

**Edwards, McLeod & Money, P.C.**  
**8701 Hospital Drive, Suite B**  
**Douglasville, Georgia 30134**  
**PHONE (770) 949-7300 FAX - (770) 920-1602**  
**DOMESTIC RELATIONS INFORMATION FORM**

Date: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

**YOUR FULL NAME** (Include any maiden name, former names and middle name)

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

(Please include: City, **County**, State and Zip Code)

Length of Time at Residence: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

City and State of birth: \_\_\_\_\_ Grew up where? \_\_\_\_\_

Name & Numbers of anyone other than you we may discuss case with: \_\_\_\_\_

\_\_\_\_\_

**SPOUSE**

Spouse's Full Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

(Please include: City, **County**, State and Zip Code)

Length of Time at Residence: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

City and State of birth: \_\_\_\_\_ Grew up where? \_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_ Vocational School: \_\_\_\_\_

Years of College: \_\_\_\_\_ Degrees Completed: \_\_\_\_\_

\_\_\_\_\_

Future Educational Plans: \_\_\_\_\_

\_\_\_\_\_

**RELIGION**

Specify religion you grew up in: \_\_\_\_\_

Church or Synagogue you belong to now: \_\_\_\_\_

Do you attend regularly?: \_\_\_\_\_ When did you stop attending regularly and why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**COUNSELORS**

Name, address & phone number of your counselor (clergyman, psychologist, etc.) and the results of the counseling: \_\_\_\_\_

\_\_\_\_\_

Are you or your spouse seeing this counselor now? \_\_\_\_\_

How does the counselor feel about you? \_\_\_\_\_

How does the counselor feel about your spouse? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How does the counselor feel about your marriage? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MARITAL HISTORY**

Number of your previous marriages: \_\_\_\_\_

How was each marriage dissolved? Divorce: \_\_\_\_\_ Death: \_\_\_\_\_

When and in what jurisdiction was each previous marriage dissolved? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**HEALTH**

Your health: \_\_\_\_\_

\_\_\_\_\_

Is an operation needed? \_\_\_\_\_ When: \_\_\_\_\_

If so, what kind? \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position / Title : \_\_\_\_\_ Start Date \_\_\_\_\_

Income: \_\_\_\_\_ How Paid? \_\_\_\_\_

Benefits: \_\_\_\_\_

Description of your job: \_\_\_\_\_

\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position / Title : \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Income: \_\_\_\_\_ How Paid? \_\_\_\_\_

Benefits: \_\_\_\_\_

Description of job: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position / Title : \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Income: \_\_\_\_\_ How Paid? \_\_\_\_\_

Benefits: \_\_\_\_\_

Description of job: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position / Title : \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Income: \_\_\_\_\_ How Paid? \_\_\_\_\_

Benefits: \_\_\_\_\_

Description of job: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**LIST YOUR GENERAL ACTIVITIES**

Hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community service work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Politics: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Entertainment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sports: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENTS' NAME & ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Mother: Deceased \_\_\_\_\_ Living \_\_\_\_\_

Your Father: Deceased \_\_\_\_\_ Living \_\_\_\_\_

Their type of marriage? \_\_\_\_\_

\_\_\_\_\_

You have: \_\_\_\_\_ number of brothers and \_\_\_\_\_ sisters

Head of the family was: Father / Mother / Neither Father nor Mother (Circle one)

Explain your answer to the previous statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your relationship with your Mother as a child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your relationship with your Mother now: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your relationship with your Father as a child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your relationship with your Father now: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All children were treated the same by Mother: \_\_\_\_ (Y /N) or one child was favored by her: \_\_\_\_ (Y/N)

If so, which one? \_\_\_\_\_

All children were treated the same by Father: \_\_\_\_ (Y/N) or one child was favored by her: \_\_\_\_ (Y/N)

If so, which one? \_\_\_\_\_

**SPOUSE'S INFORMATION**

**SPOUSE'S EDUCATION**

High School: \_\_\_\_\_ Vocational School: \_\_\_\_\_

Years of College: \_\_\_\_\_ Degrees Completed: \_\_\_\_\_

Future Educational Plans: \_\_\_\_\_

**SPOUSE'S RELIGION**

Specify religion Spouse grew up in: \_\_\_\_\_

Church or Synagogue spouse belongs to now: \_\_\_\_\_

Does spouse attend regularly?: \_\_\_\_\_ When did spouse stop attending regularly and why? \_\_\_\_\_

