

# CLIENT INFORMATION SHEET

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

Instructions: Please complete this form providing as much detail as possible. If answer is based on estimated figures, please indicate (EST.). If an item does not apply, please indicate (N/A). Attach additional sheets if necessary.

## PERSONAL DATA

### CLIENT

Full Legal Name \_\_\_\_\_

Residence \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

State, Zip \_\_\_\_\_

Phone Number (Work) \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_

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

Driver License Number \_\_\_\_\_

How long have you been a resident of:

County? \_\_\_\_\_

State? \_\_\_\_\_

Former (legal/maiden) name

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

### SPOUSE

Full Legal Name \_\_\_\_\_

Residence \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

State, Zip \_\_\_\_\_

Phone Number (Work) \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_

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

Driver License Number \_\_\_\_\_

How long have you been a resident of:

County? \_\_\_\_\_

State? \_\_\_\_\_

Spouse's Former (legal/maiden) name

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

## MARITAL STATUS

Date of this marriage \_\_\_\_\_

Place of this marriage (city or village, county & state) \_\_\_\_\_

Date of Separation: \_\_\_\_\_

Number of prior marriages: Client \_\_\_\_\_ Spouse \_\_\_\_\_

Other marriages ended by (death, divorce, annulment, dissolution)

Client \_\_\_\_\_ Spouse \_\_\_\_\_

Is client presently living with spouse? \_\_\_\_\_

Who left? \_\_\_\_\_

Date couple separated \_\_\_\_\_

## CHILDREN BY THIS MARRIAGE

There is/are \_\_\_\_ minor child(ren) subject to this case as follows

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Period of Residence	Person(s) with whom child lived (name & address)	Relationship
_____ to Present	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Period of Residence	Person(s) with whom child lived (name & address)	Relationship
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\_\_\_\_\_ to Present \_\_\_\_\_  
 \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ to \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Period of Residence	Person(s) with whom child lived (name & address)	Relationship
_____ to Present	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____

### CHILDREN BY OTHER MARRIAGE

There is/are \_\_\_\_\_ minor child(ren) from another marriage

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child residing at \_\_\_\_\_ with whom \_\_\_\_\_

If child support is being paid what \$ \_\_\_\_\_ per month. Who is receiving the support \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child residing at \_\_\_\_\_ with whom \_\_\_\_\_

If child support is being paid what \$ \_\_\_\_\_ per month. Who is receiving the support \_\_\_\_\_

### Participation in custody case(s)

(Check only one box.)

\_\_\_\_\_ I HAVE NOT participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case.

\_\_\_\_\_ I HAVE participated as a party, witness, or in any capacity in any other case, in this or any other state, concerning the custody of, or visitation (parenting time), with any child subject to this case. For

each case in which you participated, give the following information:

- a. Name of each child: \_\_\_\_\_
- b. Type of case: \_\_\_\_\_
- c. Court and State: \_\_\_\_\_
- d. Date and court order or judgment (if any): \_\_\_\_\_

### Information about other civil case(s) that could affect this case

(Check only one box.)

\_\_\_\_\_ I HAVE NO INFORMATION about any other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning any child subject to this case.

\_\_\_\_\_ I HAVE THE FOLLOWING INFORMATION concerning other civil cases that could affect the current case, including any cases relating to custody, domestic violence or protection orders, dependency, neglect or abuse allegations or adoptions concerning a child subject to this case. Do not repeat cases already listed in Paragraph 3.:

- a. Name of each child: \_\_\_\_\_
- b. Type of case: \_\_\_\_\_
- c. Court and State: \_\_\_\_\_
- d. Date and court order or judgment (if any): \_\_\_\_\_

### Information about criminal case(s):

List all of the criminal convictions, including guilty pleas, for you and the members of your household for the following offenses: any criminal offense involving acts that resulted in a child being abused or neglected; any domestic violence offense that is a violation of R.C. 2919.25; any sexually oriented offense as defined in R.C. 2950.01; and any offense involving a victim who was a family or household member at the time of the offense and caused physical harm to the victim during the commission of the offense.

