

Jeffery S. R. Patterson

FAMILY LAW INTERVIEW FORM

WWW.JSRP.COM

YOU

YOUR SPOUSE

Name: _____
First/Middle/Last

Name: _____
First/Middle/Last

Address: _____

Address: _____

(City/State/Zip Code)

(City/State/Zip Code)

Home Telephone: _____

Home Telephone: _____

Social Sec. No: _____

Social Sec. No: _____

Driver's Lic. No: _____

Driver's Lic. No: _____

Work Telephone: _____

Work Telephone: _____

Cellular No. _____

Cellular No. _____

Occupation: _____

Occupation: _____

Address of Employer: _____

Address of Employer: _____

Date of Birth: _____

Date of Birth: _____

Highest Educ. Level Completed: _____

Highest Educ. Level Completed: _____

Religion (Optional): _____

Religion (Optional): _____

Date of Marriage: _____

Spouse's Attorney: _____

Date of Separation: _____

Wife's maiden/former Name: _____

Place of Marriage: _____

Place of residence at date of
separation: _____

Does Wife request restoration
of maiden/former name? _____

LIST ALL CHILDREN OF THIS MARRIAGE

<u>FULL NAME</u>	<u>BIRTH DATE</u>	<u>BIRTH PLACE</u>	<u>AGE</u>	<u>SEX</u>
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____

Please list the physical address for each child named above over the last 5 years:

<u>Period of residence</u>	<u>Address</u>	<u>Person child lived with</u>
_____ to present	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____

Have you participated as a party or a witness or in some other capacity in another litigation or custody proceeding, in California or elsewhere, concerning custody of a child subject to this proceeding?
____(No) ____ (Yes) (If yes, provide the following):

Name of each child: _____

I was a ____ (party) ____ (witness) ____ (other) _____

Court (specify name, state, location): _____

Court order or judgment (date): _____

~~~~~

How were you referred to this firm? \_\_\_\_\_

Have you ever been married before? \_\_\_\_\_ How many times? \_\_\_\_\_

How terminated? \_\_\_\_\_ Dates: \_\_\_\_\_  
Death/Dissolution/Annulment

Places of any such legal actions: \_\_\_\_\_

\_\_\_\_\_

Have you consulted an attorney prior to Mr. Patterson? \_\_\_\_\_

Have you been served with any legal papers? \_\_\_\_\_

If so, on what date were you served? \_\_\_\_\_

Title of papers served on you? \_\_\_\_\_

Have you lived continuously in California for the past 6 months and  
Riverside County for the past 3 months? \_\_\_\_\_

Has your spouse lived continuously in California for the past 6  
months and Riverside County for the past 3 months? \_\_\_\_\_

If you answered no to either of the two previous questions, please  
explain: \_\_\_\_\_

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

Date you are filling out this form: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

\_\_\_\_\_

Employer's Telephone Number: (      ) \_\_\_\_\_

Position: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Gross Monthly Earnings: \_\_\_\_\_

If unemployed, when did you last work? \_\_\_\_\_

What were your gross monthly earnings? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

\_\_\_\_\_

**SPOUSE'S EMPLOYMENT INFORMATION**

Name of Spouse's Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

\_\_\_\_\_

Employer's Telephone Number: (\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Gross Monthly Earnings: \_\_\_\_\_

If unemployed, when did he/she last work? \_\_\_\_\_

What were his/her gross monthly earnings? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

\_\_\_\_\_

Continue to next page.....

**CREDIT CARD PAYMENTS**

List the name, address and account number of each creditor (credit cards (Visa, Am Ex. Etc., Department Store Credit Cards, Gas Cards, Etc.)

1. Creditor: \_\_\_\_\_  
Account No: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Balance at Separation: \$ \_\_\_\_\_  
Current Balance: \$ \_\_\_\_\_  
Purpose: \_\_\_\_\_  
Who is paying bill? \_\_\_\_\_

~~~~~  
2. Creditor: _____
Account No: _____
Address: _____

~~~~~  
Balance at Separation: \$ \_\_\_\_\_  
Current Balance: \$ \_\_\_\_\_  
Purpose: \_\_\_\_\_  
Who is paying bill? \_\_\_\_\_

