ _____ \$ _____

(b) Gasoline

(c) Grease, Oil, Fluids

(d) General Repairs

(e) Registration, Inspection, License

(f) Insurance

(g) Excise Tax

(h) Motor Club Dues

(i) Other

(specify) _____

20. Dry Cleaning / Laundry

\$ _____ \$ _____ \$ _____

21. Hair Care

(a) Self

\$ _____ \$ _____ \$ _____

(b) Children

22. Domestic Help

(a) Housekeeper

\$ _____ \$ _____ \$ _____

(b) Cook

(c) Laundress

(d) Handyman

(e) Other

(specify) _____

23. Gifts

(a) Birthdays

\$ _____ \$ _____ \$ _____

(b) Weddings

(c) Anniversaries

(d) Christmas / Hanukkah

(e) Miscellaneous

24. Life Insurance Premiums

Policy Number Term /

Whole

(a)				
)	Term	\$	\$	\$
	_____	_____	_____	_____
(b)				
)	Term			
	_____	_____	_____	_____
(c)				
)	Term			
	_____	_____	_____	_____
(d)				
)	Term			
	_____	_____	_____	_____

25. Baby Sitter Fees \$ _____ \$ _____ \$ _____

26. Day Care Fees \$ _____ \$ _____ \$ _____

27. Education (specify institution and for whom)

Name: _____ **Institution:** _____

(a) Tuition	\$ _____	\$ _____	\$ _____
(b) Room and Board	_____	_____	_____
(c) Transportation	_____	_____	_____
(d) Books and Records	_____	_____	_____
(e) Activity Fees	_____	_____	_____
(f) Lab Fees	_____	_____	_____
(g) Insurance	_____	_____	_____
(h) Supplies	_____	_____	_____
(i) Lunches	_____	_____	_____
(j) Other (specify)	_____	_____	_____

Name: _____ **Institution:** _____

(a) Tuition	\$ _____	\$ _____	\$ _____
(b) Room and Board	_____	_____	_____
(c) Transportation	_____	_____	_____
(d) Books and Records	_____	_____	_____
(e) Activity Fees	_____	_____	_____
(f) Lab Fees	_____	_____	_____
(g) Insurance	_____	_____	_____
(h) Supplies	_____	_____	_____
(i) Lunches	_____	_____	_____
(j) Other (specify)	_____	_____	_____

Name: _____ **Institution:** _____

e: _____ n: _____

(a) Tuition	\$ _____	\$ _____	\$ _____
(b) Room and Board	_____	_____	_____
(c) Transportation	_____	_____	_____
(d) Books and Records	_____	_____	_____
(e) Activity Fees	_____	_____	_____
(f) Lab Fees	_____	_____	_____
(g) Insurance	_____	_____	_____
(h) Supplies	_____	_____	_____
(i) Lunches	_____	_____	_____
(j) Other (specify)	_____	_____	_____

Name: _____ **Institution:** _____

(a) Tuition	\$ _____	\$ _____	\$ _____
(b) Room and Board	_____	_____	_____
(c) Transportation	_____	_____	_____
(d) Books and Records	_____	_____	_____
(e) Activity Fees	_____	_____	_____
(f) Lab Fees	_____	_____	_____
(g) Insurance	_____	_____	_____
(h) Supplies	_____	_____	_____
(i) Lunches	_____	_____	_____
(j) Other (specify) _____	_____	_____	_____

28. Entertainment

(a) Self	\$ _____	\$ _____	\$ _____
(b) Children	_____	_____	_____

29. Summer Camp and Equipment

(a) Child, Age _____	\$ _____	\$ _____	\$ _____
(b) Child, Age _____	_____	_____	_____
(c) Child, Age _____	_____	_____	_____
(d) Child, Age _____	_____	_____	_____

30. Contributions

(a) Church	\$ _____	\$ _____	\$ _____
(b) Temple Dues	_____	_____	_____
(c) Charity	_____	_____	_____
(d) Other (specify) _____	_____	_____	_____

31. Vacations

(a) Weekends	\$ _____	\$ _____	\$ _____
(b) Winter	_____	_____	_____
(c) Spring	_____	_____	_____
(d) Summer	_____	_____	_____
(e) Fall	_____	_____	_____
(f) Other	_____	_____	_____

32. Club Memberships

(a) Country Club	\$ _____	\$ _____	\$ _____
(b) Health Club	_____	_____	_____
(c) Other	_____	_____	_____
(specify) _____	_____	_____	_____

33. Children's Allowances

(a) Child, Age _____	\$ _____	\$ _____	\$ _____
(b) Child, Age _____	_____	_____	_____
(c) Child, Age _____	_____	_____	_____
(d) Child, Age _____	_____	_____	_____