**SPOUSE'S HEALTH**

Spouse's health: \_\_\_\_\_

Is an operation needed? \_\_\_\_\_ When: \_\_\_\_\_

If so, what kind? \_\_\_\_\_

**SPOUSE'S MARITAL HISTORY**

Number of spouse's previous marriages: \_\_\_\_\_

How was each marriage dissolved? Divorce: \_\_\_\_\_ Death: \_\_\_\_\_

When and in what jurisdiction was each previous marriage dissolved? \_\_\_\_\_

**SPOUSE'S EMPLOYMENT HISTORY**

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position / Title : \_\_\_\_\_ Start Date \_\_\_\_\_

Income: \_\_\_\_\_ How Paid? \_\_\_\_\_

Benefits: \_\_\_\_\_

Description of your job: \_\_\_\_\_

\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position / Title : \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Income: \_\_\_\_\_ How Paid? \_\_\_\_\_

Benefits: \_\_\_\_\_

Description of job: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position / Title : \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Income: \_\_\_\_\_ How Paid? \_\_\_\_\_

Benefits: \_\_\_\_\_

Description of job: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position / Title : \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Income: \_\_\_\_\_ How Paid? \_\_\_\_\_

Benefits: \_\_\_\_\_

Description of job: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**YOUR SPOUSE'S GENERAL ACTIVITIES**

Hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community service work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Politics: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Entertainment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sports: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SPOUSES' PARENTS NAMES & ADDRESS(ES) :** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Spouse's Mother: Deceased \_\_\_\_\_ Living \_\_\_\_\_

Spouse's Father: Deceased \_\_\_\_\_ Living \_\_\_\_\_

Their type of marriage? \_\_\_\_\_

\_\_\_\_\_

Spouse has: \_\_\_\_\_ number of brothers and \_\_\_\_\_ sisters

Head of the family was: Father / Mother / Neither Father nor Mother (Circle one)

Explain your answer to the previous statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Spouse's relationship with Spouse's Mother as a child: \_\_\_\_\_

\_\_\_\_\_

Spouse's relationship with Spouse's Mother now: \_\_\_\_\_

\_\_\_\_\_

Spouse's relationship with Spouse's Father as a child: \_\_\_\_\_

\_\_\_\_\_

Spouse's relationship with Spouse's Father now: \_\_\_\_\_

\_\_\_\_\_

All children were treated the same by Spouse's Mother: (Y/N) or one child was favored by her: (Y/N)

If so, which one? \_\_\_\_\_

\_\_\_\_\_

All children were treated the same by Spouse's Father: (Y/N) or one child was favored by him: (Y/N)

If so, which one? \_\_\_\_\_

\_\_\_\_\_

**INFORMATION CONCERNING PRESENT MARRIAGE**

Date of marriage: \_\_\_\_\_

Place of marriage: (City, County, State) \_\_\_\_\_

Were you or spouse pregnant at time of marriage? \_\_\_\_\_

Date of separation: (This is ordinarily the last time you slept in the same room and/or had sexual intercourse) \_\_\_\_\_

Children of this marriage

Name	Sex	Assets owned by child	Date of birth
1. _____			
2. _____			
3. _____			
4. _____			

Are there any children by your previous marriage? \_\_\_\_\_

Name	Sex	Address	Date of Birth
1. _____			
2. _____			
3. _____			
4. _____			

Is support paid or received? (Y/N) \_\_\_\_\_ Amount? \_\_\_\_\_ Per? \_\_\_\_\_

Are there any children by your spouse's previous marriage? \_\_\_\_\_

Name	Sex	Address	Date of Birth
1. _____			
2. _____			
3. _____			
4. _____			

Is support paid or received? (Y/N) \_\_\_\_\_ Amount? \_\_\_\_\_ Per? \_\_\_\_\_

Are there any health or educational problems of any of the children identified above, and if so, what are they? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



