

**KUPFERMAN & GOLDEN
ATTORNEYS AT LAW**

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

MARITAL 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:

