

**KUPFERMAN & GOLDEN
ATTORNEYS AT LAW**

**One Securities Centre, Suite 600
3490 Piedmont Road
Atlanta, Georgia 30305
(404) 460-4500 Fax (404) 460-4501**

DOMESTIC RELATIONS INFORMATION SHEET

I. CLIENT'S BACKGROUND:

Name: _____

Mailing Address: _____

County of Residence: _____ SS# _____

Lived at present address since: _____ Race: _____

Telephone Numbers:

Home: () _____

Work: () _____ Ext: _____

Fax: () _____ (Is this at your home or work?)

Cellular: () _____

Pager: () _____

E-Mail: _____

Date of birth: _____ Place of birth: _____

Education: _____ High School _____ College (Number of years: _____)

What was the highest degree that you earned? _____

Currently, do you have any medical problems? _____

What is the name, address, and telephone number of your treating physician?

What medication are you taking for this medical problem? _____

Have you been diagnosed with any psychological conditions or illnesses?

What is the name, address, and telephone number of your treating psychologist or psychiatrist?

What medication(s) is/are you presently taking for this condition or illness?

Maiden name: _____

Do you want maiden name restored: _____ Yes _____ No

Were you previously married?: _____: Dates of marriage(s)

Do you pay or receive alimony? _____ Amount: \$ _____

Do you pay or receive child support?: _____ Amount: \$ _____

Names/ages of children of prior marriages: _____

With whom do the children reside? _____

II. EMPLOYMENT INFORMATION:

Name of employer: _____

Occupation/Job title: _____

Employed since: _____ Salary: \$ _____

Payment schedule (e.g., monthly, weekly, bi-weekly, etc): _____

Employee benefits: (e.g., medical and/or dental insurance, retirement/401(K),
car, travel reimbursement, etc.) _____

If you have been employed less than 12 months by your present employer,
please give information about your previous employment, including your salary:

III. SPOUSE'S BACKGROUND:

Name: _____ SS# _____

Mailing Address: _____

County of Residence: _____

Lived at present address since: _____ Race: _____

Date of birth: _____ Place of birth: _____

Education: _____ High School _____ College (Number of years: _____)

What was the highest degree that you earned? _____

Currently, does your spouse have any medical problems? _____

What is the name, address, and telephone number of your spouse's treating physician?

What medication is he/she taking for this medical problem? _____

Has your spouse ever been diagnosed with any psychological conditions or illnesses?

What is the name, address, and telephone number of your spouse's treating psychologist or psychiatrist?

What medication(s) is/are he/she presently taking for this condition or illness?

Maiden name: _____

Does she want her maiden name restored: _____ Yes _____ No

Was your spouse previously married?: _____ Dates of marriage(s):

Does he/she pay or receive alimony?: _____ Amount: \$ _____

Does he/she pay or receive child support? _____ Amount: \$ _____

Names/ages of children or prior marriages: _____

With whom do the children reside? _____

IV. SPOUSE'S EMPLOYMENT INFORMATION:

Name of employer: _____

Occupation/Job title: _____

Employed since: _____ Salary: \$ _____

Payment schedule (e.g., monthly, weekly, bi-weekly, etc.): _____

Employee benefits: (e.g., medical and/or dental insurance, retirement/401(K),
car, travel reimbursement, etc.) _____

If your spouse has been employed less than 12 months by his/her present
employer, please give information about his/her previous employment, including
salary: _____

