

# HAND LAW FIRM

ATTORNEY AT LAW



## CONFIDENTIAL CLIENT INFORMATION FORM

### DOMESTIC RELATIONS

Today's Date: \_\_\_\_\_

#### *Personal Information*

##### Yourself

Name: \_\_\_\_\_ Maiden/Former Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone#: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_

\*Cellular phones and Email will be used for communication and billing purposes.

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

Home Address since: \_\_\_\_\_

\*\*\*Confidential information will be sent to your email address and your home address provided here\*\*\*

##### *Alternate Contact*

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Minor Children of Marriage (Either born of or adopted):	Name	Date of Birth	Social Security Number
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

##### Spouse

Name: \_\_\_\_\_ Maiden/Former Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone#: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_



# HAND LAW FIRM

ATTORNEY AT LAW



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

City, State, Zip Code \_\_\_\_\_

Home Address since: \_\_\_\_\_

Spouse's Attorney: \_\_\_\_\_ Attorney's Telephone: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

---

## ***Marital Information***

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

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

Are you and your spouse living together now? ☐ Yes ☐ No

If no, what was the date of separation? \_\_\_\_\_

Where were you living at the time of separation? \_\_\_\_\_

If separated, and if all of your addresses since separation are not listed above, please list additional addresses here:

Address

From

To

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you anticipate a dispute over custody of the children? ☐ Yes ☐ No

Please list all prior marriages of yours and of your present spouse. (Include names of all prior spouses, how, when, and where prior marriages were terminated, and provide copies of relevant court orders and separation agreements.)

Yourself: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

List name and ages of any children of yourself or your spouse other than those listed above. State with whom such children live, who has their legal custody, and whether they have been adopted.



# HAND LAW FIRM

ATTORNEY AT LAW



Yourself: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

---

## *Your Employment*

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

Gross Weekly Pay: \_\_\_\_\_

Net Weekly Pay: \_\_\_\_\_

## *Prior Employment:*

Employer Name	Position Held	Dates of Employment	Reason for Leaving
---------------	---------------	---------------------	--------------------

\_\_\_\_\_

\_\_\_\_\_

---

## *Your Spouse's Employment*

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

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

\_\_\_\_\_

\_\_\_\_\_



# HAND LAW FIRM

ATTORNEY AT LAW



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

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

Gross Weekly Pay: \_\_\_\_\_

Net Weekly Pay: \_\_\_\_\_

## *Educational Background*

Degrees awarded or highest educational level reached:

By yourself: \_\_\_\_\_

By your spouse: \_\_\_\_\_

## *Preliminary Financial Information*

Please list any bank accounts to which you or your spouse have access (H = Husband; W = Wife; J = Joint).

Account Type	Account Number	Bank Name and City or Town	Access By: (H, W, J)	Amount
--------------	----------------	----------------------------	----------------------	--------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list all credit cards and charge accounts, who can use them, and who is responsible for the bill.

Credit Card or Account Name	Who May Use (H, W, J)	Responsible Party (H, W, J)	Approximate Amount Owed
-----------------------------	-----------------------	-----------------------------	-------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



# HAND LAW FIRM

ATTORNEY AT LAW




## Assets of You and Your Spouse

Estimate the value of each of the following items of property. If any item is located outside Alabama, indicate where such item is located and, if necessary, give details on a separate sheet of paper. Indicate how much of each asset was contributed by the husband (H) and how much by the wife (W), or, where noted, joint (J).

