

Nick C. Thompson
Attorney at Law
105 Daventry Suite 202
Louisville, Kentucky 40223
(502) 429-0057

Divorce - Legal Separation – Child Custody

PERSONAL INFORMATION	CLIENT	SPOUSE
Full Name		
SS#		
Current Address		
Mailing Address (<i>if different</i>)		
Home telephone #		
Work telephone #		
Date of Birth		
Place of Birth (<i>state</i>)		
Number of Previous Marriages		
Race		
Length of Residence in Kentucky		
Highest Level of Education		

INFORMATION ON CURRENT MARRIAGE	
Date of Marriage	
County and State Where Registered	
Date of Separation (<i>date of last sexual intercourse with spouse</i>)	
Is Marriage Irretrievably Broken?	YES / NO
Wife's maiden name?	

Should Maiden Name Be Restored?	YES/NO
---------------------------------	--------

EMPLOYMENT INFORMATION	CLIENT	SPOUSE
Currently Employed?	YES / NO	YES / NO
Name of Employer		
Employer's Address		
Length of Employment		
Job Title		
Gross Wages per month		
Deductions other than Social Security and Taxes (i.e. medical, dental, retirement, union dues, etc.) List type of deduction and amount.		
No Cost benefits provided by employer (i.e. medical, dental, meals, lodging, etc.) List type of benefit and approximate value.		
Do you have a 2 nd job?	YES / NO Employer: Salary:	YES / NO Employer: Salary:
If you do not work outside the home, are you:	<input type="checkbox"/> Full-time Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Other, please	<input type="checkbox"/> Full-time Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Other, please

EMPLOYMENT INFORMATION	CLIENT	SPOUSE
	explain:	explain:
Other jobs held during course of marriage. Please provide name of employer, length of employment, reason for leaving, and highest salary earned.		
Do you receive income from any of these sources? If so, please provide the amount. \$ _____	<input type="checkbox"/> Social Security <input type="checkbox"/> Retirement or pension <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Disability	<input type="checkbox"/> Social Security <input type="checkbox"/> Retirement or pension <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Disability

FAMILY INFORMATION	Gender	Birth date	Lives With
Children's Names			
1.			
2.			
3.			
4.			
5.			
Places children have lived during last 5 years			
Child(ren)	Duration	Address	

Do you want custody of the minor children?	YES / NO
Do you expect spouse to ask for custody?	YES / NO
Are you interested in joint custody?	YES / NO
Have you participated in any litigation involving the custody of these children?	YES / NO If "YES", explain:
Do any of your children have special needs?	YES / NO If "YES", explain:
Are you the victim of domestic violence?	YES / NO If "YES", explain:
Have any Domestic Violence Petitions or EPO's been taken out?	YES / NO If "YES", explain:

INFORMATION ON ASSETS			
Life Insurance			
NAME OF INSURED	COMPANY	FACE AMOUNT	CASH VALUE LOANS?
		\$	
		\$	
		\$	
		\$	
Accounts			

INSTITUTION	TYPE	NAME	SOURCE	BALANCE
1.				\$
2.				\$
3.				\$
4.				\$
Retirement Accounts				
		HUSBAND		WIFE
Name of Company or Administrator				
Amount in Plan		\$	\$	
Marital, Non-marital, or Both				
Motor Vehicles				
NAME TITLED	MAKE	MODEL	PURCHASE \$	\$ OWED
1.				
2.				
3.				
4.				
		Purchase Price		\$
		Date of Purchase		
		Monthly Mortgage		\$
		Mortgage Holder		
		Remaining Principal		\$
		Original Down payment		\$
		Current Market Value		\$
		Source of funds for original down payment		

	Amount of 2 nd mortgage	\$
	Remaining principal	\$
	Amount of 3 rd mortgage	\$
	Remaining principal	\$

SCHEDULE OF DEBTS

(Credit cards, personal loans, student loans, etc.)

Creditor	Whose name? H/W/Both	Purpose of Loan	Balance
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$