

## **DIVORCE INFORMATION SHEET**

**PLEASE PRINT NEATLY, ANSWER EACH QUESTION FULLY**

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

Client Name: First \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: (Street & P.O. Box) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Statistics: Your Race: \_\_\_\_\_ Spouses Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver License Number/State \_\_\_\_\_

Number of Previous Marriages: \_\_\_\_\_

If more than one, others ended by and dates:

Death: \_\_\_\_\_ Divorce: \_\_\_\_\_ Dissolution: \_\_\_\_\_

Annulment: \_\_\_\_\_

How many years of school, including college, have you completed?

\_\_\_\_\_ Occupation: \_\_\_\_\_ Employer:

\_\_\_\_\_ If not presently employed, give last

employment information:

Employer's Address and Phone Number: \_\_\_\_\_ Wages:

\_\_\_\_\_

List **all** sources of income and amounts including child support, alimony, public assistance, wages, etc. (Be specific):

\_\_\_\_\_

\_\_\_\_\_

**FRIEND OR RELATIVE NOT LIVING WITH YOU:**

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

Phone Number: \_\_\_\_\_

**SPOUSE INFORMATION:**

Spouse's Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: (Street and P.O. Box) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver License Number/State : \_\_\_\_\_

Number of Previous Marriages: \_\_\_\_\_

If more than one, others ended by and dates:

Death: \_\_\_\_\_ Divorce: \_\_\_\_\_ Dissolution: \_\_\_\_\_

Annulment: \_\_\_\_\_

How many years of school, including college, have you completed?

\_\_\_\_\_ Occupation: \_\_\_\_\_ Employer:

\_\_\_\_\_

If not presently employed, give last employment information:

Employer's Address and Phone Number: \_\_\_\_\_ Wages:

\_\_\_\_\_ List **all** sources of income and amounts including child support, alimony, public assistance, wages, etc. (Be specific):

\_\_\_\_\_

\_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Has either party filed for divorce against the other at any time?

\_\_\_\_\_

If yes indicate: State: \_\_\_\_\_ County: \_\_\_\_\_  
Court: \_\_\_\_\_

Case Number: \_\_\_\_\_ Is case still pending? \_\_\_\_\_

Client's County of residence for the last three (3) months:  
\_\_\_\_\_ Spouse's County of residence for the last three (3)  
months: \_\_\_\_\_ If spouse is not living in the State of Utah,  
indicate County and date that spouse last resided in Utah: County:  
\_\_\_\_\_ Date: \_\_\_\_\_

List all Children born to or adopted by both parties:

| FULL NAME | SSN#  | DATE OF BIRTH |
|-----------|-------|---------------|
| _____     | _____ | _____         |
| _____     | _____ | _____         |
| _____     | _____ | _____         |
| _____     | _____ | _____         |

Is a child expected as an issue of this marriage? \_\_\_\_\_

If yes, when is the child due? \_\_\_\_\_

With whom are the children presently living?  
\_\_\_\_\_

Where have the children been for the last six (6) months?  
\_\_\_\_\_

Who is the children's primary caretaker? \_\_\_\_\_

Who should receive custody of the children?  
\_\_\_\_\_

Visitation: Reasonable: \_\_\_\_\_ Restricted: \_\_\_\_\_ No Visitation:  
\_\_\_\_\_

If Restricted, mark restrictions: No Drinking: \_\_\_\_\_ No Overnight:  
\_\_\_\_\_

Third Party Present: \_\_\_\_\_ 24 Hour Prior Notice: \_\_\_\_\_

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

\_\_\_\_\_

If Restricted or no visitation, explain reasons why. (Be specific):

\_\_\_\_\_

Who should pay visitation costs?: \_\_\_\_\_

Are there work related day care costs incurred? \_\_\_\_ If yes, who should pay? \_\_\_\_\_

Does the client currently have insurance on the children? \_\_\_\_\_

If yes does that include: Health: \_\_\_\_\_ Dental: \_\_\_\_\_ Optical:

\_\_\_\_\_

Life: \_\_\_\_\_ Hospital: \_\_\_\_\_

Name of Insurance: \_\_\_\_\_ Monthly Premiums:

\$ \_\_\_\_\_

Will insurance be maintained? \_\_\_\_\_

Who should pay for the medical and dental expenses not covered by insurance? \_\_\_\_\_

Who should be entitled to claim the children on income tax returns?

\_\_\_\_\_

Is there an income tax return that has not been received?

\_\_\_\_\_

If yes, how should it be divided? \_\_\_\_\_

Alimony: Monthly amount: \$ \_\_\_\_\_ Awarded to: \_\_\_\_\_

For specific length of time: \_\_\_\_\_

Does either party have a pension and/or profit sharing plane through employer? \_\_\_\_ If yes, describe plan (amount, when it began, etc.)

\_\_\_\_\_

How should it be divided?

\_\_\_\_\_

List all outstanding debts incurred by parties during marriage:

| DEBTOR<br>WILL PAY | AMOUNT OWING | PARTY THAT |
|--------------------|--------------|------------|
| _____              | _____        | _____      |
| _____              | _____        | _____      |
| _____              | _____        | _____      |
| _____              | _____        | _____      |

Should spouse's payment of debts be considered as alimony?

\_\_\_\_\_

Is present distribution of personal property satisfactory?

\_\_\_\_\_

If no, specify division of personal property:

\_\_\_\_\_

Have parties acquired real property together? \_\_\_\_ If yes, specify said real property:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

Property Value: \_\_\_\_\_ Debt owed on property: \$ \_\_\_\_\_

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

Should all mortgage, liens, encumbrances, taxes, and obligations be paid by party being awarded said property? \_\_\_\_\_ If no, explain:

\_\_\_\_\_

Has spouse been abusive to client? \_\_\_\_ If yes, describe abuse, including last instance of abuse:

\_\_\_\_\_

\_\_\_\_\_

Does client have a protective order? \_\_\_\_\_ Was protective order explained to client? \_\_\_\_\_

Has spouse been abusive to children? \_\_\_\_\_ If yes, describe abuse, including last instance of abuse:

\_\_\_\_\_

Do children have protective order? \_\_\_\_\_ Was child protective order explained to client? \_\_\_\_\_

Has abuse been reported? \_\_\_\_\_ To whom and when? \_\_\_\_\_

Do you have medical records supporting abuse?

\_\_\_\_\_

Does client want permanent restraining order in divorce decree?

\_\_\_\_\_

Wife's maiden name: \_\_\_\_\_

Former name wife would like to be restored:

\_\_\_\_\_

Court costs: Who should pay: \_\_\_\_\_

Sheriff's fees: Who should pay: \_\_\_\_\_

Should spouse be ordered to pay Dorius, Reyes & Linares attorney's fee?

\_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSON RESPONSIBLE FOR PAYMENT (this does not include opposing party and must be over 18 years of age):**

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

**THIS INFORMATION IS STRICTLY CONFIDENTIAL**

**if you become a client and change address, or phone please notify us immediately.**

Estate Planning

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