

**MARITAL FACT SHEET**

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

**Your Information:**

Client Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

City and State of birth: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

How long have you lived in IL?: \_\_\_\_\_, since(date)\_\_\_\_\_

Driver's Lic. No: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

SS#: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Fax No. \_\_\_\_\_

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

How long: \_\_\_\_\_ Gross Salary \_\_\_\_\_ per week bi-weekly monthly

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

Other income sources: \_\_\_\_\_ Disabled: \_\_\_\_\_

If yes, what type of disability \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_ Trade: \_\_\_\_\_

Other Source of Income \_\_\_\_\_

Present Health \_\_\_\_\_ Doctors \_\_\_\_\_

Treating For \_\_\_\_\_

**Spouse:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ City and State of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
How long has she/he lived in IL?: \_\_\_\_\_, since(date) \_\_\_\_\_, \_\_\_\_\_  
Driver's Lic. No: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
SS#: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Fax No. \_\_\_\_\_  
Employer: \_\_\_\_\_  
Job title: \_\_\_\_\_  
How long: \_\_\_\_\_  
Gross salary \_\_\_\_\_ per week bi-weekly monthly  
Job Title: \_\_\_\_\_  
Other income sources: \_\_\_\_\_ Disabled \_\_\_\_\_  
If yes, what type of disability \_\_\_\_\_  
Highest level of education completed: \_\_\_\_\_ Trade: \_\_\_\_\_  
Other Source of Income \_\_\_\_\_  
Present Health \_\_\_\_\_ Doctors \_\_\_\_\_  
Treating For \_\_\_\_\_

**Marriage:**

Date: \_\_\_\_\_ Place of marriage (City, State) \_\_\_\_\_  
Date of separation: \_\_\_\_\_ Prior marriage by either spouse?: \_\_\_\_\_  
If yes, state approximate date of divorce or death of spouse: \_\_\_\_\_  
Wife desires to resume use of maiden name after divorce?: Yes [ ] No [ ]  
Wife's maiden name: \_\_\_\_\_

**Children:** Yes  No

For each child, name, age date of birth, and social security number

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Where do the children reside and with whom: \_\_\_\_\_

Special Health or educational needs: \_\_\_\_\_

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Have the parties discussed custody?: \_\_\_\_\_

Is there agreement? Explain: \_\_\_\_\_

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What do you want the custody and visitation to be?: \_\_\_\_\_

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Do the children have health insurance?: Yes  No

Who provides: Mother Father Public Aid Other (circle one)

**Real Estate:** Yes  No

**Marital Home:** Yes  No  When purchased: \_\_\_\_\_ Price: \_\_\_\_\_

Mortgage amount: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Taxes: \_\_\_\_\_ Title held by: \_\_\_\_\_

Today's estimated value: \_\_\_\_\_

**Second Home:** Yes  No  When purchased: \_\_\_\_\_ Price: \_\_\_\_\_

Mortgage amount: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Taxes: \_\_\_\_\_ Title held by: \_\_\_\_\_

Today's estimated value: \_\_\_\_\_

**Rental Property:** Yes  No  When purchased: \_\_\_\_\_ Price: \_\_\_\_\_  
Mortgage amount: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Taxes: \_\_\_\_\_ Title held by: \_\_\_\_\_  
Today's estimated value: \_\_\_\_\_

**Other Property:** Yes  No  When purchased: \_\_\_\_\_ Price: \_\_\_\_\_  
Mortgage amount: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Taxes: \_\_\_\_\_ Title held by: \_\_\_\_\_  
Today's estimated value: \_\_\_\_\_

**Bank Accounts:**

Bank	Account	\$Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Pension, profit sharing, 401K other retirement**

**Husband:** Yes  No  Name of accounts and value of each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Wife:** Yes  No  Name of accounts and value of each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Stocks or Bonds:** Yes  No

Institution	# of shares	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Business Interests:** Yes [ ] No [ ]

Type of Business: \_\_\_\_\_

Partnership Corporation Limited Liability Corporation (circle one)

Did you acquire the business?: Yes [ ] No [ ] When: \_\_\_\_\_

Source of investment: \_\_\_\_\_

Annual income: \_\_\_\_\_ Liens/other interests: \_\_\_\_\_

Business value: \_\_\_\_\_

**Taxes:**

How do you and your spouse file for Federal Income Tax? Joint married but separate other (circle one)

Have prior years' federal income taxes been paid? Yes No If no, which year(s) remain unpaid?

\_\_\_\_\_

**Cars:**

Driven by Husband: \_\_\_\_\_

Title in name of: \_\_\_\_\_ or lien holder: \_\_\_\_\_

Monthly payment: \_\_\_\_\_ Balance owed: \_\_\_\_\_

Driven by Wife: \_\_\_\_\_

Title in name of: \_\_\_\_\_ or lien holder: \_\_\_\_\_

Monthly payment: \_\_\_\_\_ Balance owed: \_\_\_\_\_

**Other:**

Title in name of: \_\_\_\_\_ or lien holder: \_\_\_\_\_

Monthly payment: \_\_\_\_\_ Balance owed: \_\_\_\_\_

**Life Insurance:** Yes [ ] No [ ]

Company	Insured	Beneficiary	Value
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Health Insurance:** Yes [ ] No [ ]

**Husband:**

Insurance through employer or self (circle one)

Person's covered: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_

Policy/group number: \_\_\_\_\_

**Wife:**

Insurance through employer or self (circle one)

Person's covered: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_

Policy/group number: \_\_\_\_\_

**Debts:**

Attach second sheet if necessary

Creditor	In whose name	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other assets:**

Personal Injury claims or other suits now pending? \_\_\_\_\_

Workman's compensation claims: \_\_\_\_\_

Other assets (trucks, boats, motorcycles, campers, RVs, jewelry:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