Name \_\_\_\_\_

Case Number \_\_\_\_\_

Court/State/County \_\_\_\_\_

Convicted of What Crime? \_\_\_\_\_

### Persons not a party to this case who has physical custody or claims to have custody or visitation rights to children subject to this case

(Check only one box.)

\_\_\_\_\_ I DO NOT KNOW OF ANY PERSON(S) not a party to this case who has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

\_\_\_\_\_ I KNOW THAT THE FOLLOWING NAMED PERSON(S) not a party to this case has/have physical custody or claim(s) to have custody or visitation rights with respect to any child subject to this case.

Name/Address of Person \_\_\_\_\_

Has physical custody \_\_\_\_\_

Claims custody rights \_\_\_\_\_

Claims visitation rights \_\_\_\_\_

Name of each child: \_\_\_\_\_

## HEALTH INSURANCE

List any health problems for either party of dependent children: \_\_\_\_\_

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	Mother		Father	
	Yes	No	Yes	No
Are your child(ren) currently enrolled in a low-income government-assisted health care program (Healthy Start/Medicaid)?				
Are you enrolled in an individual (nongroup or COBRA) health insurance plan?				
Are you enrolled in a health insurance plan through a group (employer or other organization)?				
If you are not enrolled, do you have health insurance available through a group (employer or other organization)?				
Does the available insurance cover primary care services within 30 miles of the child(ren)'s home?				
Under the available insurance, what would be the annual premium for a plan covering you and the child(ren) of this relationship (not including a spouse)?	\$	_____	\$	_____
Under the available insurance, what would be the annual premium for a plan covering you alone (not including children or spouse)?	\$	_____	\$	_____

If you are enrolled in a health insurance plan through a group (employer or other organization) or individual insurance plan, which of the following people is/are covered:

Yourself?	Yes	No	Yes	No
Your spouse?	Yes	No	Yes	No
Minor child(ren) of this relationship?	Yes	No	Yes	No
	Number_____		Number_____	
Other individuals?	Yes	No	Yes	No
	Number_____		Number_____	

Name of group (employer or organization) \_\_\_\_\_  
 that provides health insurance \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone number \_\_\_\_\_

**EMPLOYMENT**

**CLIENT**

**SPOUSE**

Employer \_\_\_\_\_  
 Employer's Address \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Employment \_\_\_\_\_  
 Position/Title \_\_\_\_\_  
 Scheduled paychecks per year: 12 24 25 52

Employer \_\_\_\_\_  
 Employer's Address \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Employment \_\_\_\_\_  
 Position/Title \_\_\_\_\_  
 Scheduled paychecks per year: 12 24 25 52

**YEARLY INCOME FOR PAST THREE YEARS**

	Husband		Wife
<b>Base yearly income</b>	\$_____	3 years ago 20__	\$_____
	\$_____	2 years ago 20__	\$_____
	\$_____	3 years ago 20__	\$_____

**YEARLY OVERTIME, COMMISSIONS AND BONUSES FOR PAST THREE YEARS**

Yearly overtime, commissions    \$ \_\_\_\_\_ 3 years ago 20\_\_\_\_    \$ \_\_\_\_\_

And/or bonuses                        \$ \_\_\_\_\_ 2 years ago 20\_\_\_\_    \$ \_\_\_\_\_

    \$ \_\_\_\_\_ 3 years ago 20\_\_\_\_    \$ \_\_\_\_\_

**COMPUTATION OF CURRENT INCOME**

	Husband	Wife
<b>Base yearly income</b>	\$ _____	\$ _____
<b>Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)</b>	\$ _____	\$ _____
<b>Unemployment compensation</b>	\$ _____	\$ _____
<b>Disability benefits</b> (Workers' Compensation, Social Security, Other)	\$ _____	\$ _____
<b>Retirement benefits</b> (Social Security, Other)	\$ _____	\$ _____
<b>Spousal support received</b>	\$ _____	\$ _____
<b>Interest and dividend income</b>	\$ _____	\$ _____
<b>Other income (type and source)</b>	\$ _____	\$ _____
<b>TOTAL YEARLY INCOME</b>	\$ _____	\$ _____
<b>Supplemental Security Income (SSI) or public assistance</b>	\$ _____	\$ _____



## Property

(List all homes, condos, time shares, etc.)

REAL ESTATE INTERESTS

Address	Present Fair Market Value	Titled To	Mortgage Balance	Equity (as of date)
(Homes, Time shares, etc)		(Husband, Wife, Both)		


TOTAL SECTION I: REAL ESTATE INTERESTS \$ \_\_\_\_\_

**\*\*\*\*Please provide a copy of your deed\*\*\*\***

### Motor Vehicles (Cars, trucks, motorcycles, boats, rv's etc)

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Name(s) on title \_\_\_\_\_  
 Purchase Price \_\_\_\_\_ Present Value \_\_\_\_\_ Monthly Payments \_\_\_\_\_  
 Blue Book Value \_\_\_\_\_ Vin Number \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Name(s) on title \_\_\_\_\_  
 Purchase Price \_\_\_\_\_ Present Value \_\_\_\_\_ Monthly Payments \_\_\_\_\_  
 Blue Book Value \_\_\_\_\_ Vin Number \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Name(s) on title \_\_\_\_\_



## Bankruptcy

Filed by who?	Date of filing & Case #	Date of Discharge	Type (7,11,12,13)	Monthly Payments
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Pensions & Retirement Plans

(Include profit-sharing, IRA, 401K, etc.)

Type of Plan	Description	Name on Account	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Publicly Held Stocks, Bonds, Securities & Mutual Funds

Type of Plan	Description	Name on Account	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Closely Held Stocks & Other Business Interests

Type of Plan	Description	Name on Account	Value
_____	_____	_____	_____
_____	_____	_____	_____

## Partnerships/Joint Ventures/Business Equipment

(Supply tax returns for past three years plus current financial statements)

Name of Company	% of Ownership	Amount Invested	Description of Business
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Safe Deposit Box

Location	Describe Contents	Name on Account	Value
_____	_____	_____	_____
_____	_____	_____	_____

## Life Insurance

(Term/Whole life)

Type of Plan/Company	Any cash Value or loans	Name on Account	Insured party & Value upon death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Transfer of Assets

List the name and address of any person (other than creditors already listed) who has received money or property from you exceeding \$300 in value in the past 12 months and the reason for each transfer.

Name	Address	Husband, wife or both	\$ Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### ASSETS

List household good, furniture, & appliances that are significant value or particular importance.

Description	Who has possession	\$ Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Separate Property Claims: Pre-marital assets, gifts to one spouse only, inheritances

If you are making any claims in any of the categories below, explain the nature and amount of your claim. **This includes, but is not limited to, inheritances, property owned before marriage, and any pre-marital agreements.**

Category	Description	Why do you claim this	Fair Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Expected Inheritances

Please describe for you or your spouse.

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## EXPENSES

List monthly expenses below for your present household.

### A. MONTHLY HOUSING EXPENSES

Rent or first mortgage (including taxes and insurance) \$ \_\_\_\_\_

Real estate taxes (if not included above) \$ \_\_\_\_\_

Real estate/homeowner's insurance (if not included above) \$ \_\_\_\_\_

Second mortgage/equity line of credit \$ \_\_\_\_\_

Utilities

o Electric \$ \_\_\_\_\_

o Gas, fuel oil, propane \$ \_\_\_\_\_

o Water and sewer \$ \_\_\_\_\_

o Telephone \$ \_\_\_\_\_

o Trash collection \$ \_\_\_\_\_

o Cable/satellite television \$ \_\_\_\_\_

Cleaning, maintenance, repair \$ \_\_\_\_\_

Lawn service, snow removal \$ \_\_\_\_\_

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

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**TOTAL MONTHLY :** \$ \_\_\_\_\_

