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FAMILY LAW ~ CLIENT INFORMATION SHEET

PLEASE FILL IN AS COMPLETELY AS POSSIBLE
(All information is needed to file and complete Court documents)

COUNTY OF RESIDENCE: _____

YOUR INFORMATION

FULL NAME: _____ S.S.#: _____

MAIDEN NAME: _____ Do you request a name change? _____

STREET: _____ CITY: _____

STATE: _____ COUNTY: _____ ZIP: _____

CONTACT: (home) _____ (work) _____

(cell) _____ (fax) _____

(e-mail) _____

DOB: _____ AGE: _____ PLACE OF BIRTH: _____ RACE: _____

NAME AND _____

ADDRESS OF EMPLOYER: _____

JOB TITLE: _____ LENGTH OF EMPLOYMENT: _____

SALARY: _____ DRIVER'S LICENSE #: _____

PERSON SUIT WILL BE AGAINST

FULL NAME: _____ S.S.#: _____

MAIDEN NAME: _____ Requested name change? _____

STREET: _____ CITY: _____

STATE: _____ COUNTY: _____ ZIP: _____

CONTACT: (home) _____ (work) _____

(cell) _____ (fax) _____

(e-mail) _____

DOB: _____ AGE: _____ PLACE OF BIRTH: _____ RACE: _____
NAME AND _____
ADDRESS OF EMPLOYER: _____
JOB TITLE: _____ LENGTH OF EMPLOYMENT: _____
SALARY: _____ DRIVER'S LICENSE #: _____

MARRIAGE

DATE OF MARRIAGE: _____ DATE OF SEPARATION: _____
PLACE OF MARRIAGE: _____

CHILDREN/DEPENDENTS INVOLVED IN SUIT (UNDER 18)

FULL NAME: _____ SEX: _____ RELATION: _____
DOB: _____ AGE: _____ SOCIAL SECURITY NUMBER: _____
PLACE OF BIRTH (INCLUDE CITY, COUNTY, STATE): _____

FULL NAME: _____ SEX: _____ RELATION: _____
DOB: _____ AGE: _____ SOCIAL SECURITY NUMBER: _____
PLACE OF BIRTH (INCLUDE CITY, COUNTY, STATE): _____

FULL NAME: _____ SEX: _____ RELATION: _____
DOB: _____ AGE: _____ SOCIAL SECURITY NUMBER: _____
PLACE OF BIRTH (INCLUDE CITY, COUNTY, STATE): _____

INSURANCE FOR CHILDREN

IS MEDICAL INSURANCE PROVIDED FOR THE CHILDREN: _____
WHO PROVIDES INSURANCE: _____
IS INSURANCE THROUGH EMPLOYMENT OR PRIVATE: _____
NAME OF INSURANCE COMPANY: _____
POLICY NUMBER: _____ COSTS PER MONTH: \$ _____

PRIOR MARRIAGES

DATE OF DIVORCE: _____ COUNTY & STATE OF DIVORCE: _____

NAME OF EX-SPOUSE: _____

CHILDREN OF PRIOR MARRIAGE: _____

ARE YOU PAYING OR RECEIVING SUPPORT: _____ AMOUNT: _____

ASSETS

HOME RESIDENCE:

RENTING OR PURCHASED: _____ MONTHLY PAYMENT: \$ _____

- (1) TO WHOM PAYMENT MADE: _____
- (2) DATE OF PURCHASE: _____
- (3) ORIGINAL PURCHASE PRICE: \$ _____
- (4) IMPROVEMENT SINCE PURCHASE: _____
- (5) ESTIMATED BALANCE OF PAYOFF: \$ _____
- (6) ESTIMATED RESALE VALUE: \$ _____

CARS:

	CAR #1	CAR #2	CAR #3
Type	_____	_____	_____
Monthly Payment	\$ _____	\$ _____	\$ _____
Payable To	_____	_____	_____
Balance	\$ _____	\$ _____	\$ _____
Who Drives	_____	_____	_____
VIN	_____	_____	_____

MAJOR FURNISHINGS: (please list any debts on the furnishings with name of creditor)

STOCKS/BONDS:

OTHER REAL ESTATE:

BANK ACCOUNTS:

	WHERE	WHOSE NAME	BALANCE
Checking Account:	_____	_____	\$ _____
Savings Account:	_____	_____	\$ _____

PENSION OR RETIREMENT PLANS:

TYPE	WHERE	WHOSE NAME	BALANCE
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

CREDIT CARDS:

CARD TYPE: _____ WHOSE NAME: _____
BALANCE: \$ _____ MINIMUM MONTHLY PAYMENT: \$ _____

CARD TYPE: _____ WHOSE NAME: _____
BALANCE: \$ _____ MINIMUM MONTHLY PAYMENT: \$ _____

CARD TYPE: _____ WHOSE NAME: _____
BALANCE: \$ _____ MINIMUM MONTHLY PAYMENT: \$ _____

CARD TYPE: _____ WHOSE NAME: _____
BALANCE: \$ _____ MINIMUM MONTHLY PAYMENT: \$ _____

OTHER DEBTS (EXPLAIN):

SEPARATE PROPERTY:

(PROPERTY ACQUIRED PRIOR TO MARRIAGE, OR BY GIFT, WILL OR DEVISE)

YOU

Item: _____ Date acquired: _____

How acquired: _____

Item: _____ Date acquired: _____

How acquired: _____

Item: _____ Date acquired: _____

How acquired: _____

Item: _____ Date acquired: _____

How acquired: _____

SPOUSE

Item: _____ Date acquired: _____

How acquired: _____

Item: _____ Date acquired: _____

How acquired: _____

Item: _____ Date acquired: _____

How acquired: _____

Item: _____ Date acquired: _____

How acquired: _____

SOCIAL MEDIA & OTHER MISC. INFORMATION

DO YOU HAVE A FACEBOOK OR SIMILAR WEB PAGE? WHAT IS ON IT? YOU WILL NEED TO PRINT IT FOR US.

DOES THE PERSON THIS SUIT WILL BE AGAINST HAVE A FACEBOOK OR SIMILAR WEB PAGE? WHAT IS ON IT? YOU WILL NEED TO PRINT IT FOR US.

DO YOUR CHILD(REN) HAVE A FACEBOOK OR SIMILAR WEB PAGE? WHAT IS ON IT? YOU WILL NEED TO PRINT IT FOR US.

CHANGE YOUR EMAIL/SOCIAL MEDIA PASSWORDS TO ENSURE SECURITY.

IF A DIVORCE, YOU WILL BE REQUIRED TO TAKE THE FOR KIDS SAKE PROGRAM BEFORE A FINAL DECREE WILL BE ENTERED - BE PREPARED, TAKE IT NOW!

FINANCIAL INFORMATION WORKSHEET ~ MONTHLY EXPENSES

CATEGORY	EXPENSE	AMOUNT
HOUSING	House/Rent Payment	
	Homeowners/Rental Insurance	
	Maintenance	
	Utilities (gas, electricity, water, garbage, telephone, tv, internet)	
AUTOMOBILE	Car Payment	
	Car Insurance	
	Misc. - gasoline, oil, maintenance and repair	
INSURANCE	Life	
	Health	
FOOD	Groceries, Meals	
MEDICAL	Doctor, Dentist, Vision	
	Prescriptions	
EDUCATION	School Expenses	
PERSONAL	Grooming	
	Clothing	
	Laundry	
CHILD CARE	Daycare, Babysitters	
ENTERTAINMENT	Movies, Hobbies, Ect.	
CREDIT CARDS		
OTHER	Explain:	
TOTAL EXPENSES		
NET INCOME		