Bank Accounts:

Item	In Whose Name (H, W, J)	% Contributed by H W	Present Value	Location of Item

Stocks & Bonds (Include number of shares):

Item	In Whose Name (H, W, J)	% Contributed by H W	Present Value	Location of Item



# HAND LAW FIRM

ATTORNEY AT LAW




Miscellaneous Property – Patents, trademarks, copyrights, royalties, limited partnership interests, proprietary interests, or other interests:

Item	In Whose Name (H, W, J)	% Contributed by H W	Present Value	Location of Item

Significant Personal Effects – Automobiles, jewelry, art, antiques, boats, aircraft, collections, furs, tangible personal property:

Items	In Whose Name (H, W, J)	% Contributed by H W	Present Value	Location of Item

Real Estate:

Item or Parcel	Location	Purchased by (H, W, J)	Owned by (H, W, J)	% Contributed H W	Present Value	Mortgage Balance

Business Interests, including sole proprietorships, corporations, or partnerships:

Item	In Whose Name (H, W, J)	% Contributed by H W	Present Value	Location of Item
------	----------------------------	-------------------------	---------------	------------------



# HAND LAW FIRM

ATTORNEY AT LAW




Money owed to you or your spouse:

Type of Debt or Obligation	By Whom Owed	To Whom Owed (H, W, J)	Amount of Obligation	When Due

Employee Benefits – Pension; retirement; profit-sharing plans, regardless of whether presently vested or by whom contributed; company car; expense account; etc.:

List Items:


Insurance:

-Life insurance for you and your spouse:



# HAND LAW FIRM

ATTORNEY AT LAW



(a) Individually acquired:

Policy #	Insured (H, W)	Company	Face Value	Type	Owner (H, W)	Beneficiary	Existing Loan	Cash Value	Premium	Who Pays
----------	----------------	---------	------------	------	--------------	-------------	---------------	------------	---------	----------

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

(b) Employment-related:

Policy #	Insured (H, W)	Company	Face Value	Type	Owner (H, W)	Beneficiary	Existing Loan	Cash Value	Premium	Who Pays
----------	----------------	---------	------------	------	--------------	-------------	---------------	------------	---------	----------

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

-Other Insurance: (Include insurer, persons covered, nature and extent of coverage and whether group or individual, by whom paid and how much, and whether both spouses can remain covered after divorce is final.)

(a) Medical:

(i) Hospital: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ii) Dental: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(iii) Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Disability:

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





# HAND LAW FIRM

ATTORNEY AT LAW



(c) Legal Insurance:

---

---

---

(d) Other:

---

---

---

---

Children's Assets & Income:

---

---

---

---

---

Expected Gifts or Inheritance (you, your spouse and children): When, by whom, from whom, and in what amount (if known):

---

---

---

---

*Liabilities of You and Your Spouse*

Mortgages and Real Estate:

Property Location	Owed by (H, W, J)	Owed to	Present Amount	When Item Due
-------------------	----------------------	---------	----------------	---------------

<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>



# HAND LAW FIRM

ATTORNEY AT LAW



Notes or Loans Owed to Banks and Others:

Item Type	Owed by (H, W, J)	Owed to	Present Amount	When Item Due
-----------	----------------------	---------	----------------	---------------


Other Debts (*i.e.*, car and tuition loans, consumer credit or alimony obligations):

Item Type	Owed by (H, W, J)	Owed to	Present Amount	When Item Due
-----------	----------------------	---------	----------------	---------------


Special Medical and Educational Needs:

Item Type	Owed by (H, W, J)	Owed to	Present Amount	When Item Due
-----------	----------------------	---------	----------------	---------------


- If any of your children have special educational needs, please explain on a separate sheet.
- If you, your spouse or your children are currently receiving medical (including psychological or psychiatric) care, please provide full details on a separate sheet, including names and addresses of doctors, term, frequency, and cost.

*Annual Income of You and Your Spouse*

Type of Income	Self	Spouse	Joint
----------------	------	--------	-------



# HAND LAW FIRM

ATTORNEY AT LAW



Gross Salary			
Dividend Income			
Interest Income			
Income from Trusts			
Rental Income			
Other Income			
<i>TOTAL Annual Income</i> (Sum of Above)			

- Existing arrangements including court orders, as to support, visitation, family finances.

---

---

---

---

---

---

