

DIVORCE WITHOUT CHILDREN INTAKE SHEET

Today's Date: _____

Your personal information:

Full Name _____

Birth date: _____ Age: _____

Place of Birth: _____

Number of this Marriage: _____

Occupation: _____

Exemptions Claimed: _____

Hair Color: _____

Eye Color: _____ Height: _____

Weight: _____ Race: _____

Scars, Tattoos, etc.? _____

Are you receiving public assistance? _____

Is so, what kind? _____

Are you in the military? _____

Have you resided in Michigan for 180 days (six months)? _____

If not, what state and for what length of time? _____

What county have you resided in for the last ten days? _____

Place of Marriage? City: _____ County: _____ State: _____

Your Spouse's personal information:

Full Name _____

Birth date: _____ Age: _____

Place of Birth: _____

Number of this Marriage: _____

Occupation: _____

Exemptions Claimed: _____

Hair Color: _____

Eye Color: _____ Height: _____

Weight: _____ Race: _____

Scars, Tattoos, etc.? _____

Is your spouse? _____

If so, what kind? _____

Is your spouse? _____

Date of Marriage: _____ By whom: _____

Spouse's maiden name _____ all prior names: _____

When, if at all, did you separate? _____ Who left the marital residence? _____

Check any of the following you have pertaining to you and/or your spouse:

- Retirement/Pension Plan I.R.A. Profit Sharing
 Tax Returns (Last 3 Years) Last 5 Pay Stubs Life Insurance
 Deeds or Real Property Owned Other: _____

Do you and/or your spouse carry medical insurance through your employer or independently? _____

Name of insurance company: _____ Person listed as principal insured: _____

Effective Dates of Coverage: _____ Contract/Policy #: _____

Names of persons covered by this policy: _____

If both parties carry insurance, please list secondary insurance information on the back of this page.

Are you, or is your spouse pregnant? _____ If so, how far along? _____ & due date _____

Did you or your spouse ever file any action against each other while you were married or unmarried regarding custody, support, paternity, restraint or protection? _____ If yes, what County _____ State _____ Year? _____, please provide us with copy of any documentation.

Is there, or has there been physical abuse? _____ If there has, who is the abuser and when was the last incident? _____ Briefly describe the incident: _____

Do you feel a restraining order is necessary? _____.

Is there or has there been verbal/mental abuse? _____ If there has, who is the abuser and when was the last incident? _____ Briefly describe the incident: _____

Is there real estate to be divided?_____. If there is, we need a copy of the legal description for all properties, if more than one. How many properties?_____.

Is there any of the following personal property? If yes, describe each:

Stocks/Bonds _____

Life Insurance _____

Pension (vested)_____

Mobile Home _____

IRA/Bank Accounts _____

Recreation Vehicles _____

Collections (guns, coins, antiques, etc.) _____

Jewelry _____

Other _____

Please list all charge cards/Accounts, Personal Loans, Mortgages and /or Vehicle Loans. Please include account number, balance owed, and monthly payment._____

Do you have a criminal history?_____. Do you have a history of domestic abuse?_____.

Are you alleging fault or inappropriate behavior on the other party during the relationship?_____ If so, what?_____

Was alcohol a problem during the marriage?_____. Were drugs a problem during the marriage?_____.

During the course of the relationship or after separation, are you concerned that the other party was/is dissipating assets? _____ Why? Please explain. _____

What is it you would like to see out of this divorce? _____

Are you presently represented by an Attorney? _____. If so, please state Name and in what capacity _____.

_____.