

DATA REQUIRED FOR POST-DECREE PROCEEDING

It is necessary that you try to answer all of the following questions so that we will be able to answer your questions and handle your case in a prompt and efficient manner. If you need additional space for an answer, you may use the back of a page. If any of the questions do not relate to your situation, please mark "N/A" (not applicable) and move to the next question. The completed form will be kept confidential and will remain in our possession.

Who referred you to me? _____ Today's Date: _____

Your Name: _____ Date of Birth: _____

Education: _____ Ethnic Origin: _____

Home Address: _____ County: _____

Zip Code: _____ Telephone: Home _____ Business _____ Emergency _____

Social Security No.: _____ - _____ - _____ Drivers License No.: _____

Are you remarried? _____ If so give present spouse's name, date and place of present marriage:

Name: _____ Date of Marriage: _____

Place of Marriage: _____ County: _____

Present spouse's business telephone: _____

Do you and your present spouse have any children? _____ If so, please state their names and birth dates: _____

Are any children of your present spouse's former marriage residing with you? _____ If so, please state their names and birth dates: _____

Is your present spouse receiving or paying any child support or maintenance? _____ If so, state whether support or maintenance and amount: _____

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Name of former spouse: _____ Date of Birth: _____

Education: _____

Home Address: _____ County: _____

Zip Code: _____ Telephone: Home _____ Business _____

Has your former spouse remarried? _____ If so, give present spouse's name: _____

Does your former spouse and his/her present spouse have any children? _____ If so, give the names and ages: _____

Are any children of his/her present spouse in the home? _____ If so, please state their names and approximate ages: _____

Is his/her present spouse receiving _____ or paying _____ any child support of maintenance? _____ If so, state whether support, or maintenance and amount, if known: _____

Nature of Present Problem: Arrearages in support or maintenance _____ Failure to comply with any other terms of Judgment and Decree _____, Change in amount of support or maintenance _____,

Motion for Money Judgment brought by the State for Welfare monies paid for family _____, Visitation _____,

Custody _____, Extraordinary medical or dental expenses of children _____, other _____, Explain:

(use other side of sheet if necessary)

* * *

Minor children of you and former spouse (under 18 years of age and not married or self-supporting)

<u>Name</u>	<u>Birthdate</u>	<u>Age</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Who was granted custody? _____

With whom and where are said children presently living? _____

Physical and emotional disabilities of minor children: _____

Present visitation arrangement: _____

Are there problems with visitation? _____

If Issue is Visitation :

Date of last visitation: _____ Why has (or should) visitation been denied? _____

* * *

State date and place of dissolution of marriage from former spouse: _____

State the length of your marriage to your former spouse in years: _____

Was the dissolution by default or by contested hearing? _____

Was an _____ oral or _____ written agreement incorporated in the Decree? _____

Name of former spouse's attorney: _____

Amount ordered for maintenance \$ _____ per _____; for child support \$ _____

per _____. Arrearages, if any \$ _____ for what? _____

For what periods of time do arrearages apply? _____

With which provisions of the Judgment and Decree, if any, do you feel your former spouse has failed to comply?

Is your former spouse living with a person of the opposite sex to whom he/she is not married? _____

If so, give name and details: _____

* * *

PLEASE PROVIDE OUR OFFICE WITH THE FOLLOWING DOCUMENTATION:

A.) If your present problem is one of visitation or child custody:

1. Copies of your Judgment and Decree, the Stipulation (Agreement), if one was entered into, and *all* Court Orders entered since the dissolution of your marriage.

OR

B.) If your present problem is of a financial nature, please bring with you the above and also the following:

1. Last 6 months of your paycheck statements or stubs.
2. Copies of all of your joint or individual income tax returns, both state and federal, including W-2 forms, since the year of the dissolution of your marriage through the most recent returns;
3. Copies of all financial statements or statements of net worth prepared by you, or for you, for the purpose of securing bank loans or for any other purpose since the date of your dissolution;
4. Any information you have regarding your former spouse's income or his/her present spouse's income.

Your Employment

Employed by: _____ for _____ years

Address: _____

Telephone number: _____ Nature of Employment: _____

Gross Salary: \$ _____ per _____ Bonus \$ _____ per _____

Net Salary: \$ _____ per _____ Social Security Number: _____

Number of exemptions claimed for withholding purposes: _____

Commission: _____ Expense Account: _____

Benefits: _____

State your employer, nature of employment and gross and net income per week, month or year at the time of the dissolution of your marriage to your former spouse: _____

Your Present Spouse's Employment:

Is your present spouse employed? _____ If so, state place of employment, nature of employment and gross and net income per week, month, or year: _____

If present spouse is not working, give reasons for the same: _____

What other source of family income do you have? _____

Former Spouse's Employment:

Employed by: _____ for _____ years.

Address of employer: _____

Telephone Number: _____ Nature of Employment: _____

Gross Salary: \$ _____ per _____ Bonus: \$ _____ per _____

Net Salary: \$ _____ per _____ Social Security No. _____ - _____ - _____

Commission: _____ Expense Account: _____

Benefits: _____

State Spouse's employer, nature of employment and gross and net income per week, month or year at the time of the dissolution of his/her marriage to you.

Is his/her present spouse employed? _____ If so, state place of employment, nature of employment and gross and net income per week, month or year if known:

Is he/she receiving any form of welfare? _____ If so, what kind of assistance (Food stamps, medical, etc.)

