

**CLIENT INFORMATION**

**DATE:** \_\_\_\_\_ **Timekeeper:** \_\_\_\_\_ **Referral From:** \_\_\_\_\_

**COUNTY:** \_\_\_\_\_ **CASE NO:** \_\_\_\_\_

**CLIENT NAME:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Drivers License No.** \_\_\_\_\_

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

**Home Address:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **YRS:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_

**Days/Nights Worked:** \_\_\_\_\_ **Hours Worked:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Business Telephone:** \_\_\_\_\_

**Cellular Telephone:** \_\_\_\_\_ **Pager Number:** \_\_\_\_\_

**Resided in Colorado Since:** \_\_\_\_\_

**Restore former name?** \_\_\_\_\_ **To:** \_\_\_\_\_

**Level of Education: High School:** \_\_\_\_\_ **College:** \_\_\_\_\_

**SPOUSE'S NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Opposing Counsel's Name:** \_\_\_\_\_

**Opposing Counsel's Address:** \_\_\_\_\_

**Opposing Counsel's Telephone Number:** \_\_\_\_\_

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

**Home Address:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **YRS:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_

**Days/Nights Worked:** \_\_\_\_\_ **Hours Worked:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Business Telephone:** \_\_\_\_\_

**Cellular Telephone:** \_\_\_\_\_ **Pager Number:** \_\_\_\_\_

**Resided in Colorado Since:** \_\_\_\_\_

**Restore former name?** \_\_\_\_\_ **To:** \_\_\_\_\_

**Level of Education: High School:** \_\_\_\_\_ **College:** \_\_\_\_\_

**MARRIAGE DATE:** \_\_\_\_\_ **PLACE:** \_\_\_\_\_

**City County State**

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

**CHILDREN'S NAMES**

**Residence**

**DOB**

**Age**

**Sex**

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

**CHILDREN'S SOCIAL SECURITY NO.**

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**WHERE HAVE THE CHILDREN LIVED FOR THE PAST FIVE YEARS & WITH WHOM?**

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Wife pregnant? \_\_\_\_\_  
Health Insurance-Who Pays: \_\_\_\_\_ Amount:\$ \_\_\_\_\_  
Day Care-Who Pays: \_\_\_\_\_ Amount:\$ \_\_\_\_\_  
Child Support-Who pays: \_\_\_\_\_ Amount:\$ \_\_\_\_\_

**CHILDREN FROM PREVIOUS MARRIAGE:**

<u>Children's Name</u>	<u>Residence</u>	<u>DOB</u>	<u>Age</u>	<u>Sex</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**CLIENT'S INCOME:**

Gross monthly income:\$ \_\_\_\_\_ Last years total income:\$ \_\_\_\_\_  
Other sources of income:\$ \_\_\_\_\_ Mandatory Overtime?:\$ \_\_\_\_\_

**SPOUSE'S INCOME:**

Gross monthly income:\$ \_\_\_\_\_ Last years total income:\$ \_\_\_\_\_  
Other sources of income:\$ \_\_\_\_\_ Mandatory Overtime?:\$ \_\_\_\_\_

**RESIDENCE:**

Date of Purchase: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Estimated Value:\$ \_\_\_\_\_ Loan Balance:\$ \_\_\_\_\_ Equity:\$ \_\_\_\_\_  
Name of Mortgagee \_\_\_\_\_ Monthly Payments \_\_\_\_\_  
1st \_\_\_\_\_  
2nd \_\_\_\_\_

**OTHER REAL ESTATE OWNED:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**MOTOR VEHICLES**

Year/Make/Model	FMV	Amt. Owed	Mo. Pmts
1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____

**BANK ACCOUNTS:**

Bank	Checking/Savings	Ownership	Balance
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**STOCKS:**

Name of Company	No. of Shares	Ownership	Value
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____

**BONDS:**

Organization	No. of Bonds	Ownership	Est. Value
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____

**PENSION:**

Client: \_\_\_\_\_ Spouse: \_\_\_\_\_  
 IRA,401,Etc.:  
 Client: \_\_\_\_\_ Spouse: \_\_\_\_\_

**LIFE INSURANCE POLICIES:**

1. Company: \_\_\_\_\_ Type: \_\_\_\_\_ Face Amount:\$ \_\_\_\_\_  
 Insured: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

2. Company: \_\_\_\_\_ Type: \_\_\_\_\_ Face Amount:\$ \_\_\_\_\_  
 Insured: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

**WILL:**

Do you currently have a will? **Y or N** If so, what was the date you last updated your will? \_\_\_\_\_

**PERSONAL PROPERTY (RVS, Campers, Boats, Work of Art, Etc.)**

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

**DEBTS:**

	<u>Creditor</u>	<u>In Whose Name</u>	<u>Total Amt.</u>	<u>Monthly Pmt.</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

**PERSONAL RECORD:**

**Criminal Record:**

Client: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Domestic Violence, TRO:**

Client: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Drugs, Alcohol:**

Client: \_\_\_\_\_  
\_\_\_\_\_

**Spouse:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Either party in the Military:**

**Client:** \_\_\_\_\_  
\_\_\_\_\_

**Spouse:** \_\_\_\_\_  
\_\_\_\_\_

**Any Social Services involvement? Time period/reason.**

**Client:** \_\_\_\_\_  
\_\_\_\_\_

**Spouse:** \_\_\_\_\_  
\_\_\_\_\_

**Have either party received Public Assistance/ benefits?**

**Client:** \_\_\_\_\_  
\_\_\_\_\_

**Spouse:** \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY:**

**Mental Health:**

**Client:** \_\_\_\_\_

**Spouse:** \_\_\_\_\_

**Disabilities/Impairments:**

**Client:** \_\_\_\_\_

**Spouse:** \_\_\_\_\_

**RELIGION:**

**Client:** \_\_\_\_\_

**Spouse:** \_\_\_\_\_

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_