~~~~~  
3. Creditor: _____
Account No: _____
Address: _____

~~~~~  
Balance at Separation: \$ \_\_\_\_\_  
Current Balance: \$ \_\_\_\_\_  
Purpose: \_\_\_\_\_  
Who is paying bill? \_\_\_\_\_

~~~~~  
4. Creditor: _____
Account No: _____
Address: _____

~~~~~  
Balance at Separation: \$ \_\_\_\_\_  
Current Balance: \$ \_\_\_\_\_  
Purpose: \_\_\_\_\_  
Who is paying bill? \_\_\_\_\_

~~~~~  
5. Creditor: _____
Account No: _____
Address: _____

~~~~~  
Balance at Separation: \$ \_\_\_\_\_  
Current Balance: \$ \_\_\_\_\_  
Purpose: \_\_\_\_\_  
Who is paying bill? \_\_\_\_\_

**MEDICAL DEBTS**

List Doctor's/Hospital's name and address, approximate date of visit, cause of visit, amount owed, and patient's name.

1. Doctor's name: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Dates of visits: \_\_\_\_\_

Reason for visits: \_\_\_\_\_

Amount owed \$ \_\_\_\_\_ Patient's name: \_\_\_\_\_

2. Doctor's name: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Dates of visits: \_\_\_\_\_

Reason for visits: \_\_\_\_\_

Amount owed \$ \_\_\_\_\_ Patient's name: \_\_\_\_\_

3. Doctor's name: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Dates of visits: \_\_\_\_\_

Reason for visits: \_\_\_\_\_

Amount owed \$ \_\_\_\_\_ Patient's name: \_\_\_\_\_

4. Doctor's name: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Dates of visits: \_\_\_\_\_

Reason for visits: \_\_\_\_\_

Amount owed \$ \_\_\_\_\_ Patient's name: \_\_\_\_\_

**OTHER DEBTS**

Please list all non-credit card debts and specify what the debt was incurred for. List the creditor's name, address and account number.

1. Creditor: \_\_\_\_\_ Balance at Separation: \$ \_\_\_\_\_  
Account No: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  
Address: \_\_\_\_\_ Purpose: \_\_\_\_\_  
\_\_\_\_\_ Who is paying bill? \_\_\_\_\_

~~~~~  
2. Creditor: _____ Balance at Separation: \$ _____
Account No: _____ Current Balance \$ _____
Address: _____ Purpose: _____
_____ Who is paying bill? _____

~~~~~  
3. Creditor: \_\_\_\_\_ Balance at Separation: \$ \_\_\_\_\_  
Account No: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  
Address: \_\_\_\_\_ Purpose: \_\_\_\_\_  
\_\_\_\_\_ Who is paying bill? \_\_\_\_\_

