

**SCHIRADO LAW OFFICE, P.A.**  
**(DIVORCE INFORMATION FORM)**

**DOCUMENTS TO BE FILLED OUT AND RETURNED TO ATTORNEY**

- \_\_\_ 1. General Information Sheet
- \_\_\_ 2. Property List
- \_\_\_ 3. Debt List
- \_\_\_ 4. Monthly Expenses
- \_\_\_ 5. Visitation Schedule ( Please review and make any changes you desire-for each change please state your reason for such change)

**DOCUMENTS TO BE PROVIDED TO ATTORNEY**

(Please provide copies - we would prefer you keep your originals)

- \_\_\_ 1. Past three years tax returns, including W-2 forms
- \_\_\_ 2. Current pay stubs from January to present
- \_\_\_ 3. Past six months bank statements for all checking and savings accounts (upon receiving it, provide current months bank statement)
- \_\_\_ 4. Verification of debts (i.e., credit card statements, invoices, monthly statements, etc.)
- \_\_\_ 5. Verification of assets (i.e., monthly or quarterly statement of any asset listed above in General Information Sheet)
- \_\_\_ 6. Vehicle titles
- \_\_\_ 7. Boat titles, Motorcycle titles
- \_\_\_ 8. NADA (blue book) value of automobiles (highlight car value - you may obtain this information from a bank, car dealership, etc.)
- \_\_\_ 9. Warranty Deed or Quit Claim Deed to all real estate, including residence and/or any and all land.
- \_\_\_ 10. Verification of medical insurance cost for children only
- \_\_\_ 11. Verification of monthly day care cost for children
- \_\_\_ 12. Costs of transportation for visitation
- \_\_\_ 13. Verification of other child support payments made either by you or your spouse for any children of a previous marriage or children prior to marriage
- \_\_\_ 14. Certificates of Deposit

**GENERAL INFORMATION SHEET**

**SCHIRADO LAW OFFICE, P.A.**  
**(DIVORCE INFORMATION FORM)**

(To be completed by client)

**Full Name:** \_\_\_\_\_ **SS #** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

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

**Phone: (H):** \_\_\_\_\_

**(W):** \_\_\_\_\_

**(FAX):** \_\_\_\_\_

**(PAGER):** \_\_\_\_\_

**(Cellular Phone):** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

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

\_\_\_\_\_

**Dates of Current Employment:**

\_\_\_\_\_

**Job Benefits:** \_\_\_\_\_

**Education:** \_\_\_\_\_

**Date of Prior Marriage:** \_\_\_\_\_

**Ante Nuptial Agreement:** Yes \_\_\_ No \_\_\_

**Date of Separation:** \_\_\_\_\_ **Restore to Prior Name:** Yes \_\_\_ No \_\_\_

**Spouse Full Name:** \_\_\_\_\_ **SS #** \_\_\_\_\_

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

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

**Phone: (H):** \_\_\_\_\_

**(W):** \_\_\_\_\_

**(FAX):** \_\_\_\_\_

**(PAGER):** \_\_\_\_\_

**(Cellular Phone):** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

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

\_\_\_\_\_

**Dates of Current Employment:**

\_\_\_\_\_

**Job Benefits:** \_\_\_\_\_

**Education:** \_\_\_\_\_

**Date of Spouse's  
Prior Marriage:** \_\_\_\_\_

**Restore to Prior Name:** YES \_\_\_ NO \_\_\_

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

**Place of Marriage:** \_\_\_\_\_

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**Children of this Marriage:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ S.S.# \_\_\_\_\_

Indian Tribe and Percentage: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ S.S.# \_\_\_\_\_

Indian Tribe and Percentage: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ S.S.# \_\_\_\_\_

Indian Tribe and Percentage: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ S.S.# \_\_\_\_\_

Indian Tribe and Percentage: \_\_\_\_\_

Residence of Children for past 5 years: \_\_\_\_\_

\_\_\_\_\_

**Special Health or Handicap Problems of any Children or Family Members:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Client's Children of Prior Marriage:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ S.S.# \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ S.S.# \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ S.S.# \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ S.S.# \_\_\_\_\_

Child Support Paid: \_\_\_\_\_ Child Support Received: \_\_\_\_\_

Amount of Child Support \$ \_\_\_\_\_

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**Spouse's Children of Prior Marriage:**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **S.S.#** \_\_\_\_\_

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **S.S.#** \_\_\_\_\_

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **S.S.#** \_\_\_\_\_

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **S.S.#** \_\_\_\_\_

**Child Support Paid:** \_\_\_\_\_ **Child Support Received:** \_\_\_\_\_

**Amount of Child Support \$** \_\_\_\_\_





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**REAL ESTATE/PROPERTY**

**Residence**

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

Type of Property: \_\_\_\_\_

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

Original Cost:\$ \_\_\_\_\_

Mortgage Balance:\$ \_\_\_\_\_

Market Value:\$ \_\_\_\_\_

Do you have a current market analysis or appraisal of real property: \_\_\_\_\_

(If so, please provide to attorney)

Legal Description: \_\_\_\_\_

\_\_\_\_\_

(You will find the legal description on a Warranty Deed or Quit Claim Deed, or you can call the County Clerk's Office in the County in which the property is located)

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**Rental**

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

Type of Property: \_\_\_\_\_

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

Original Cost:\$ \_\_\_\_\_

Mortgage Balance:\$ \_\_\_\_\_

Market Value:\$ \_\_\_\_\_

Do you have a current market analysis or appraisal of real property: \_\_\_\_\_

(If so, please provide to attorney)

Legal Description: \_\_\_\_\_

\_\_\_\_\_

(You will find the legal description on a Warranty Deed or Quit Claim Deed, or you can call the County Clerk's Office in the County in which the property is located.)

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**Other**

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

Type of Property: \_\_\_\_\_

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

Original Cost:\$ \_\_\_\_\_

Mortgage Balance:\$ \_\_\_\_\_

Market Value:\$ \_\_\_\_\_

Do you have a current market analysis or appraisal of real property: \_\_\_\_\_

(If so, please provide to attorney)

Legal Description: \_\_\_\_\_

\_\_\_\_\_

(You will find the legal description on a Warranty Deed or Quit Claim Deed, or you can call the County Clerk's Office in the County in which the property is located)

**ASSETS**





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**VEHICLES**

Car (Client) \_\_\_\_\_

Payments: \_\_\_\_\_ Balance: \_\_\_\_\_

VIN # \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Coverage \_\_\_\_\_

Mortgagee: \_\_\_\_\_

Car (Spouse) \_\_\_\_\_

Payments: \_\_\_\_\_ Balance: \_\_\_\_\_

VIN # \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Coverage \_\_\_\_\_

Mortgagee: \_\_\_\_\_

Car (Child) \_\_\_\_\_

Payments: \_\_\_\_\_ Balance: \_\_\_\_\_

VIN # \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Coverage \_\_\_\_\_

Mortgagee: \_\_\_\_\_

Car (other) \_\_\_\_\_

Payments: \_\_\_\_\_ Balance: \_\_\_\_\_

VIN # \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Coverage \_\_\_\_\_

Mortgagee: \_\_\_\_\_



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Cellular Phone.....\$ \_\_\_\_\_

**Food and Household Supplies**..... \$ \_\_\_\_\_

**Clothing:**

Clothing, shoes, accessories for yourself..... \$ \_\_\_\_\_

Clothing, shoes, accessories for children..... \$ \_\_\_\_\_

**Health Expenses:**

Doctor.....\$ \_\_\_\_\_

Dentist ..... \$ \_\_\_\_\_

Eyeglasses..... \$ \_\_\_\_\_

Prescription/Medicines..... \$ \_\_\_\_\_

**Special Medical Expenses:**

    Orthodontist ..... \$ \_\_\_\_\_

    Psychiatrist, counselor, etc..... \$ \_\_\_\_\_

**Insurances:**

Health Insurance

    Is Health Insurance deducted from salary? \_\_\_\_\_

Automobile Insurance (monthly).....\$ \_\_\_\_\_

Life Insurance.....\$ \_\_\_\_\_

Personal Liability.....\$ \_\_\_\_\_

**Children's Expenses:**

Day Care/Child Care.....\$ \_\_\_\_\_

Babysitter (occasional).....\$ \_\_\_\_\_

School Lunches.....\$ \_\_\_\_\_

School Supplies.....\$ \_\_\_\_\_

Tuition.....\$ \_\_\_\_\_

Activities:.....\$ \_\_\_\_\_

Dance lessons.....\$ \_\_\_\_\_

Music lessons.....\$ \_\_\_\_\_

Football/Cheerleading..... \$ \_\_\_\_\_

Band.....\$ \_\_\_\_\_

Clubs.....\$ \_\_\_\_\_

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

**Automobile/Transportation:**

Car Payment.....\$ \_\_\_\_\_

Gas and Oil.....\$ \_\_\_\_\_

Repairs/Maintenance.....\$ \_\_\_\_\_

License Tag (divide by 12 months).....\$ \_\_\_\_\_

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**Miscellaneous Expenses:**

|  |          |
|--|----------|
| Entertainment and Eating Out.....                                      | \$ _____ |
| Laundry and Cleaning.....  | \$ _____ |
| Barber/Beauty Shop .....   | \$ _____ |
| Cosmetics, shampoo, etc (not listed w/Food and Household Supplies..... | \$ _____ |
| Newspapers/Magazines/Books .....                                       | \$ _____ |
| Dues(social/fitness clubs).....  | \$ _____ |
| Donations(church, tc.).....  | \$ _____ |
| Gifts .....  | \$ _____ |
| Pet Care (food, Veterinarian, etc.).....                               | \$ _____ |

**Other Expenses Not Listed:**

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**Total Monthly Expenses:** \_\_\_\_\_

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Reasons for Divorce:

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Marriage Counseling Tried or Desired:

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Did Either Contribute to the Education of the Other:

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