V. OTHER SOURCES OF INCOME/MONEY:

Rental income: _____

Stocks/bonds: _____

Trust fund: _____

Alimony: _____

Child support from previous spouse: _____

Disability income: _____

Pension/retirement: _____

Other: _____

VI. CHILDREN:

A. Children Born of This Marriage:

Full Name	Date of Birth	Sex	Living with

B. Children Born of Another Relationship:

Full Name	Date of Birth	Sex	Living with

VII. CUSTODY/VISITATION RIGHTS/RESTRICTIONS:

Physical custody: _____ In the Mother _____ In the Father _____ Joint

Legal custody: _____ In the Mother _____ In the Father _____ Joint

Restrictions on visitation (if applicable): _____

Problems with visitation (if applicable): _____

VIII. MARITAL INFORMATION:

Date of marriage: _____ Date of separation: _____

Place of marriage: _____

Do you still reside with your spouse in the same home? _____

If so, under what living/sleeping arrangements: _____

IX. BANK ACCOUNTS/CDS/STOCKS & BONDS:

A. Client's Individual Accounts:

(1) Name of Bank: _____

Account No.: _____

Type of Account (i.e. - Checking, savings, mutual): _____

(2) Name of Bank: _____

Account No.: _____

Type of Account (i.e. - Checking, savings, mutual): _____

(3) Name of Bank: _____

Account No.: _____

Type of Account (i.e. - Checking, savings, mutual): _____

B. Spouses's Individual Accounts:

(1) Name of Bank: _____

Account No.: _____

Type of Account (i.e. - Checking, savings, mutual): _____

(2) Name of Bank: _____

Account No.: _____

Type of Account (i.e. - Checking, savings, mutual): _____

(3) Name of Bank: _____

Account No.: _____

Type of Account (i.e. - Checking, savings, mutual): _____

C. Parties' Joint Accounts:

(1) Name of Bank: _____

Account No.: _____

Type of Account (i.e. - Checking, savings, mutual): _____

(2) Name of Bank: _____

Account No.: _____

Type of Account (i.e. - Checking, savings, mutual): _____

(3) Name of Bank: _____

Account No.: _____

Type of Account (i.e. - Checking, savings, mutual): _____

D. Certificates of Deposit:

(1) Names(s) on CD: _____ Husband only _____ Wife only _____ Joint

Name of Bank : _____

Face Amount: \$_____ Maturity Date: _____

(2) Names(s) on CD: _____ Husband only _____ Wife only _____ Joint

Name of Bank : _____

Face Amount: \$_____ Maturity Date: _____

E. Stocks/Bonds/Mutual Funds:

X. REAL ESTATE:

(1) Address: _____

County: _____ Date of purchase: _____

Property titled in: _____ Husband only _____ Wife only _____ Joint

Purchase price: \$ _____ Down payment: \$ _____

Source of down payment (i.e. - sale of former home, individual savings, joint savings, gift): _____

Present estimated fair market value: \$ _____

1st Mortgage company: _____

Original loan amount: \$ _____ Present balance: \$ _____

Type of loan (i.e. - 30 year, 15 year, ARM, balloon): _____

2nd Mortgage company: _____

Original loan amount: \$ _____ Present balance: \$ _____

Type of loan (i.e. - 30 year, 15 year, ARM, balloon): _____

Is there an equity line of credit on this property? _____

- If yes, what company is it through? _____
- What is the amount of the equity line of credit? _____
- What is the balance of the equity line of credit? _____

Is this the marital home? _____

Do you want the marital home? _____

If not, do you receive rental income? _____ Amount: \$ _____

Other comments regarding this property: _____

(2) Address: _____

County: _____ Date of purchase: _____

Property titled in: _____ Husband only _____ Wife only _____ Joint

Purchase price: \$ _____ Down payment: \$ _____

Source of down payment (i.e. - sale of former home, individual savings,
joint savings, gift): _____

Present estimated fair market value: \$ _____

1st Mortgage company: _____

Original loan amount: \$ _____ Present balance: \$ _____

Type of loan (i.e. - 30 year, 15 year, ARM, balloon): _____

2nd Mortgage company: _____

Original loan amount: \$ _____ Present balance: \$ _____

Type of loan (i.e. - 30 year, 15 year, ARM, balloon): _____

Is there an equity line of credit on this property? _____

- If yes, what company is it through? _____
- What is the amount of the equity line of credit? _____
- What is the balance of the equity line of credit? _____

