



## INITIAL CONSULTATION OBJECTIVES FOR:

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Date)

1. To discuss, in a **confidential** setting, your legal rights related to family law issues;
2. To receive a summary of family law in our Initial Client Memorandum to read at home;
3. To receive checklists and forms of information you need to gather for your attorneys;
4. To determine a preliminary strategy for your case, if you feel ready to do so;
5. To meet your potential attorney(s);
6. To discuss fees; and
7. To discuss any other objectives you have listed below:

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Website: www.woodrufflawfirm.com

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336-272-7991 (fax)

**SKIP ANY QUESTION YOU DO NOT KNOW OR UNDERSTAND.**

**GIVE ESTIMATES OF VALUES WHEN POSSIBLE.**

***DO NOT GET FRUSTRATED OVER ANY QUESTION!!!***

**SKIP IT AND DISCUSS WITH YOUR ATTORNEY**

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## CONFLICTS OF INTEREST

Please give the name, address and brief explanation of any person or entity you think would have a conflict of interest with you with regard to our handling your case. Please give all names a person/entity may have used

Woodruff Family Law Group contracts with Nitor Solutions to protect our computer data through remote access to our computers, maintenance of our computers, offsite backup and other items necessary to maintain computers in today's environment. If you have any concerns about this or if the opposing party in your case is in any way connected to Nitor Solutions, please advise the managing shareholder, Carolyn J. Woodruff and business manager, Stephanie Griffin, immediately in writing and by a phone call. In such a case, we might need additional protections of your file information which has to be decided on facts specific to your case.

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### **Internal Use Only:**

Master Contacts Checked: \_\_\_\_\_ (date) \_\_\_\_\_ (initials)

Conflicts called to attorney's attention: \_\_\_\_\_ (date) \_\_\_\_\_ (initials)

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## GENERAL INFORMATION

1. Overview. *(Please give us a brief summary of your case)*

2. Have you been served with pleadings, lawsuits, subpoenas, papers by the sheriff or papers by certified mail?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. What are your top goals and objectives? How will we know if we “win” your case? What does a successful result look like?

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**GENERAL INFORMATION**  
(Continued)

4. Case Plan: *(To be completed with attorney in initial consult)*

5. Have you or your spouse ever been through bankruptcy?

You: \_\_\_\_\_ Type: \_\_\_\_\_

Spouse: \_\_\_\_\_ Type: \_\_\_\_\_

6. Are you or your spouse on any leases?

You: \_\_\_\_\_ Type: \_\_\_\_\_

Spouse: \_\_\_\_\_ Type: \_\_\_\_\_

7. Are you or your spouse on any Guarantees?

You: \_\_\_\_\_ Type: \_\_\_\_\_

Spouse: \_\_\_\_\_ Type: \_\_\_\_\_

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**PERSONAL ISSUES:**  
**EDUCATION**

List your highest educational level (*high school, college, graduate school, professional training*) with the name of the institution(s):

---

---

Do you have any special job training? Describe: \_\_\_\_\_

---

Will you need further training/education before beginning a new job (if currently unemployed)? \_\_\_\_\_

---

List your spouse's highest educational level (*high school, college, graduate school, professional training*) with the name/address of the institution(s):

---

---

Does your spouse have any special job training? Describe: \_\_\_\_\_

---

Will you need further training/education before beginning a new job (if currently unemployed)? \_\_\_\_\_

---

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**PERSONAL ISSUES:  
PRIOR DIVORCE**

Date(s) of Prior Divorce(s): \_\_\_\_\_

Please check all that apply:

Separation Agreement: \_\_\_\_\_ Divorce Decree: \_\_\_\_\_ Custody Order: \_\_\_\_\_

Child Support Order: \_\_\_\_\_ Alimony/PSS Order: \_\_\_\_\_

If you are paying child support for children from a prior marriage/relationship, how much per month: \_\_\_\_\_

Date child support obligation ends: \_\_\_\_\_

If you are paying alimony from a prior marriage, how much per month: \_\_\_\_\_

Date alimony obligation ends: \_\_\_\_\_

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**PERSONAL ISSUES:  
MEDICAL**

Your general physical health: \_\_\_\_\_

Your general mental health: \_\_\_\_\_

Any specific medical problems: \_\_\_\_\_

Do you have any disabilities: \_\_\_\_\_

Do you have a personal injury case currently or think you may have one? \_\_\_\_

Your spouse's general physical health: \_\_\_\_\_

Your spouse's general mental health: \_\_\_\_\_

Does your spouse have any specific medical problems: \_\_\_\_\_

Does your spouse have any disabilities: \_\_\_\_\_

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## EQUITABLE DISTRIBUTION

1. Does your case potentially involve a marital property settlement (*known in this state as Equitable Distribution*)?

Yes \_\_\_\_\_ No \_\_\_\_\_

- A. Does a Premarital Agreement exist?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide us with a copy at your next meeting.

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**EQUITABLE DISTRIBUTION:  
A. BANK/SAVINGS ACCOUNTS**

1. Largest Account:
  - a. Bank/Financial Institution: \_\_\_\_\_
  - b. Type of account: \_\_\_\_\_
  - c. Approximate Amount: \_\_\_\_\_
  - d. Name(s) on account: \_\_\_\_\_
  - e. Do you have access? Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. Second Largest Account:
  - a. Bank/Financial Institution: \_\_\_\_\_
  - b. Type of account: \_\_\_\_\_
  - c. Approximate Amount: \_\_\_\_\_
  - d. Name(s) on account: \_\_\_\_\_
  - e. Do you have access? Yes \_\_\_\_\_ No \_\_\_\_\_
  
3. Additional Account:
  - a. Bank/Financial Institution: \_\_\_\_\_
  - b. Type of account: \_\_\_\_\_
  - c. Approximate Amount: \_\_\_\_\_
  - d. Name(s) on account: \_\_\_\_\_
  - e. Do you have access? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Other accounts will be covered on the Equitable Distribution Affidavit.

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**EQUITABLE DISTRIBUTION:****B. PROMISSORY NOTES, ACCOUNTS RECEIVABLE, PROMISSORY NOTES DUE TO OTHERS, ACCOUNTS PAYABLE**

1. Note:

a. Bank/Financial Institution: \_\_\_\_\_

b. Approximate Amount: \_\_\_\_\_

c. Terms: \_\_\_\_\_

d. Due to or from you? \_\_\_\_\_

2. Note:

a. Bank/Financial Institution: \_\_\_\_\_

b. Approximate Amount: \_\_\_\_\_

c. Terms: \_\_\_\_\_

d. Due to or from you? \_\_\_\_\_

3. Note:

a. Bank/Financial Institution: \_\_\_\_\_

b. Approximate Amount: \_\_\_\_\_

c. Terms: \_\_\_\_\_

d. Due to or from you? \_\_\_\_\_

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**EQUITABLE DISTRIBUTION:****C. STOCKS, BONDS AND MUTUAL FUNDS**

1. Stocks, etc:

- a. Entity : \_\_\_\_\_
- b. Approximate Shares: \_\_\_\_\_
- c. Approximate Worth: \_\_\_\_\_
- d. Do you have access? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Stocks, etc:

- a. Entity : \_\_\_\_\_
- b. Approximate Shares: \_\_\_\_\_
- c. Approximate Worth: \_\_\_\_\_
- d. Do you have access? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Stocks, etc:

- a. Entity : \_\_\_\_\_
- b. Approximate Shares: \_\_\_\_\_
- c. Approximate Worth: \_\_\_\_\_
- d. Do you have access? Yes \_\_\_\_\_ No \_\_\_\_\_

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**EQUITABLE DISTRIBUTION:****D. REAL ESTATE**1. Real Estate: Primary Home