LIST THE ADDRESSES WHERE THE MINOR CHILD(REN) HAVE LIVED, AND WITH WHOM, DURING THE PAST FIVE YEARS, AND IF YOU OR YOUR SPOUSE HAVE BEEN A WITNESS OR PARTY TO ANY PREVIOUS CUSTODY SUITS. NAME ANY PERSON OTHER THAN YOU AND YOUR SPOUSE WHO HAS OR MAY HAVE A CLAIM TO VISITATION RIGHTS OR CUSTODY.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**REAL PROPERTY**

Primary Residence Address: \_\_\_\_\_

Year of Purchase: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

Down Payment: \$ \_\_\_\_\_ Source of funds for down payment: \_\_\_\_\_

Fair market value now: \$ \_\_\_\_\_

Monthly Payments:

First Mortgage: \$ \_\_\_\_\_ Includes Taxes & Insurance? \_\_\_\_\_(Yes)\_\_\_\_(No)

Balance Owed: \$ \_\_\_\_\_ Bank or Lender: \_\_\_\_\_

Second Mortgage: \$ \_\_\_\_\_ Bank or Lender: \_\_\_\_\_

Balance Owed: \$ \_\_\_\_\_ Includes Taxes & Insurance? \_\_\_\_\_(Yes)\_\_\_\_(No)

Property is in the name(s) of: \_\_\_\_\_

List Previous Homes Owned by You and/or Your Spouse:

(1) Address: \_\_\_\_\_

In name of \_\_\_\_\_ Purchase price: \$ \_\_\_\_\_

Down Payment: \$ \_\_\_\_\_ Source of funds for down payment: \_\_\_\_\_

Price received when sold: \_\_\_\_\_ How were proceeds used? \_\_\_\_\_

Current market value if still owned by You or Your Spouse: \$ \_\_\_\_\_

(2) Address: \_\_\_\_\_

In name of \_\_\_\_\_ Purchase price: \$ \_\_\_\_\_

Down Payment: \$ \_\_\_\_\_ Source of funds for down payment: \_\_\_\_\_

Price received when sold: \_\_\_\_\_ How were proceeds used? \_\_\_\_\_

Current market value if still owned by You or Your Spouse: \$ \_\_\_\_\_

(3) Address: \_\_\_\_\_

In name of \_\_\_\_\_ Purchase price: \$ \_\_\_\_\_

Down Payment: \$ \_\_\_\_\_ Source of funds for down payment: \_\_\_\_\_

Price received when sold: \_\_\_\_\_ How were proceeds used? \_\_\_\_\_

Current market value if still owned by You or Your Spouse: \$ \_\_\_\_\_

(4) Address: \_\_\_\_\_

In name of \_\_\_\_\_ Purchase price: \$ \_\_\_\_\_

Down Payment: \$ \_\_\_\_\_ Source of funds for down payment: \_\_\_\_\_

Price received when sold: \_\_\_\_\_ How were proceeds used? \_\_\_\_\_

Current market value if still owned by You or Your Spouse: \$ \_\_\_\_\_

What other states have you lived in? \_\_\_\_\_

Do you still own any real estate in these states? \_\_\_\_\_



**AUTOMOBILES & OTHER VEHICLES:**

1. \_\_\_\_\_ (Year) \_\_\_\_\_ (Make & model)  
Purchase price: \$ \_\_\_\_\_ Current balance: \$ \_\_\_\_\_  
Down payment: \$ \_\_\_\_\_ Source of funds for down payment: \_\_\_\_\_  
Monthly payment: \$ \_\_\_\_\_ Bank or Lender: \_\_\_\_\_  
Titled in the name of: \_\_\_\_\_  
Location of Title to vehicle: \_\_\_\_\_  
Principal Driver: \_\_\_\_\_
2. \_\_\_\_\_ (Year) \_\_\_\_\_ (Make & model)  
Purchase price: \$ \_\_\_\_\_ Current balance: \$ \_\_\_\_\_  
Down payment: \$ \_\_\_\_\_ Source of funds for down payment: \_\_\_\_\_  
Monthly payment: \$ \_\_\_\_\_ Bank or Lender: \_\_\_\_\_  
Titled in the name of: \_\_\_\_\_  
Location of Title to vehicle: \_\_\_\_\_  
Principal Driver: \_\_\_\_\_
3. \_\_\_\_\_ (Year) \_\_\_\_\_ (Make & model)  
Purchase price: \$ \_\_\_\_\_ Current balance: \$ \_\_\_\_\_  
Down payment: \$ \_\_\_\_\_ Source of funds for down payment: \_\_\_\_\_  
Monthly payment: \$ \_\_\_\_\_ Bank or Lender: \_\_\_\_\_  
Titled in the name of: \_\_\_\_\_  
Location of Title to vehicle: \_\_\_\_\_  
Principal Driver: \_\_\_\_\_
4. \_\_\_\_\_ (Year) \_\_\_\_\_ (Make & model)  
Purchase price: \$ \_\_\_\_\_ Current balance: \$ \_\_\_\_\_  
Down payment: \$ \_\_\_\_\_ Source of funds for down payment: \_\_\_\_\_  
Monthly payment: \$ \_\_\_\_\_ Bank or Lender: \_\_\_\_\_  
Titled in the name of: \_\_\_\_\_  
Location of Title to vehicle: \_\_\_\_\_  
Principal Driver: \_\_\_\_\_
5. \_\_\_\_\_ (Year) \_\_\_\_\_ (Make & model)  
Purchase price: \$ \_\_\_\_\_ Current balance: \$ \_\_\_\_\_  
Down payment: \$ \_\_\_\_\_ Source of funds for down payment: \_\_\_\_\_  
Monthly payment: \$ \_\_\_\_\_ Bank or Lender: \_\_\_\_\_  
Titled in the name of: \_\_\_\_\_  
Location of Title to vehicle: \_\_\_\_\_  
Principal Driver: \_\_\_\_\_

**BANK ACCOUNTS:**

1. Checking account at: \_\_\_\_\_

Joint? \_\_\_\_\_ Separate? \_\_\_\_\_

In the name(s) of: \_\_\_\_\_

Balance: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_ ; Acct. No. \_\_\_\_\_

2. Checking account at: \_\_\_\_\_

Joint? \_\_\_\_\_ Separate? \_\_\_\_\_

In the name(s) of: \_\_\_\_\_

Balance: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_ ; Acct. No. \_\_\_\_\_

3. Checking account at: \_\_\_\_\_

Joint? \_\_\_\_\_ Separate? \_\_\_\_\_

In the name(s) of: \_\_\_\_\_

Balance: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_ ; Acct. No. \_\_\_\_\_

1. Savings account at: \_\_\_\_\_

Joint? \_\_\_\_\_ Separate? \_\_\_\_\_

In the name(s) of: \_\_\_\_\_

Balance: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_ ; Acct. No. \_\_\_\_\_

2. Savings account at: \_\_\_\_\_

Joint? \_\_\_\_\_ Separate? \_\_\_\_\_

In the name(s) of: \_\_\_\_\_

Balance: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_ ; Acct. No. \_\_\_\_\_

3. Savings account at: \_\_\_\_\_

Joint? \_\_\_\_\_ Separate? \_\_\_\_\_

In the name(s) of: \_\_\_\_\_

Balance: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_ ; Acct. No. \_\_\_\_\_

Other account at: \_\_\_\_\_

Joint? \_\_\_\_\_ Separate? \_\_\_\_\_ Type? \_\_\_\_\_

In the name(s) of: \_\_\_\_\_

Balance: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_ ; Acct. No. \_\_\_\_\_



**YOUR STOCKS/MUTUAL FUNDS**

Company: \_\_\_\_\_

In the name of: \_\_\_\_\_

No. of shares: \_\_\_\_\_ Value: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_

Company: \_\_\_\_\_

In the name of: \_\_\_\_\_

No. of shares: \_\_\_\_\_ Value: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_

Company: \_\_\_\_\_

In the name of: \_\_\_\_\_

No. of shares: \_\_\_\_\_ Value: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_

Company: \_\_\_\_\_

In the name of: \_\_\_\_\_

No. of shares: \_\_\_\_\_ Value: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_

**YOUR BONDS**

Company: \_\_\_\_\_

In the name of: \_\_\_\_\_

No. of shares: \_\_\_\_\_ Value: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_

Company: \_\_\_\_\_

In the name of: \_\_\_\_\_

No. of shares: \_\_\_\_\_ Value: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_

Company: \_\_\_\_\_

In the name of: \_\_\_\_\_

No. of shares: \_\_\_\_\_ Value: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_

**YOUR SPOUSE'S STOCKS/MUTUAL FUNDS**

Company: \_\_\_\_\_

In the name of: \_\_\_\_\_

No. of shares: \_\_\_\_\_ Value: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_

Company: \_\_\_\_\_

In the name of: \_\_\_\_\_

No. of shares: \_\_\_\_\_ Value: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_

Company: \_\_\_\_\_

In the name of: \_\_\_\_\_

No. of shares: \_\_\_\_\_ Value: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_

Company: \_\_\_\_\_

In the name of: \_\_\_\_\_

No. of shares: \_\_\_\_\_ Value: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_

**YOUR SPOUSE'S BONDS**

Company: \_\_\_\_\_

In the name of: \_\_\_\_\_

No. of shares: \_\_\_\_\_ Value: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_

Company: \_\_\_\_\_

In the name of: \_\_\_\_\_

No. of shares: \_\_\_\_\_ Value: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_

Company: \_\_\_\_\_

In the name of: \_\_\_\_\_

No. of shares: \_\_\_\_\_ Value: \$ \_\_\_\_\_ as of (date) \_\_\_\_\_



**SPOUSE'S PENSION/RETIREMENT ACCOUNT**

Type (e.g. Defined Benefit or Defined Contribution Plan): \_\_\_\_\_

How much does employer contribute? \_\_\_\_\_ How much does spouse you contribute? \_\_\_\_\_

What is the maximum that spouse can contribute? \_\_\_\_\_

Can money be obtained by borrowing, cashing in, leaving employment, or being fired? \_\_\_\_\_

How much per year? \_\_\_\_\_

What are the tax ramifications of each such transaction? If not fully vested, when will plan be fully vested? \_\_\_\_\_

Current balance/value \_\_\_\_\_ as of (date) \_\_\_\_\_

Type (e.g. Defined Benefit or Defined Contribution Plan): \_\_\_\_\_

How much does employer contribute? \_\_\_\_\_ How much does spouse contribute? \_\_\_\_\_

What is the maximum that spouse can contribute? \_\_\_\_\_

Can money be obtained by borrowing, cashing in, leaving employment, or being fired? \_\_\_\_\_

How much per year? \_\_\_\_\_

What are the tax ramifications of each such transaction? If not fully vested, when will plan be fully vested? \_\_\_\_\_

Current balance/value \_\_\_\_\_ as of (date) \_\_\_\_\_

**ASSETS OWNED BY YOU AT THE TIME OF THE MARRIAGE**

Describe in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ASSETS OWNED BY YOUR SPOUSE AT THE TIME OF THE MARRIAGE**

Describe in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**INSURANCE**

Marital Residence

Insurance \_\_\_\_\_ (is) \_\_\_\_\_ (is not) included with mortgage payment.

Policy No. \_\_\_\_\_ with \_\_\_\_\_ Company.

Agent: \_\_\_\_\_

Amount of coverage is \$ \_\_\_\_\_ Premiums are: \$ \_\_\_\_\_ How often? \_\_\_\_\_

Household Goods and Furnishings

Insurance \_\_\_\_\_ (is) \_\_\_\_\_ (is not) included with mortgage payment.

Policy No. \_\_\_\_\_ with \_\_\_\_\_ Company.