Is this the marital home? _____

If not, do you receive rental income? _____ Amount: \$ _____

Other comments regarding this property: _____

(3) Timeshare/vacation property: _____

XI. RETIREMENT PLANS/ACCOUNTS:

A. For the Husband:

(1) Name of custodian or company: _____

Name of plan: _____

Type of plan (i.e. - IRA, Keogh, 401(k), pension, profit sharing, etc.):

Balance: \$ _____ Years contributed: _____

Comments (loans or withdrawals, etc.): _____

(2) Name of custodian or company: _____

Name of plan: _____

Type of plan (i.e. - IRA, Keogh, 401(k), pension, profit sharing, etc.):

Balance: \$ _____ Years contributed: _____

Comments (loans or withdrawals, etc.): _____

B. For the Wife:

(1) Name of custodian or company: _____

Name of plan: _____

Type of plan (i.e. - IRA, Keogh, 401(k), pension, profit sharing, etc.):

Balance: \$ _____ Years contributed: _____

Comments (loans or withdrawals, etc.): _____

(2) Name of custodian or company: _____
Name of plan: _____
Type of plan (i.e. - IRA, Keogh, 401(k), pension, profit sharing, etc.):

Balance: \$ _____ Years contributed: _____
Comments (loans or withdrawals, etc.): _____

XII. MOTOR VEHICLES/BOATS/OTHER VEHICLES:

(1) Make: _____ Model: _____ Year: _____
Original cost: \$ _____ Present value: \$ _____
Title in name of: _____ Husband only _____ Wife only _____ Joint
Lien to: _____ Date paid off: _____
Original loan amount: \$ _____ Present balance: \$ _____
Monthly payments: \$ _____ Do you want this vehicle? _____

(2) Make: _____ Model: _____ Year: _____
Original cost: \$ _____ Present value: \$ _____
Title in name of: _____ Husband only _____ Wife only _____ Joint
Lien to: _____ Date paid off: _____
Original loan amount: \$ _____ Present balance: \$ _____
Monthly payments: \$ _____ Do you want this vehicle? _____

(3) Make: _____ Model: _____ Year: _____
 Original cost: \$ _____ Present value: \$ _____
 Title in name of: _____ Husband only _____ Wife only _____ Joint
 Lien to: _____ Date paid off: _____
 Original loan amount: \$ _____ Present balance: \$ _____
 Monthly payments: \$ _____ Do you want this vehicle? _____

(4) Make: _____ Model: _____ Year: _____
 Original cost: \$ _____ Present value: \$ _____
 Title in name of: _____ Husband only _____ Wife only _____ Joint
 Lien to: _____ Date paid off: _____
 Original loan amount: \$ _____ Present balance: \$ _____
 Monthly payments: \$ _____ Do you want this vehicle? _____

XIII. INSURANCE:

A. Life insurance:

Company	Owner (H or W)	Insured (H or W)	Beneficiary	Face Value	Cash Value

B. Medical insurance:

Company Name	Group Name	Who is covered?	Premium Amount	Paid By

XIV. MAJOR FURNITURE/FURNISHINGS AND PERSONAL PROPERTY THAT YOU DESIRE:

XV. COLLEGE EDUCATION FOR MINOR CHILDREN:

XVI. DEBTS:

Creditor	Debtor (H, W, Joint)	Monthly Payment	Present Balance

XVII. CLAIM OF SEPARATE, NON-MARITAL PROPERTY:

*Non-marital means you had this asset before the marriage or received it by personal gift (from a third person) or inheritance during the marriage.

XVIII. CAUSES OF SEPARATION OF PARTIES (WHY DO YOU WANT THIS DIVORCE):

XIX. CLAIM FOR ALIMONY:

Are you making a claim for alimony? _____

Why do you believe that you are entitled to alimony? _____

How much are you asking for in alimony? _____

For how long? _____

XX. PRIVATE INVESTIGATORS:

Have you hired a private investigator? _____

What is the name, address, and telephone number of the private investigator?

What was the purpose of hiring the private investigator? _____

Did the private investigator prepare a written report or make any video/audio recordings? _____

Do you have copies of these? _____

XXI. MISCELLANEOUS INFORMATION AND/OR COMMENTS:
