

WORCESTER COUNTY UNCONTESTED DIVORCE AND MEDIATION CLIENT INTAKE FORM

SPOUSE 1 INFORMATION

Name:		
Previous Names:		
Do You Wish to Change Your Name?		Full Name After Divorce:
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Health Insurance Provider:	Policy # :	Cost:
Employer Name:		
Work Address:		
Phone:	Email:	Fax:
Position:	Hourly or Salary:	Annual Income
Base Pay	Bonuses	Benefits:

SPOUSE 2 INFORMATION

Name:		
Previous Names:		
Do You Wish to Change Your Name?		Full Name After Divorce
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Health Insurance Provider:	Policy # :	Cost:
Employer Name:		
Employer Address:		
Phone:	Email:	Fax:
Position:	Hourly or Salary:	Annual Income
Base Pay	Bonuses	Benefits:

INFORMATION ABOUT YOUR MARRIAGE

Date of Marriage:	# Marriage for Spouse 1 (ie 1 st , 2 nd):	Spouse 2:
Place of Marriage:		
Date and Place Last Lived Together:		
Date Marriage Irretrievably Broke Down:		
Is There a Prenuptial Agreement?	Date:	(Please attach a copy)
Names, Dates of Birth and Ages of Children of the Marriage: (include deceased children and date of death)		
Are You or Your Spouse Currently Pregnant?		
Where Do You Plan to Live After Divorce? Spouse 1:		Spouse 2:
Do You Plan to Share Legal Custody:		
Do You Plan to Share Physical Custody or Will Children Live Primarily With Parent 1? Or Parent 2?		
Tentative Parenting Schedule?		

SPOUSE 1 EDUCATION AND EMPLOYMENT HISTORY				
Are you presently employed?	Full time?	Part time?	Seasonal?	# Hours Per Week:
Reason if not employed:				
Length of Employment?				
Prior Employment:				
Employer-sponsored Health Insurance?		Insurance Company:		
Employee Cost for Coverage for Individual:		Employee plus one:	Family:	
Dental/Vision Coverage?	Cost?	Is Spouse Eligible for Coverage After Divorce?		
Highest Level of Education:		Degrees or Certificates:		
SPOUSE 2 EDUCATION AND EMPLOYMENT HISTORY				
Are you presently employed?	Full time?	Part time?	Seasonal?	# Hours Per Week:
Reason if not employed:				
Length of Employment?				
Prior Employment:				
Employer-sponsored Health Insurance?		Insurance Company:		
Employee Cost for Coverage for Individual:		Employee plus one:	Family:	
Dental/Vision Coverage?	Cost?	Is Spouse Eligible for Coverage After Divorce?		
Highest Level of Education:		Degrees or Certificates:		
REAL ESTATE INFORMATION				
Marital Home Address:				
Title Held By:		Date of Purchase:	Purchase Price:	
Amount and Source of Down Payment:				
1 st Mortgage Held By:		Principal Balance:	Monthly Payment:	
2 nd Mortgage Held By:		Principal Balance:	Monthly Payment:	
Current Fair Market Value:		Plans for this Property After Divorce:		
Vacation Home Address:				
Amount and Source of Down Payment:				
Title Held By:		Date of Purchase:	Purchase Price:	
Amount and Source of Down Payment:				
1 st Mortgage Held By:		Principal Balance:	Monthly Payment:	
2 nd Mortgage Held By:		Principal Balance:	Monthly Payment:	
Current Fair Market Value:		Plans for this Property After Divorce:		
Rental Property Address (attach sep. sheet if more than 1):				
Amount and Source of Down Payment:				
Title Held By:		Date of Purchase:	Purchase Price:	
Mortgage Held By:		Principal Balance:	Monthly Payment:	
Monthly Rental Income:		Monthly Expenses:	Monthly Profit/Loss:	
Current Fair Market Value:		Plans for this Property After Divorce:		
RETIREMENT ASSETS SPOUSE 1				
Plan Name:	Type:	Value:	Beneficiary:	

RETIREMENT ASSETS SPOUSE 2			
Plan Name:	Type:	Value:	Beneficiary:
BANK AND INVESTMENT ACCOUNTS SPOUSE 1			
Institution:	Account no.:	Balance:	Beneficiary:
BANK AND INVESTMENT ACCOUNTS SPOUSE 2			
Institution:	Account no.:	Balance:	Beneficiary:
CREDIT CARD AND OTHER DEBTS SPOUSE 1			
Institution:	Account no.:	Balance:	Nature of Debt:
CREDIT CARD AND OTHER DEBT SPOUSE 2			
Institution:	Account no.:	Balance:	Nature of Debt:
AUTOMOBILES (CARS, BOATS, MOTORCYCLES, RV, ETC.)			
Year/Make/Model:	Purchase Price:	Fair Market Value:	Loan Balance:
TERM LIFE INSURANCE			
Institution and Term Length:	Insured:	Death Benefit:	Beneficiary
WHOLE LIFE INSURANCE			
Institution:	Insured:	Death Benefit:	Cash Value:
OTHER ASSETS			
Estimated Value of Furniture/Household Goods:			
Antiques/Art/Collectibles:			
Contents of Safe Deposit Box:			
Guns:			
Tools and Equipment:			
Other Personal Property:			

WEEKLY EXPENSES - SPOUSE 1			
<u>EXPENSE</u>	<u>CURRENT</u>	<u>PROJECTED</u>	<u>WHO WILL PAY</u>
Mortgage or Rent			
Real Estate Taxes			
Condo Fee			
Homeowners Insurance			
Rent			
Renters' Insurance			
Water/Sewer			
Electric			
Gas			
Oil/Heat Other:			
Cable/Satellite			
Alarm			
Internet			
Phone - House			
Phone - Cell			
Home Maintenance/Repair			
Trash Removal			
Landscaping/Plowing			
Groceries - Food			
House Supplies			
Toiletries			
Pet Food/Grooming/Vet			
Meals Out			
Entertainment			
Uninsured Medical			
Uninsured Dental			
Vision Expenses			
Haircuts/Nails etc.			
Vacation			
Allowance			
School Tuition			
School Lunch			
School Fees			
Uniforms/Books			
Child Care			
Clothing - Self			

WEEKLY EXPENSES - SPOUSE 2			
<u>EXPENSE</u>	<u>CURRENT</u>	<u>PROJECTED</u>	<u>WHO WILL PAY</u>
Mortgage or Rent			
Real Estate Taxes			
Condo Fee			
Homeowners Insurance			
Rent			
Renters' Insurance			
Water/Sewer			
Electric			
Gas			
Oil/Heat Other			
Cable/Satellite			
Alarm			
Internet			
Phone - House			
Phone - Cell			
Home Maintenance/Repair			
Trash Removal			
Landscaping/Plowing			
Groceries - Food			
House Supplies			
Toiletries			
Pet Food/Grooming/Vet			
Meals Out			
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