



INFORMATION REGARDING YOURSELF

CLIENT NAME: _____ DATE OF BIRTH: _____ STATE OF BIRTH: _____
ADDRESS: _____ CITY: _____ ZIP: _____
COUNTY: _____ HOME PHONE: _____
EMAIL: _____
DATE MOVED TO THIS ADDRESS: _____ HOW LONG HAVE YOU BEEN A RESIDENT OF IL: _____
HOW LONG HAVE YOU BEEN A RESIDENT OF _____ COUNTY: _____
DL#: _____ SOC.SEC. #: _____
EMPLOYER: _____ HOW LONG: _____ JOB TITLE: _____
EMPLOYER ADDRESS: _____ EMPLOYER PHONE #: _____
MAILING ADDRESS IF DIFFERENT FROM ABOVE: _____
LAST YEAR COMPLETED IN SCHOOL: GRADE _____ COLLEGE 1234 _____ OTHER: _____
NUMBER OF MARRIAGES INCLUDING THIS ONE: _____
IF PREVIOUSLY MARRIED, HOW WERE THE MARRIAGES ENDED?: _____ DEATH _____ DIVORCE _____ ANNULMENT _____

INFORMATION REGARDING YOUR FORMER SPOUSE

CLIENT NAME: _____ DATE OF BIRTH: _____ STATE OF BIRTH: _____
ADDRESS: _____ CITY: _____
COUNTY: _____ HOME PHONE: _____
DATE MOVED TO THIS ADDRESS: _____ HOW LONG HAVE YOU BEEN A RESIDENT OF IL? _____ :
HOW LONG HAVE YOU BEEN A RESIDENT OF _____ COUNTY: _____
DL#: _____ SOC.SEC. #: _____
EMPLOYER: _____ HOW LONG: _____ JOB TITLE: _____
EMPLOYER ADDRESS: _____ EMPLOYER PHONE #: _____
MAILING ADDRESS IF DIFFERENT FROM ABOVE: _____
LAST YEAR COMPLETED IN SCHOOL: GRADE _____ COLLEGE 1234 _____ OTHER: _____
NUMBER OF MARRIAGES INCLUDING THIS ONE: _____
IF PREVIOUSLY MARRIED, HOW WERE THE MARRIAGES ENDED?: _____ DEATH _____ DIVORCE _____ ANNULMENT _____
PHYSICAL DESCRIPTION: HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ DOES (S)HE WEAR GLASSES _____
OTHER IDENTIFYING CHARACTERISTICS: _____

INFORMATION REGARDING THE MARRIAGE:

DATE OF MARRIAGE: _____ HOW LONG WERE YOU MARRIED? _____
WHERE WERE YOU MARRIED? CITY: _____ STATE: _____ COUNTY: _____
WIFE'S MAIDEN NAME: _____ DATE OF DIVORCE: _____

INSURANCE: Do you or your spouse have any life insurance? If yes, please complete the following:

	POLICY 1	POLICY 2	POLICY 3
NAME OF INSURANCE COMPANY:			
OWNER:			
BENEFICIARIES OF POLICY:			
CASH SURRENDER VALUE:			

PENSION: Do you or your spouse have a retirement plan at your place of employment? If yes, please complete the following.

	YOU	SPOUSE
COMPANY PLAN IS WITH:		
TYPE OF PLAN:		
PRESENT VALUE:		
DATE AND PERCENTAGE VESTED:		

SECURITIES AND BONDS: Do you or your spouse have any stocks, bonds, promissory notes or other securities? _____ If yes, please complete the following:

NAME IN WHICH THE SECURITIES ARE HELD	COMPANY & TYPE OF PLAN	PRESENT VALUE	DATE ACQUIRED

REAL ESTATE:

DO YOU OWN ANY REAL ESTATE?	DATE OF PURCHASE:	HOW IS PROPERTY TITLED?
HOME'S FAIR MARKET VALUE:	MORTGAGE AMOUNT:	
OTHER LIENS AGAINST THE HOME:		

VEHICLES:

YEAR & MODEL	FAIR MARKET VALUE	LIEN AMOUNT	TITLED

PLEASE COMPLETE REVERSE SIDE =>

DEBTS:

CHILDREN:

NAMES OF CHILDREN OF THIS MARRIAGE	DATE OF BIRTH	RESIDING WITH
IS WIFE PRESENTLY PREGNANT?	WERE ANY CHILDREN ADOPTED?	
NAME(S) OF ADOPTED CHILDREN:		

MISCELLANEOUS INFORMATION:

	YES	NO
HAVE YOU EVER HAD A CUSTODY BATTLE REGARDING THE CHILDREN?		
HAS YOUR SPOUSE EVER BEEN TO OUR OFFICE BEFORE:		
HOW DID YOU HEAR ABOUT OUR OFFICE?		

INCOME:

	YOU	SPOUSE
PAY PERIOD (BI-WEEKLY, ETC.)		
HOURLY WAGE OR SALARY:		
GROSS WAGE FOR PAY PERIOD:		
NET TAKE HOME PAY FOR PAY PERIOD:		

BANK ACCOUNTS:

NAME OF BANK:		
TYPE OF ACCOUNT:		
AMOUNT		
TITLED		

OTHER SOURCES OF INCOME – Do you or your spouse have any other source of income: _____ If yes, please complete the following:

SOURCE OF INCOME	YOU	SPOUSE
RENTALS:		
DIVIDENDS/INTEREST:		
MILITARY PAY:		
RETIREMENT BENEFITS:		
SOCIAL SECURITY:		
OTHER:		

*Please describe in full any source of income other than employment.