- a. Address: \_\_\_\_\_
- b. Gross Fair Market Value: \_\_\_\_\_
- c. Amount Owed: \_\_\_\_\_
- d. Monthly Payment: \_\_\_\_\_
- e. Equity Line Owed: \_\_\_\_\_
- f. Payment: \_\_\_\_\_
- g. Do you desire to retain the home? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_
- h. Are there any environmental issues? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

2. Real Estate: \_\_\_\_\_

*(Please Describe, e.g. Second home, commercial, etc.; please include here the most valuable piece of Real Estate other than your home.)*

- a. Address: \_\_\_\_\_
- b. Gross Fair Market Value: \_\_\_\_\_
- c. Amount Owed: \_\_\_\_\_
- d. Monthly Payment: \_\_\_\_\_
- e. Equity Line Owed: \_\_\_\_\_
- f. Payment: \_\_\_\_\_
- g. Do you desire to retain the home? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_
- h. Are there any environmental issues? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

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3. Real Estate: \_\_\_\_\_  
 (Please Describe, e.g. Second home, commercial, etc.)

- a. Address: \_\_\_\_\_
- b. Gross Fair Market Value: \_\_\_\_\_
- c. Amount Owed: \_\_\_\_\_
- d. Monthly Payment: \_\_\_\_\_
- e. Equity Line Owed: \_\_\_\_\_
- f. Payment: \_\_\_\_\_
- g. Do you desire to retain the home? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_
- h. Are there any environmental issues? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

4. Real Estate: \_\_\_\_\_  
 (Please Describe, e.g. Second home, commercial, etc.)

- a. Address: \_\_\_\_\_
- b. Gross Fair Market Value: \_\_\_\_\_
- c. Amount Owed: \_\_\_\_\_
- d. Monthly Payment: \_\_\_\_\_
- e. Equity Line Owed: \_\_\_\_\_
- f. Payment: \_\_\_\_\_
- g. Do you desire to retain the home? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_
- h. Are there any environmental issues? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

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**EQUITABLE DISTRIBUTION:**  
**E. LIFE INSURANCE**

1. Insurance:
- a. Policy Holder: \_\_\_\_\_
  - b. Beneficiary: \_\_\_\_\_
  - c. Monthly Payment: \_\_\_\_\_
  - d. Who makes payment: \_\_\_ You \_\_\_ Spouse
  - e. Cash Value: \_\_\_\_\_
  - f. Do you wish to retain this policy? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_
2. Insurance:
- a. Policy Holder: \_\_\_\_\_
  - b. Beneficiary: \_\_\_\_\_
  - c. Monthly Payment: \_\_\_\_\_
  - d. Who makes payment: \_\_\_ You \_\_\_ Spouse
  - e. Cash Value: \_\_\_\_\_
  - f. Do you wish to retain this policy? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_
3. Insurance:
- a. Policy Holder: \_\_\_\_\_
  - b. Beneficiary: \_\_\_\_\_
  - c. Monthly Payment: \_\_\_\_\_
  - d. Who makes payment: \_\_\_ You \_\_\_ Spouse
  - e. Cash Value: \_\_\_\_\_
  - f. Do you wish to retain this policy? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

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**EQUITABLE DISTRIBUTION:**  
**F. BUSINESS OR PROFESSIONAL INTERESTS**

1. Name of Entity : \_\_\_\_\_
2. How is ownership held? \_\_\_\_\_
3. Please provide a brief summary of what the business does:
  
4. Have appraisals been done?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_
5. What kind of tax returns does the business file?
  
6. Please bring five (5) years of tax returns, financial statements and any other pertinent business records to your next meeting.