**B. OTHER MONTHLY LIVING EXPENSES**

**Food**

o Groceries (including food, paper, cleaning products, toiletries, other) \$ \_\_\_\_\_

o Restaurant \$ \_\_\_\_\_

**Transportation**

o Vehicle loans, leases \$ \_\_\_\_\_

o Vehicle maintenance (oil, repair, license) \$ \_\_\_\_\_

o Gasoline \$ \_\_\_\_\_

o Parking, public transportation \$ \_\_\_\_\_

**Clothing**

o Clothes (other than children's) \$ \_\_\_\_\_

o Dry cleaning, laundry \$ \_\_\_\_\_

**Personal grooming**

o Hair, nail care \$ \_\_\_\_\_

o Other \_\_\_\_\_ \$ \_\_\_\_\_

Cell phone \$ \_\_\_\_\_

Internet (if not included elsewhere) \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MONTHLY** \$ \_\_\_\_\_

**C. MONTHLY CHILD-RELATED EXPENSES**

(for children of the marriage or relationship)

Work/education-related child care \$ \_\_\_\_\_

Other child care \$ \_\_\_\_\_

Unusual parenting time travel \$ \_\_\_\_\_

Special and unusual needs of child(ren) (not included elsewhere) \$ \_\_\_\_\_

Clothing	\$ _____
School supplies	\$ _____
Child(ren)'s allowances	\$ _____
Extracurricular activities, lessons	\$ _____
School lunches	\$ _____
Other _____	\$ _____
<b>TOTAL MONTHLY</b>	\$ _____

**D. INSURANCE PREMIUMS**

Life	\$ _____
Auto	\$ _____
Health	\$ _____
Disability	\$ _____
Renters/personal property (if not included in part A above)	\$ _____
Other _____	\$ _____
<b>TOTAL MONTHLY</b>	\$ _____

**E. MONTHLY EDUCATION EXPENSES**

**Tuition**

o Self	\$ _____
o Child(ren)	\$ _____
Books, fees, other	\$ _____
College loan repayment	\$ _____
Other _____	\$ _____
<b>TOTAL MONTHLY:</b>	\$ _____



**F. MONTHLY HEALTH CARE EXPENSES**

(not covered by insurance)

Physicians	\$ _____
Dentists	\$ _____
Optometrists/opticians	\$ _____
Prescriptions	\$ _____
Other _____	\$ _____
<b>TOTAL MONTHLY:</b>	\$ _____

**G. MISCELLANEOUS MONTHLY EXPENSES**

Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren) \$ \_\_\_\_\_

Child support for children who were not born of this marriage or relationship and were not adopted of this marriage.	\$ _____
Spousal support paid to former spouse(s)	\$ _____
Subscriptions, books	\$ _____
Entertainment	\$ _____
Charitable contributions	\$ _____
Memberships (associations, clubs)	\$ _____
Travel, vacations	\$ _____
Pets	\$ _____
Gifts	\$ _____
Bankruptcy payments	\$ _____
Attorney fees	\$ _____
Required deductions from wages (excluding taxes, Social Security and Medicare) (type) _____	\$ _____
Additional taxes paid (not deducted from wages) (type) _____	\$ _____

Other \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MONTHLY:** \$ \_\_\_\_\_

### DEBT

List ALL OF YOUR DEBTS, the debts of your spouse, and any joint debts. Do not leave any category blank. For each item, if none, put "NONE." If you don't know the exact figure for any item, give your best estimate, and put "EST."

**If more space is needed to explain, please attach an additional page with the explanation and identify which question you are answering.**

#### H. MONTHLY INSTALLMENT PAYMENTS – Unsecured Debt

(Do not repeat expenses already listed.)

Creditor Owed	Account H, W, or Joint	Purpose	Balance	Monthly payment
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
<b>TOTAL MONTHLY:</b>				\$ _____

**H. MONTHLY INSTALLMENT PAYMENTS – Secured Debt**

(Do not repeat expenses already listed.)

Creditor Owed	Account H, W, or Joint	Purpose	Balance	Monthly payment
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
<b>TOTAL MONTHLY:</b>				\$ _____
<b>GRAND TOTAL MONTHLY EXPENSES (Sum of A through H):</b>				\$ _____

PLEASE SET FORTH ANY OTHER INFORMATION WHICH YOU FEEL IS IMPORTANT FOR US TO CONSIDER.

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\*\*\*If more room is needed for any section, please add information on additional pages to the back of this request.