Agent: \_\_\_\_\_

Amount of coverage is \$ \_\_\_\_\_ Premiums are: \$ \_\_\_\_\_ How often? \_\_\_\_\_

Automobiles

(List for each vehicle)

1. Policy No. \_\_\_\_\_ with \_\_\_\_\_ Company.

Agent: \_\_\_\_\_

Amount of coverage is \$ \_\_\_\_\_ Premiums are: \$ \_\_\_\_\_ Per? \_\_\_\_\_

2. Policy No. \_\_\_\_\_ with \_\_\_\_\_ Company.

Agent: \_\_\_\_\_

Amount of coverage is \$ \_\_\_\_\_ Premiums are: \$ \_\_\_\_\_ Per? \_\_\_\_\_

3. Policy No. \_\_\_\_\_ with \_\_\_\_\_ Company.

Agent: \_\_\_\_\_

Amount of coverage is \$ \_\_\_\_\_ Premiums are: \$ \_\_\_\_\_ Per? \_\_\_\_\_

4. Policy No. \_\_\_\_\_ with \_\_\_\_\_ Company.

Agent: \_\_\_\_\_

Amount of coverage is \$ \_\_\_\_\_ Premiums are: \$ \_\_\_\_\_ Per? \_\_\_\_\_

**MEDICAL COVERAGE**

Yours

Policy No.: \_\_\_\_\_ Group No. \_\_\_\_\_

Insurance Company \_\_\_\_\_

Name of dependents: \_\_\_\_\_

Spouse's

Policy No.: \_\_\_\_\_ Group No. \_\_\_\_\_

Insurance Company \_\_\_\_\_

Name of dependents: \_\_\_\_\_

**LIFE INSURANCE**

Yours

1. Policy No. \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Type (Group, Ordinary, etc.) \_\_\_\_\_

Principal amount \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_

Owner \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

2. Policy No. \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Type (Group, Ordinary, etc.) \_\_\_\_\_

Principal amount \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_

Owner \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

3. Policy No. \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Type (Group, Ordinary, etc.) \_\_\_\_\_

Principal amount \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_

Owner \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Spouse's

1. Policy No. \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Type (Group, Ordinary, etc.) \_\_\_\_\_

Principal amount \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_

Owner \_\_\_\_\_ Cash Value \$ \_\_\_\_\_



2. Policy No. \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Type (Group, Ordinary, etc.) \_\_\_\_\_

Principal amount \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_

Owner \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

3. Policy No. \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Type (Group, Ordinary, etc.) \_\_\_\_\_

Principal amount \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_

Owner \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Life Insurance Policies on Children

1. Policy No. \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Type (Group, Ordinary, etc.) \_\_\_\_\_

Principal amount \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_

Owner \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Insured Child \_\_\_\_\_

2. Policy No. \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Type (Group, Ordinary, etc.) \_\_\_\_\_

Principal amount \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_

Owner \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Insured Child \_\_\_\_\_

3. Policy No. \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Type (Group, Ordinary, etc.) \_\_\_\_\_

Principal amount \$ \_\_\_\_\_ Beneficiary \_\_\_\_\_

Owner \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Insured Child \_\_\_\_\_

**WORK HISTORY**

**Your** Current Employer: \_\_\_\_\_

Your Income last year from Current Employer: \_\_\_\_\_

Your Tax returns available for what years? \_\_\_\_\_

Your Financial statements available for what years? \_\_\_\_\_

**Spouse's** Current Employer: \_\_\_\_\_

Income last year from Spouse's Current Employer: \_\_\_\_\_

Spouse's Tax returns available for what years? \_\_\_\_\_

Spouse's Financial statements available for what years? \_\_\_\_\_

**WILLS**

Does your Will leave your property to your spouse or what direction does it take? \_\_\_\_\_

\_\_\_\_\_

Do you wish to change your Will before the divorce since the entry of a Final Judgment of Divorce may partially revoke a Will in Georgia: \_\_\_\_\_

Are you or your spouse either a settlor or beneficiary of a trust? \_\_\_\_\_

If so, please provide us with a copy of the trust instrument.

**CERTIFIED PUBLIC ACCOUNTANT**

Please list any Certified Public Accountant who handles you tax returns and/or other accounting or tax problems? \_\_\_\_\_

**SAFE DEPOSIT BOX**

Do you have a safe deposit box? \_\_\_\_\_ Where is it? \_\_\_\_\_

When was it rented? \_\_\_\_\_ Who has access? \_\_\_\_\_

What is in the safe deposit box? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