34. Newspapers, Magazines \$ _____ \$ _____ \$ _____

35. Professional Memberships

Books and Periodicals	\$ _____	\$ _____	\$ _____
Dues	_____	_____	_____

36. Miscellaneous Insurance

(a) Accidental Death	\$ _____	\$ _____	\$ _____
(b) Disability	_____	_____	_____
(c) Flight	_____	_____	_____
(d) Other (specify) _____	_____	_____	_____

37. Miscellaneous

(a) Shoe Repair, Tailor	\$ _____	\$ _____	\$ _____
(b) Other (specify) _____	_____	_____	_____

38. Household Pet Allowance \$ _____ \$ _____ \$ _____

39. Miscellaneous Expenses

(a) Transportation	\$ _____	\$ _____	\$ _____
(b) Allowance for Taxes on _____	_____	_____	_____

Alimony	_____	_____	_____
(c) Court-Ordered Family Support	_____	_____	_____
(d) Meals Outside Home	_____	_____	_____
(e) Allowance for Savings / Investment	_____	_____	_____
(f) Other (specify)	_____	_____	_____
(g) Other (specify)	_____	_____	_____
(h) Other (specify)	_____	_____	_____
(i) Other (specify)	_____	_____	_____

NOTES, REMARKS AND COMMENTS:

SCHEDULE B

Schedule of Living Expenses for your spouse if you know

Please indicate whether amount is yearly, monthly or weekly.

EXPENSE:	Yearly	Monthly	Weekly
1. Mortgage			
(a) Principal	\$ _____	\$ _____	\$ _____
(b) Interest	_____	_____	_____
(c) Taxes	_____	_____	_____
(d) Special Assessments	_____	_____	_____
(e) Condo Fees	_____	_____	_____
2. Apartment			
(a) Rent	\$ _____	\$ _____	\$ _____
(b) Parking Fees	_____	_____	_____
(c) Amenities Fees	_____	_____	_____
(d) Tax Clause	_____	_____	_____
(e) Other	_____	_____	_____
(specify) _____	_____	_____	_____
3. Utilities			
(a) Heat	\$ _____	\$ _____	\$ _____
(b) Electricity	_____	_____	_____
(c) Gas	_____	_____	_____
(d) Telephone	_____	_____	_____
(e) Satellite / Cable	_____	_____	_____
4. Water & Sewer Fees	\$ _____	\$ _____	\$ _____
5. Homeowner's / Renter's Insurance	\$ _____	\$ _____	\$ _____
6. Allowance for Major Home Repairs and Maintenance (estimated)	\$ _____	\$ _____	\$ _____
7. Allowance for Repair and Replacement of Furniture and Appliances	\$ _____	\$ _____	\$ _____

(estimated)

_____	_____	_____
_____	_____	_____

**8. Major Household Cleaning
(drapes, etc)**

\$ _____	\$ _____	\$ _____
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**9. Appliance Maintenance Contract
or**

**Service Insurance or (washer,
dryer, etc.)**

\$ _____	\$ _____	\$ _____
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**10. Grounds
Maintenance**

(a) Snow Removal

\$ _____	\$ _____	\$ _____
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(b) Trash Removal

_____	_____	_____
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(c) Gardener

_____	_____	_____
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(d) Tree and Shrub Care

_____	_____	_____
-------	-------	-------

(e) Supplies

_____	_____	_____
-------	-------	-------

(f) Equipment

_____	_____	_____
-------	-------	-------

(g) Cesspool / Septic Tank

_____	_____	_____
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(h) Pool

_____	_____	_____
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(i) Other

(specify)

_____	_____	_____
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11. Food

\$ _____	\$ _____	\$ _____
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**12. Household
Supplies**

\$ _____	\$ _____	\$ _____
----------	----------	----------

13. Clothing

(a) Self

\$ _____	\$ _____	\$ _____
----------	----------	----------

(b) Children

_____	_____	_____
-------	-------	-------

14. Medical Insurance

\$ _____	\$ _____	\$ _____
----------	----------	----------

**15. Uninsured Medical
Expenses**

(a) General Practitioner

\$ _____	\$ _____	\$ _____
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19. Automobile

(a) Loan Payment (Months remaining:)

\$ _____ \$ _____ \$ _____

(b) Gasoline

(c) Grease, Oil, Fluids

(d) General Repairs

(e) Registration, Inspection, License

(f) Insurance

(g) Excise Tax

(h) Motor Club Dues

(i) Other

(specify) _____

20. Dry Cleaning / Laundry

\$ _____ \$ _____ \$ _____

21. Hair Care

(a) Self

\$ _____ \$ _____ \$ _____

(b) Children

22. Domestic Help

(a) Housekeeper

\$ _____ \$ _____ \$ _____

(b) Cook

(c) Laundress

(d) Handyman

(e) Other

(specify) _____

23. Gifts

(a) Birthdays

\$ _____ \$ _____ \$ _____

(b) Weddings

(c) Anniversaries

(d) Christmas / Hanukkah

(e) Miscellaneous

24. Life Insurance Premiums

Policy Number Term /

Whole

(a)				
)	Term	\$	\$	\$
	_____	_____	_____	_____
(b)				
)	Term			
	_____	_____	_____	_____
(c)				
)	Term			
	_____	_____	_____	_____
(d)				
)	Term			
	_____	_____	_____	_____