~~~~~  
4. Creditor: _____ Balance at Separation: \$ _____
Account No: _____ Current Balance \$ _____
Address: _____ Purpose: _____
_____ Who is paying bill? _____

~~~~~  
5. Creditor: \_\_\_\_\_ Balance at Separation: \$ \_\_\_\_\_  
Account No: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  
Address: \_\_\_\_\_ Purpose: \_\_\_\_\_  
\_\_\_\_\_ Who is paying bill? \_\_\_\_\_

**BANK ACCOUNTS**

For each bank account, provide the name and address of the bank, the names on the account, account number, balance in the account at the dates of separation and currently. Please indicate the type of account (i.e. checking, savings, money market, etc.). If you need more space, provide the information for any additional accounts on the back of this page.

1. Bank name and address: \_\_\_\_\_

\_\_\_\_\_

Whose name is it in? \_\_\_\_\_

Balance at Separation \$ \_\_\_\_\_ Current Bal \$ \_\_\_\_\_

Type of account: \_\_\_\_\_ Account No. \_\_\_\_\_

2. Bank name and address: \_\_\_\_\_

\_\_\_\_\_

Whose name is it in? \_\_\_\_\_

Balance at Separation \$ \_\_\_\_\_ Current Bal \$ \_\_\_\_\_

Type of account: \_\_\_\_\_ Account No. \_\_\_\_\_

3. Bank name and address: \_\_\_\_\_

\_\_\_\_\_

Whose name is it in? \_\_\_\_\_

Balance at Separation \$ \_\_\_\_\_ Current Bal \$ \_\_\_\_\_

Type of account: \_\_\_\_\_ Account No. \_\_\_\_\_

4. Bank name and address: \_\_\_\_\_

\_\_\_\_\_

Whose name is it in? \_\_\_\_\_

Balance at Separation \$ \_\_\_\_\_ Current Bal \$ \_\_\_\_\_

Type of account: \_\_\_\_\_ Account No. \_\_\_\_\_

**AUTOMOBILES, RECREATIONAL VEHICLES AND MOTORCYCLES**

Please provide the following information for each vehicle. If you need more space, provide this information for any additional vehicles on the back of this page.

1. Description of the vehicle: Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Year: \_\_\_\_\_ License No. \_\_\_\_\_  
Date of Purchase: \_\_\_\_\_ Purchase price \$ \_\_\_\_\_  
Current value \$ \_\_\_\_\_ Registered to: \_\_\_\_\_  
Who's making payments? \_\_\_\_\_ Amt. of pmt \$ \_\_\_\_\_  
Amount currently owed on the vehicle \$ \_\_\_\_\_  
Who has possession of the vehicle? \_\_\_\_\_

2. Description of the vehicle: Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Year: \_\_\_\_\_ License No. \_\_\_\_\_  
Date of Purchase: \_\_\_\_\_ Purchase price \$ \_\_\_\_\_  
Current value \$ \_\_\_\_\_ Registered to: \_\_\_\_\_  
Who's making payments? \_\_\_\_\_ Amt. of pmt \$ \_\_\_\_\_  
Amount currently owed on the vehicle \$ \_\_\_\_\_  
Who has possession of the vehicle? \_\_\_\_\_

3. Description of the vehicle: Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Year: \_\_\_\_\_ License No. \_\_\_\_\_  
Date of Purchase: \_\_\_\_\_ Purchase price \$ \_\_\_\_\_  
Current value \$ \_\_\_\_\_ Registered to: \_\_\_\_\_  
Who's making payments? \_\_\_\_\_ Amt. of pmt \$ \_\_\_\_\_  
Amount currently owed on the vehicle \$ \_\_\_\_\_  
Who has possession of the vehicle? \_\_\_\_\_

**YOUR (\*\*) SEPARATE PROPERTY**

(\*\*) Separate property (both 'real' and 'personal') is described as any and all property you had *before the marriage* and/or *after separation*; property you acquired during the marriage through gift, inheritance or personal injury lawsuit; and things that you purchased with separate property funds.

List all assets that you owned before the present marriage, acquired after separation or received at any time by way of a gift, inheritance or personal injury lawsuit. Also include anything that you purchased with such separate property. BE PREPARED TO SHOW A PAPER~TRAIL TO TRACK YOUR SEPARATE PROPERTY.

1. Description of asset: \_\_\_\_\_

\_\_\_\_\_

Date received: \_\_\_\_\_ From whom: \_\_\_\_\_

Estimated value of the asset \$ \_\_\_\_\_

2. Description of asset: \_\_\_\_\_

\_\_\_\_\_

Date received: \_\_\_\_\_ From whom: \_\_\_\_\_

Estimated value of the asset \$ \_\_\_\_\_

