

Return completed form to Laura via email to laura@samlaw.info and larry@samlaw.info

Please Print Clearly and Neatly

MARITAL FACT SHEET

Date Completed: _____

Your Information:

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

City and state of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

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

Do you rent or own your home? _____ What is your monthly payment? _____

Social Security No: _____

Employer: _____

Job Title: _____

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

Pay periods per year: 26___ 24___ 12___

Annual Income: _____

Are you receiving child support or maintenance? Yes [] No [] If yes, how much? _____

Are you paying child support or maintenance? Yes [] No [] If yes, how much? _____

Other income sources: _____

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

Have you filed for bankruptcy during this divorce? Yes [] No []

Are you disabled? _____ If yes, what type of disability: _____

Highest level of education completed: _____ Trade: _____

Health Insurance: _____ Cost per pay period: _____

Present Health: _____ Doctors: _____

Treating For: _____

Spouse:

Spouse's Name: _____ Age: _____ Date of birth: _____

City and state of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

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

Do they rent or own your home? _____ For renters, what is their monthly payment? _____

Social Security No: _____

Employer: _____

Job Title: _____

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

Pay periods per year: 26___ 24___ 12___

Annual Income: _____

Are they receiving child support or maintenance? Yes ☐ No ☐ If yes, how much? _____Are they paying child support or maintenance? Yes ☐ No ☐ If yes, how much? _____

Other income sources: _____

Have they filed for bankruptcy? _____ If yes, when was their discharge: _____

Are they disabled? _____ If yes, what type of disability: _____

Their Highest level of education completed: _____ Trade: _____

Health Insurance: _____ Cost per pay period: _____

Their Present Health: _____ Doctors: _____

Treating For: _____

Does the spouse have mental health issues? Explain: _____

Does the spouse drink alcohol excessively or regularly? _____

Does the spouse have DUI's charges or convictions? _____

Has spouse hit you in front of the children? Yes ☐ No ☐ Date and description of last occurrence: _____

Has any other domestic violence occurred? Yes ☐ No ☐ Date and description of last occurrence:

Does the spouse have any criminal convictions? Yes ☐ No ☐ Date and description of last occurrence: _____

Does either party have an order of protection entered by a Court Yes? ☐ No ☐ Explain: _____

Does the spouse use illegal drugs regularly? _____

Use of illegal drugs in front of children? Yes ☐ No ☐ Date and description of last occurrence: _____

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's desires to resume use of maiden name after divorce? Yes ☐ No ☐

Wife's maiden name: _____

Children:

For each child state the full name, age, and date of birth:

Where do the children reside and with whom: _____

Special health or educational needs: _____

Have the parties discussed allocation of parental responsibilities (formerly custody)? _____

Is there agreement? Explain: _____

What do you want the allocation of parental responsibilities (formerly custody) and parenting time (formerly visitation) to be? _____

Do the children have health insurance? Yes ☐ No ☐

Who provides health insurance for children? Mother or Father or Public Aid Other (Circle One)

Real Estate: Yes ☐ No ☐

Marital Home: Yes ☐ No ☐ Date purchased: _____ Price: _____

Total Mortgage amount: _____ Monthly Payment: _____

Taxes: _____ Title held by: _____

Today's estimated value: _____

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

Total Mortgage amount: _____ Monthly Payment: _____

Taxes: _____ Title held by: _____

Today's estimated value: _____

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

Total Mortgage amount: _____ Monthly Payment: _____

Taxes: _____ Title held by: _____

Today's estimated value: _____

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

Total Mortgage amount: _____ Monthly Payment: _____

Taxes: _____ Title held by: _____

Today's estimated value: _____

Bank Accounts:

Bank Name	Account Type	Joint	Husband	Wife	Value of Account (\$)
-----------	--------------	-------	---------	------	-----------------------

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

Business Interests: Yes ☐ No ☐

Type of Business: _____

Partnership or Corporation or Limited Liability Company (circle one)

When did you acquire the business? _____

Source of investment: _____

Annual income: _____ Liens / other interests: _____

Business value: _____

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	Number of shares	Value
-------------	------------------	-------

_____	_____	_____
_____	_____	_____
_____	_____	_____

Taxes:

How do you and your spouse file for Federal Income Tax?

Joint or Married Filing Separate or Single (circle one)

Have prior years' federal income taxes been paid? Yes ☐ No ☐

If no, which years (s) remain unpaid? _____

Cars:

Driven by Husband: Year _____ Make _____ Model _____

Title in name of: _____ or lien holder: _____

Monthly payment: _____ Balance owed: _____

Driven by Wife: Year _____ Make _____ Model _____

Title in name of: _____ or lien holder: _____

Monthly payment: _____ Balance owed: _____

Other Cars: _____

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 ☐ Whole Life / Term (W or T)

Company	Insured	Face Value	Beneficiary	Cash Value
---------	---------	------------	-------------	------------

Student Loan Debts

Creditor	Joint Debt/Individual	Amount	Current [Y/N]
----------	-----------------------	--------	---------------

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

Debts (Other than Home or Auto or Student - Example: Credit Cards):

Creditor	Joint Debt/Individual	Amount	Current [Y/N]
----------	-----------------------	--------	---------------

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

Are all debts current? Yes ☐ No ☐ If no how far behind? _____**Health Insurance:** Yes ☐ No ☐**Husband's Insurance:**

Health insurance through employer or self (circle one)

Person's covered: _____

Name of insurance company: _____

Policy / group number: _____

Wife's Insurance:

Health insurance through employer or self (circle one)

Person's covered: _____

Name of insurance company: _____

Policy / group number: _____

Other Assets:

Personal injury claims or other suits now pending: _____

Other Assets (Trucks, Boats, Motorcycles, Campers, RVs, Jewelry): _____

Other information we need to know: _____

What questions do you have for the attorney? _____

When you return this form please attach any related and appropriate documents including any prior court documents.

How did you hear about SAM LAW OFFICE, LLC?

☐ Yellow Pages ☐ Dex ☐ Google ☐ Lawyers.com ☐ Our Website ☐ Bing/Yahoo Ads
☐ Other (Please describe) _____ ☐ Referred by: _____