

S.A.M. LAW OFFICE LLC

Susan A. Marks, Attorney

Melissa C. Djonlich, Paralegal

Email completed for to mel@samlaw.info or fax to 847-577-2223

MARITAL FACT SHEET

Date Completed: _____

Your Information:

Client Name: _____ Age: _____ Date of birth: _____

City and State of birth: _____

Address: _____

Email: _____

How long have you lived in IL?: _____, Since(date): _____

Driver's Lic, No: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax No: _____

SS#: _____ Email address: _____

Employer: _____

Job Title: _____

How long: _____ Salary _____ per hour/week/bi-weekly/ monthly

Annual Income: _____

Other income sources: _____

Have you filed for bankruptcy? _____ If yes, when was your discharge: _____

Have you filed for bankruptcy during this divorce? Yes No

Disabled?: _____ If yes, what type of disability: _____

Highest level of education completed: _____ Trade: _____

Present Health: _____ Doctors: _____

Treating For: _____

Spouse:

Name: _____ Age: _____ Date of birth: _____

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City and State of birth: _____

Address: _____

City, State of birth: _____

How long has he/she lived in IL?: _____, Since(date): _____

Driver's Lic, No: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax No: _____

SS#: _____ Email address: _____

Employer: _____

Job Title: _____

How long: _____ Salary _____ per hour/week/bi-weekly/ monthly

Annual Income: _____

Other income sources: _____

Have you filed for bankruptcy? _____ If yes, when was your discharge: _____

Have you filed for bankruptcy during this divorce? Yes No

Disabled?: _____ If yes, what type of disability: _____

Highest level of education completed: _____ Trade: _____

Present Health: _____ Doctors: _____

Treating For: _____

Does the parent drink alcohol excess regularly?: _____

Does the parent have DUI's?: _____

Does the parent have mental health issues?: Yes [] No [] Explain: _____

Has parent hit you in front of the children Yes [] No [] Last occurrence: _____

Briefly Describe: _____

Does the parent use illegal drugs regularly?: _____

Use in front of children: Yes [] No []

Criminal Convictions: Yes [] No [] Briefly Describe: _____

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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:

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

Where do the children reside and with whom: _____

Special Health or Educational needs: _____

Have the parties discussed custody?: _____

Is there agreement? Explain: _____

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

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 [] Date purchased: _____ Price: _____

Mortgage amount: _____ Monthly Payment: _____

Taxes: _____ Title held by: _____

Today's estimated value: _____

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Second Home: Yes No Date purchased: _____ Price: _____

Mortgage amount: _____ Monthly Payment: _____

Taxes: _____ Title held by: _____

Today's estimated value: _____

Rental Property: Yes No Date purchased: _____ Price: _____

Mortgage amount: _____ Monthly Payment: _____

Taxes: _____ Title held by: _____

Today's estimated value: _____

Other Property: Yes No Date purchased: _____ Price: _____

Mortgage amount: _____ Monthly Payment: _____

Taxes: _____ Title held by: _____

Today's estimated value: _____

Bank Accounts:

Bank	Account	\$Account
------	---------	-----------

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

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: _____

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Stocks or Bonds: Yes No

Institution	# of shares	Value
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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 years (s) remain unpaid?

Cars:

Driven by Husband: _____

Title in name of: _____ or lien holder: _____

Monthly payment: _____ Balance owed: _____

Driven by Wife: _____

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Title in name of: _____ or lien holder: _____

Monthly payment: _____ Balance owed: _____

Other: _____

Title in name of: _____ or lien holder: _____

Monthly payment: _____ Balance owed: _____

Property Insurance: Yes [] No []

Insurer _____ property amount insured _____

Business Insurance: Yes [] No []

Insurer _____ Property amount insured _____

Life Insurance: Yes [] No []

Company	Insured	Beneficiary	Value
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Health Insurance: Yes [] No []

Husband:

Health Insurance through employer or self (circle one)

Person's covered: _____

Name of insurance company: _____

Policy / group number: _____

Wife:

Health Insurance through employer or self (circle one)

Person's covered: _____

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Name of insurance company: _____

Policy / group number: _____

Debts:

Attached second sheet if necessary

Creditor	Joint Debt/Individual	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other assets:

Personal Injury claims or other suits now pending?: _____

Workman's compensations claims: _____

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

Other information we need to know: _____

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