25. Baby Sitter Fees \$ _____ \$ _____ \$ _____

26. Day Care Fees \$ _____ \$ _____ \$ _____

27. Education (specify institution and for whom)

Name: _____ **Institution:** _____

(a) Tuition	\$ _____	\$ _____	\$ _____
(b) Room and Board	_____	_____	_____
(c) Transportation	_____	_____	_____
(d) Books and Records	_____	_____	_____
(e) Activity Fees	_____	_____	_____
(f) Lab Fees	_____	_____	_____
(g) Insurance	_____	_____	_____
(h) Supplies	_____	_____	_____
(i) Lunches	_____	_____	_____
(j) Other (specify)	_____	_____	_____

Name: _____ **Institution:** _____

(a) Tuition	\$ _____	\$ _____	\$ _____
(b) Room and Board	_____	_____	_____
(c) Transportation	_____	_____	_____
(d) Books and Records	_____	_____	_____
(e) Activity Fees	_____	_____	_____
(f) Lab Fees	_____	_____	_____
(g) Insurance	_____	_____	_____
(h) Supplies	_____	_____	_____
(i) Lunches	_____	_____	_____
(j) Other (specify)	_____	_____	_____

Name: _____ **Institution:** _____

e: _____ n: _____

(a) Tuition	\$ _____	\$ _____	\$ _____
(b) Room and Board	_____	_____	_____
(c) Transportation	_____	_____	_____
(d) Books and Records	_____	_____	_____
(e) Activity Fees	_____	_____	_____
(f) Lab Fees	_____	_____	_____
(g) Insurance	_____	_____	_____
(h) Supplies	_____	_____	_____
(i) Lunches	_____	_____	_____
(j) Other (specify)	_____	_____	_____

Name: _____ **Institution:** _____

(a) Tuition	\$ _____	\$ _____	\$ _____
(b) Room and Board	_____	_____	_____
(c) Transportation	_____	_____	_____
(d) Books and Records	_____	_____	_____
(e) Activity Fees	_____	_____	_____
(f) Lab Fees	_____	_____	_____
(g) Insurance	_____	_____	_____
(h) Supplies	_____	_____	_____
(i) Lunches	_____	_____	_____
(j) Other (specify) _____	_____	_____	_____

28. Entertainment

(a) Self	\$ _____	\$ _____	\$ _____
(b) Children	_____	_____	_____

29. Summer Camp and Equipment

(a) Child, Age _____	\$ _____	\$ _____	\$ _____
(b) Child, Age _____	_____	_____	_____
(c) Child, Age _____	_____	_____	_____
(d) Child, Age _____	_____	_____	_____

30. Contributions

(a) Church	\$ _____	\$ _____	\$ _____
(b) Temple Dues	_____	_____	_____
(c) Charity	_____	_____	_____
(d) Other (specify) _____	_____	_____	_____

31. Vacations

(a) Weekends	\$ _____	\$ _____	\$ _____
(b) Winter	_____	_____	_____
(c) Spring	_____	_____	_____
(d) Summer	_____	_____	_____
(e) Fall	_____	_____	_____
(f) Other	_____	_____	_____

32. Club Memberships

(a) Country Club	\$ _____	\$ _____	\$ _____
(b) Health Club	_____	_____	_____
(c) Other	_____	_____	_____
(specify) _____	_____	_____	_____

33. Children's Allowances

- (a) Child, Age
- (b) Child, Age
- (c) Child, Age
- (d) Child, Age

34. Newspapers, Magazines

35. Professional Memberships

- Books and Periodicals**
- Dues**

36. Miscellaneous Insurance

- (a) Accidental Death
- (b) Disability
- (c) Flight
- (d) Other (specify)

37. Miscellaneous

- (a) Shoe Repair, Tailor
- (b) Other (specify)

38. Household Pet Allowance

39. Miscellaneous Expenses

- (a) Transportation
- (b) Allowance for Taxes on Alimony
- (c) Court-Ordered Family Support
- (d) Meals Outside Home
- (e) Allowance for Savings / Investment
- (f) Other (specify)
- (g) Other (specify)
- (h) Other (specify)
- (i) Other (specify)

NOTES, REMARKS AND COMMENTS:

Please bring in the last three years tax returns as well as your marriage certificate if you have it.