Cash amounts received: \$ _____ per _____. Is this assistance being provided for children other than those born of the marriage between you and your former spouse? _____. What other sources of income does this family have? _____

YOUR PRESENT ASSETS

Homestead:

Address: _____

Date Purchased: _____ Price \$ _____ In name of _____

Present mortgage balance: \$ _____ payable \$ _____ per _____

Approximate present value: _____ Approximate present equity: \$ _____

Other Real Estate:

Address: _____ Type: _____

Date Purchased: _____ Price: \$ _____ In Name of: _____

Present mortgage balance: \$ _____ payable \$ _____ per _____

Present mortgage balance: \$ _____ payable \$ _____ per _____

Approximate present value: _____ Approximate present equity: \$ _____

Personal Property:

List savings accounts or savings certificates, stating name of bank (s) and current balance(s):

If you have a checking account, state name of bank and present balance: _____

List all investments, giving company name, number of shares or units and present value: _____

Insurance: _____

Retirement Plans: _____

List all automobiles, boats, trailers, motorcycles, snowmobiles, campers or any other motor vehicles, stating an approximate value for each and amount of any encumbrance: _____

Other assets having a value in excess of \$200.00: _____

Liabilities: List all indebtedness, individual or family, presently existing:

<u>Creditor</u>	<u>Purpose</u>	<u>Present Balance</u>	<u>Monthly Payment</u>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

Insurance:

Are the children of your former marriage covered under a medical, health, or hospitalization plan? _____

Provided or paid by whom? _____

Are there any life insurance policies owned by your former spouse for the benefit of the children? Give details:

If Problem is Arrearages in Child Support or Maintenance:

<u>Arrearage Dates</u>	<u>Amount Due Child Support</u>	<u>Amount Paid Child Support</u>	<u>Amount Due Maintenance</u>	<u>Amount Paid. Maintenance</u>
_____	\$_____	\$_____	\$_____	\$_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Totals _____

Do you have in your possession receipts, cancelled checks or any proof as to what has been paid? _____
Please provide.

Budget: Fill out for yourself if you are not remarried or for your present family if you are remarried.

YOUR FUTURE ESTIMATED MONTHLY EXPENSES
(COMPLETE ONLY THOSE APPLICABLE)

A. The expenses of you alone and Any Adult (Over 18 / Out of High School) Dependant Children:

Number of Adult Dependant Children Included: _____

1. Housing:

Rental payments on house/apartment	\$_____	
Mortgage payments	\$_____	
Contract for Deed payments	\$_____	
Home Improvement loan payment	\$_____	
Taxes	\$_____	
Insurance	\$_____	
TOTAL		\$_____

2. Rent \$_____

3. Food \$_____

4. Utilities: \$_____

Water	\$_____	
Electricity	\$_____	
Gas (if separate from fuel)	\$_____	
Telephone	\$_____	
Refuse Deposit	\$_____	
TOTAL		\$_____

5. Insurance:

	Life	\$ _____	
	Medical	\$ _____	
	Accident and Disability	\$ _____	
	TOTAL		\$ _____
6. Clothing:	(include dry cleaning)		\$ _____
7. Transportation:			
	Installment payments	\$ _____	
	Gas and oil (or bus fares)	\$ _____	
	Car maintenance	\$ _____	
	License	\$ _____	
	Insurance	\$ _____	
	TOTAL		\$ _____
8. Medical/Dental Drugs:			\$ _____
9. Home Maintenance:			
	House upkeep and repairs	\$ _____	
	Yard Upkeep	\$ _____	
	Snow removal	\$ _____	
	TOTAL		\$ _____
10. Child Support:	(for children of any previous marriage)		
	Number of children: _____		\$ _____
11. Dues:	(identify)		\$ _____
12. Education for Children:			
	Books and tuition	\$ _____	
	School and extra –curricular activities	\$ _____	
	Transportation	\$ _____	
	Lunches	\$ _____	
	Lessons	\$ _____	
	TOTAL		\$ _____
13. Babysitting and Child Care:			\$ _____
14. Entertainment and Vacations:			\$ _____
15. Visitation:(entertainment and expenses of and for the children)			\$ _____
16. Furniture or Replacement Allowance:			\$ _____
17. Vacation:			\$ _____
18. Miscellaneous:			
	(religious, and charitable donations, newspapers, magazines, gifts, books, allowance for children)		\$ _____

19. Other: (identify) _____ \$ _____
_____ \$ _____

TOTAL ESTIMATED MONTHLY EXPENSES:

B. The Expenses Directly Attributed to Your Minor Child/Children

Number of Minor Children Included: _____

- 1. Clothing: \$ _____
 - 2. Diaper Service: \$ _____
 - 3. Medical/Dental:- (Cost of family coverage less cost of single coverage and unreimbursed medical/dental bills) \$ _____
 - 4. Entertainment: \$ _____
 - 5. Child Care-daycare and Babysitters \$ _____
 - 6. Lessons \$ _____
 - 7. Sports Team Fees \$ _____
 - 8. School Supplies \$ _____
 - 9. School Lunches \$ _____
 - 10. Hair Cuts \$ _____
 - 11. Transportation (to/from school) \$ _____
 - 12. Extracurricular Activities, Field Trips, Summer Camp \$ _____
 - 13. Toys/Gifts \$ _____
 - 14. Children's Allowance \$ _____
 - 15. School Tuition and School Books \$ _____
 - 16. Travel \$ _____
- TOTAL: \$ _____

NOTE: The child/children's expenses also include a reasonable portion of the costs listed above for your food, shelter, transportation and so on, which you do not need to specify except as listed specifically for the child/children.

C. Child's/Children's Income and Resources

1. Are any of your children employed? _____

If so, what use do they make of their earnings? _____

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2. Do any of your children receive any other monies, either directly or indirectly, which you have available to use for their support or which they have available to use for expenses which you would otherwise cover? _____

If so, please specify _____

3. Do your children own any assets of value exceeding \$1,000.00, or do you hold any such assets on their behalf? _____

If so, please specify. _____
