

Return completed form to Larry Narum via email (larry@samlaw.info)

Please Print Clearly and Neatly

POST-DECREE

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? _____ For renters, what is your monthly payment? _____

Social Security No: _____

Employer: _____

Job Title: _____

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

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: _____

Present Health: _____ Doctors: _____

Treating For: _____

Former Spouse:

Former 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 their home? _____ For renters, what is their monthly payment? _____

Social Security No: _____

Employer: _____

Job Title: _____

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

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: _____

Their Present Health: _____ Doctors: _____

Treating For: _____

Does the Former Spouse have mental health issues? Explain: _____

Does the Former Spouse drink alcohol excessively or regularly? _____

Does the Former Spouse have DUI's charges or convictions? _____

Has Former 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 Former Spouse have any criminal convictions? Yes ☐ No ☐ Date and description of last occurrence: _____

Does the Former 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 Former Spouse?

If yes, state approximate date of divorce or death of Former Spouse:

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

Wife's maiden name: _____

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

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)

Taxes:

Filing Status: 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? _____

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: _____

Life Insurance: Yes ☐ No ☐ Whole term or life (circle one)

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

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: _____