3. Description of asset: \_\_\_\_\_

\_\_\_\_\_

Date received: \_\_\_\_\_ From whom: \_\_\_\_\_

Estimated value of the asset \$ \_\_\_\_\_

4. Description of asset: \_\_\_\_\_

\_\_\_\_\_

Date received: \_\_\_\_\_ From whom: \_\_\_\_\_

Estimated value of the asset \$ \_\_\_\_\_

**YOUR SPOUSE'S SEPARATE PROPERTY**

List all assets that, to the best of your knowledge, your spouse owned before the present marriage, acquired during separation, or received at any time by way of gift, inheritance or personal injury lawsuit. Also include anything that your spouse purchased with such separate property.

1. Description of asset: \_\_\_\_\_

\_\_\_\_\_

Date received: \_\_\_\_\_ From whom: \_\_\_\_\_

Estimated value of the asset \$ \_\_\_\_\_

2. Description of asset: \_\_\_\_\_

\_\_\_\_\_

Date received: \_\_\_\_\_ From whom: \_\_\_\_\_

Estimated value of the asset \$ \_\_\_\_\_

3. Description of asset: \_\_\_\_\_

\_\_\_\_\_

Date received: \_\_\_\_\_ From whom: \_\_\_\_\_

Estimated value of the asset \$ \_\_\_\_\_

4. Description of asset: \_\_\_\_\_

\_\_\_\_\_

Date received: \_\_\_\_\_ From whom: \_\_\_\_\_

Estimated value of the asset \$ \_\_\_\_\_

**SEPARATE DEBTS**

List all debts that were incurred by you or your spouse before this marriage or after the separation. Also list any debts incurred by your spouse during the marriage for his/her separate use to the exclusion of the marital community (ie. for gambling, attorney fees in criminal matters, etc.).

1. Description of debt: \_\_\_\_\_  
\_\_\_\_\_

Whose debt: \_\_\_\_\_

How incurred: \_\_\_\_\_

Amount of debt \$ \_\_\_\_\_ Approx. date incurred: \_\_\_\_\_

Are the payments current? \_\_\_\_\_ Who is making pmts? \_\_\_\_\_

Were payments made on this debt during marriage? \_\_\_\_\_

2. Description of debt: \_\_\_\_\_  
\_\_\_\_\_

Whose debt: \_\_\_\_\_

How incurred: \_\_\_\_\_

Amount of debt \$ \_\_\_\_\_ Approx. date incurred: \_\_\_\_\_

Are the payments current? \_\_\_\_\_ Who is making pmts? \_\_\_\_\_

Were payments made on this debt during marriage? \_\_\_\_\_

3. Description of debt: \_\_\_\_\_  
\_\_\_\_\_

Whose debt: \_\_\_\_\_

How incurred: \_\_\_\_\_

Amount of debt \$ \_\_\_\_\_ Approx. date incurred: \_\_\_\_\_

Are the payments current? \_\_\_\_\_ Who is making pmts? \_\_\_\_\_

Were payments made on this debt during marriage? \_\_\_\_\_

**REAL PROPERTY**

"Real property" is land -- with or without buildings. "Real property" can be houses, buildings, apartments or even vacant lots. List all real property owned by either or both parties during this marriage.

1. Address of parcel (street address, city, county and state)

---

---

How is title held (joint tenancy, separate property, etc.)?

---

Date acquired:\_\_\_\_\_ Purchase price \$\_\_\_\_\_

Amt. of down payment \$\_\_\_\_\_ Source of down payment:\_\_\_\_\_

---

Loan balances and monthly payments on trust deeds:

Balance on 1st \$\_\_\_\_\_ Monthly pmt. on 1st \$\_\_\_\_\_

Balance on 2nd \$\_\_\_\_\_ Monthly pmt. on 2nd \$\_\_\_\_\_

Balance on 3rd \$\_\_\_\_\_ Monthly pmt. on 3rd \$\_\_\_\_\_

Yearly payment for taxes \$\_\_\_\_\_

Yearly payment for insurance \$\_\_\_\_\_

Any other payments (assoc. dues, etc. specify) \$\_\_\_\_\_

---

Are the payments current on this parcel of real property?\_\_\_\_\_

Who is making the payments?\_\_\_\_\_

Is this property currently providing income? If so, how much?

---

For any additional parcels, use the following pages.

REAL PROPERTY (Continued)

For any additional parcels of real property answer the following:

2. Address of parcel (street address, city, county and state)

---

---

How is title held (joint tenancy, separate property, etc.)?

---

Date acquired: \_\_\_\_\_ Purchase price \$ \_\_\_\_\_

Amt. of down payment \$ \_\_\_\_\_ Source of down payment: \_\_\_\_\_

---

Loan balances and monthly payments on trust deeds:

Balance on 1st \$ \_\_\_\_\_ Monthly pmt. on 1st \$ \_\_\_\_\_

Balance on 2nd \$ \_\_\_\_\_ Monthly pmt. on 2nd \$ \_\_\_\_\_

Balance on 3rd \$ \_\_\_\_\_ Monthly pmt. on 3rd \$ \_\_\_\_\_

Yearly payment for taxes \$ \_\_\_\_\_

Yearly payment for insurance \$ \_\_\_\_\_

Are the payments current on this parcel of real property? \_\_\_\_\_

Who is making the payments? \_\_\_\_\_

Is this property currently providing income? If so, how much?

---

For any additional parcels, use the following page.

REAL PROPERTY (Continued)

For any additional parcels of real property answer the following:

3. Address of parcel (street address, city, county and state)

---

---

How is title held (joint tenancy, separate property, etc.)?

---

Date acquired: \_\_\_\_\_ Purchase price \$ \_\_\_\_\_

Amt. of down payment \$ \_\_\_\_\_ Source of down payment: \_\_\_\_\_

---

Loan balances and monthly payments on trust deeds:

Balance on 1st \$ \_\_\_\_\_ Monthly pmt. on 1st \$ \_\_\_\_\_

Balance on 2nd \$ \_\_\_\_\_ Monthly pmt. on 2nd \$ \_\_\_\_\_

Balance on 3rd \$ \_\_\_\_\_ Monthly pmt. on 3rd \$ \_\_\_\_\_

Yearly payment for taxes \$ \_\_\_\_\_

Yearly payment for insurance \$ \_\_\_\_\_

Are the payments current on this parcel of real property? \_\_\_\_\_

Who is making the payments? \_\_\_\_\_

Is this property currently providing income? If so, how much?

---

For any additional parcels, provide this same information on the back side of pages 11, 12 and 13.

**BUSINESS VENTURES**

List all business ventures during this marriage:

1. Name of business: \_\_\_\_\_

Description of business: \_\_\_\_\_

Address of business: \_\_\_\_\_

Whether it is a partnership, corporation, joint venture, etc.:

---

Description of ownership interest in business: \_\_\_\_\_

Other persons in business: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Gross earnings last year \$ \_\_\_\_\_

2. Name of business: \_\_\_\_\_

Description of business: \_\_\_\_\_

Address of business: \_\_\_\_\_

Whether it is a partnership, corporation, joint venture, etc.:

---

Description of ownership interest in business: \_\_\_\_\_

Other persons in business: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Gross earnings last year \$ \_\_\_\_\_

3. Name of business: \_\_\_\_\_

Description of business: \_\_\_\_\_

Address of business: \_\_\_\_\_

Whether it is a partnership, corporation, joint venture, etc.:

---

Description of ownership interest in business: \_\_\_\_\_

Other persons in business: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Gross earnings last year \$ \_\_\_\_\_

**STOCKS, BONDS, ETC.**

List all stocks, bonds, secured notes, etc. acquired during this marriage:

Are there any community and/or separate property stock options that you are aware of? Yes / No.

1. Description: \_\_\_\_\_

Date acquired: \_\_\_\_\_

How acquired: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Estimated value \$ \_\_\_\_\_

2. Description: \_\_\_\_\_

Date acquired: \_\_\_\_\_

How acquired: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Estimated value \$ \_\_\_\_\_

3. Description: \_\_\_\_\_

Date acquired: \_\_\_\_\_

How acquired: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Estimated value \$ \_\_\_\_\_

4. Description: \_\_\_\_\_

Date acquired: \_\_\_\_\_

How acquired: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Estimated value: \_\_\_\_\_

**RETIREMENT, DEFERRED COMPENSATION PLANS**

List all retirement, pension, profit-sharing plans, 401(k), IRAs, union benefits, and other deferred compensation accounts including insurance company annuity policies:

1. Description: \_\_\_\_\_

In whose name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address and telephone number of Employer: \_\_\_\_\_

\_\_\_\_\_  
Name of Plan: \_\_\_\_\_

Address of Plan Administrator: \_\_\_\_\_

\_\_\_\_\_  
Value of contributions \$ \_\_\_\_\_ Date benefits are due: \_\_\_\_\_

Dates, inclusive, of contributions to this plan: \_\_\_\_\_

\_\_\_\_\_  
2. Description: \_\_\_\_\_

In whose name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address and telephone number of Employer: \_\_\_\_\_

\_\_\_\_\_  
Name of Plan: \_\_\_\_\_

Address of Plan Administrator: \_\_\_\_\_

\_\_\_\_\_  
Value of contributions \$ \_\_\_\_\_ Date benefits are due: \_\_\_\_\_

Dates, inclusive, of contributions to this plan: \_\_\_\_\_

**RETIREMENT, DEFERRED COMPENSATION PLANS** (Continued)

3. Description: \_\_\_\_\_

In whose name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address and telephone number of Employer: \_\_\_\_\_

\_\_\_\_\_  
Name of Plan: \_\_\_\_\_

Address of Plan Administrator: \_\_\_\_\_

\_\_\_\_\_  
Value of contributions \$ \_\_\_\_\_ Date benefits are due: \_\_\_\_\_

Dates, inclusive, of contributions to this plan: \_\_\_\_\_

\_\_\_\_\_  
4. Description: \_\_\_\_\_

In whose name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address and telephone number of Employer: \_\_\_\_\_

\_\_\_\_\_  
Name of Plan: \_\_\_\_\_

Address of Plan Administrator: \_\_\_\_\_

\_\_\_\_\_  
Value of contributions \$ \_\_\_\_\_ Date benefits are due: \_\_\_\_\_

Dates, inclusive, of contributions to this plan: \_\_\_\_\_

**MONEY OWED TO YOU**

List all monies owed to you and/or your spouse. Include money you have lent to anyone, notes payable to you, accounts receivable, tax refunds due to you:

1.Description:\_\_\_\_\_

Name of person who owes the money:\_\_\_\_\_

Address of the person:\_\_\_\_\_

Amount owed to you and/or your spouse \$\_\_\_\_\_

2.Description:\_\_\_\_\_

Name of person who owes the money:\_\_\_\_\_

Address of the person:\_\_\_\_\_

Amount owed to you and/or your spouse \$\_\_\_\_\_

3.Description:\_\_\_\_\_

Name of person who owes the money:\_\_\_\_\_

Address of the person:\_\_\_\_\_

Amount owed to you and/or your spouse \$\_\_\_\_\_

4.Description:\_\_\_\_\_

Name of person who owes the money:\_\_\_\_\_

Address of the person:\_\_\_\_\_

Amount owed to you and/or your spouse \$\_\_\_\_\_

5.Description:\_\_\_\_\_

Name of person who owes the money:\_\_\_\_\_

Address of the person:\_\_\_\_\_

Amount owed to you and/or your spouse \$\_\_\_\_\_

**MAJOR ITEMS OF FURNITURE, FURNISHINGS AND APPLIANCES**

List the **major** items of furniture, furnishings and appliances owned by both parties. If you need additional space to complete this list, do so on a separate sheet of paper, identify it as "Furniture and Furnishings Attachment", staple it to this form and indicate in the space provided below: "See Attached."

1. Description: \_\_\_\_\_

When purchased: \_\_\_\_\_ Purchase price \$ \_\_\_\_\_

Your estimate of its current fair market value \$ \_\_\_\_\_

Who currently has possession? \_\_\_\_\_

2. Description: \_\_\_\_\_

When purchased: \_\_\_\_\_ Purchase price \$ \_\_\_\_\_

Your estimate of its current fair market value \$-----

Who currently has possession? \_\_\_\_\_

3. Description: \_\_\_\_\_

When purchased: \_\_\_\_\_ Purchase price \$ \_\_\_\_\_

Your estimate of its current fair market value \$ \_\_\_\_\_

Who currently has possession? \_\_\_\_\_

4. Description: \_\_\_\_\_

When purchased: \_\_\_\_\_ Purchase price \$ \_\_\_\_\_

Your estimate of its current fair market value \$ \_\_\_\_\_

Who currently has possession? \_\_\_\_\_

**UNIQUE PROPERTY, ARTWORK, JEWELRY, COLLECTIONS, ETC.**

List all "unique property", artwork, major items of jewelry, coin, stamp or baseball card collections, etc.:

1. Description: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Estimated value \$ \_\_\_\_\_

Who currently has possession? \_\_\_\_\_

2. Description: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Estimated value \$ \_\_\_\_\_

Who currently has possession? \_\_\_\_\_

3. Description: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Estimated value \$ \_\_\_\_\_

Who currently has possession? \_\_\_\_\_

4. Description: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Estimated value \$ \_\_\_\_\_

Who currently has possession? \_\_\_\_\_

5. Description: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Estimated value \$ \_\_\_\_\_

Who currently has possession? \_\_\_\_\_

6. Description: \_\_\_\_\_

Date acquired: \_\_\_\_\_ Estimated value \$ \_\_\_\_\_

Who currently has possession? \_\_\_\_\_

**INSURANCE POLICIES**

List the following information for all insurance policies covering you and/or your spouse for life, health, vehicle, disability, etc. If you need more room, provide all this information for each additional policy on the back of this page.

1. Insurance Company: \_\_\_\_\_

Type of Policy: \_\_\_\_\_

Persons covered: \_\_\_\_\_ Date of Policy: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Cash value \$ \_\_\_\_\_

Loans against it \$ \_\_\_\_\_

2. Insurance Company: \_\_\_\_\_

Type of Policy: \_\_\_\_\_

Persons covered: \_\_\_\_\_ Date of Policy: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Cash value \$ \_\_\_\_\_

Loans against it \$ \_\_\_\_\_

3. Insurance Company: \_\_\_\_\_

Type of Policy: \_\_\_\_\_

Persons covered: \_\_\_\_\_ Date of Policy: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Cash value \$ \_\_\_\_\_

Loans against it \$ \_\_\_\_\_

4. Insurance Company: \_\_\_\_\_

Type of Policy: \_\_\_\_\_

Persons covered: \_\_\_\_\_ Date of Policy: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Cash value \$ \_\_\_\_\_

Loans against it \$ \_\_\_\_\_



OTHER INFORMATION

For each party please provide the following miscellaneous information.

1. List the dates of all military service (including reserves and National Guard) during this marriage:

You: \_\_\_\_\_

\_\_\_\_\_

Your Spouse: \_\_\_\_\_

\_\_\_\_\_

2. Have you and your spouse had arguments in the past? \_\_\_\_\_

3. Has there been physical violence or threats thereof in the recent past? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Do you, your spouse, your children, or other dependents have special medical, dental or orthodontal needs? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Do you feel your spouse has used community property funds, income or credit for separate (as opposed to community) purposes? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. List all children not of this marriage residing with you and the amount of support received, if any:

Names: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
\_\_\_\_\_ Amount \$ \_\_\_\_\_  
\_\_\_\_\_ Amount \$ \_\_\_\_\_  
\_\_\_\_\_ Amount \$ \_\_\_\_\_

7. List all children not of this marriage that you are paying support for:

Names: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
\_\_\_\_\_ Amount \$ \_\_\_\_\_  
\_\_\_\_\_ Amount \$ \_\_\_\_\_  
\_\_\_\_\_ Amount \$ \_\_\_\_\_

8. Is Wife pregnant now? \_\_\_\_\_ If so, when is she due? \_\_\_\_\_

9. Where are the children of this marriage living and with whom?

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

10. Are any of the children aware of the difficulties? If so, explain:

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

11. Have there ever been any prior legal proceedings concerning your marriage and/or custody of the children? \_\_\_\_\_

12. If so, state the Court, Case No., State, Your capacity in that action and the Date of any Court order or judgment:

---

---

13. Is there anyone else who might claim legal custody or visitation rights to the children? \_\_\_\_\_ If so, explain:

---

---

14. Have you ever sought professional counseling over family matters? \_\_\_\_\_ If so, with whom?

---

---

15. Would you like counseling now?\_\_\_\_\_

16. How old were you at the time of your marriage?\_\_\_\_\_

17. How old was your spouse at the time of your marriage?\_\_\_\_\_