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**EQUITABLE DISTRIBUTION:**  
**G. PENSIONS PLANS, KEOGHS, IRAS, PROFIT SHARING, RETIREMENT  
PLANS AND LOANS**

**SELF:**

a. Type: \_\_\_\_\_

Where Held: \_\_\_\_\_

Value/Amount: \_\_\_\_\_

b. Type: \_\_\_\_\_

Where Held: \_\_\_\_\_

Value/Amount: \_\_\_\_\_

c. Type: \_\_\_\_\_

Where Held: \_\_\_\_\_

Value/Amount: \_\_\_\_\_

**SPOUSE:**

a. Type: \_\_\_\_\_

Where Held: \_\_\_\_\_

Value/Amount: \_\_\_\_\_

b. Type: \_\_\_\_\_

Where Held: \_\_\_\_\_

Value/Amount: \_\_\_\_\_

c. Type: \_\_\_\_\_

Where Held: \_\_\_\_\_

Value/Amount: \_\_\_\_\_

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**EQUITABLE DISTRIBUTION:  
H. VEHICLES AND LOANS**

1. Type (year, make, model): \_\_\_\_\_
  - a. Titled to: \_\_\_\_\_
  - b. Used by: \_\_\_\_\_
  - c. Total gross fair market value: \_\_\_\_\_
  - d. Total debt owed: \_\_\_\_\_
  - e. Payment amount: \_\_\_\_\_
  - f. Who makes payment? \_\_\_\_\_
  - g. To whom is payment made: \_\_\_\_\_
  - h. Who has the title? \_\_\_\_\_
  - i. Do you want this vehicle? \_\_\_\_\_
  
2. Type (year, make, model): \_\_\_\_\_
  - a. Titled to: \_\_\_\_\_
  - b. Used by: \_\_\_\_\_
  - c. Total gross fair market value: \_\_\_\_\_
  - d. Total debt owed: \_\_\_\_\_
  - e. Payment amount: \_\_\_\_\_
  - f. Who makes payment? \_\_\_\_\_
  - g. To whom is payment made: \_\_\_\_\_
  - h. Who has the title? \_\_\_\_\_
  - i. Do you want this vehicle? \_\_\_\_\_
  
3. Type (year, make, model): \_\_\_\_\_
  - a. Titled to: \_\_\_\_\_
  - b. Used by: \_\_\_\_\_
  - c. Total gross fair market value: \_\_\_\_\_
  - d. Total debt owed: \_\_\_\_\_
  - e. Payment amount: \_\_\_\_\_
  - f. Who makes payment? \_\_\_\_\_
  - g. To whom is payment made: \_\_\_\_\_
  - h. Who has the title? \_\_\_\_\_
  - i. Do you want this vehicle? \_\_\_\_\_

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**EQUITABLE DISTRIBUTION:**  
**I. PERSONAL PROPERTY VALUED AT \$500.00 OR MORE**

1. Type: \_\_\_\_\_
  - a. Value: \_\_\_\_\_
  - b. Location: \_\_\_\_\_
  - c. Do you want this item? \_\_\_\_\_
  
2. Type: \_\_\_\_\_
  - a. Value: \_\_\_\_\_
  - b. Location: \_\_\_\_\_
  - c. Do you want this item? \_\_\_\_\_
  
3. Type: \_\_\_\_\_
  - a. Value: \_\_\_\_\_
  - b. Location: \_\_\_\_\_
  - c. Do you want this item? \_\_\_\_\_
  
4. Type: \_\_\_\_\_
  - a. Value: \_\_\_\_\_
  - b. Location: \_\_\_\_\_
  - c. Do you want this item? \_\_\_\_\_

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**EQUITABLE DISTRIBUTION:  
J. HOUSEHOLD FURNISHINGS**

Please list items of marital furnishings that you wish to retain. Make photographs of all items. Include items in garage/storage. Include tools, guns, collectibles, etc.

Also, please list all property you consider to be separate property items (most typically items given to you by a family member).

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**EQUITABLE DISTRIBUTION:  
K. CREDIT CARDS**

1. Credit Card Name: \_\_\_\_\_
  - a. Account number: \_\_\_\_\_
  - b. Balance: \_\_\_\_\_
  - c. Name(s) on account: \_\_\_\_\_
  - d. Considerations:
  
2. Credit Card Name: \_\_\_\_\_
  - a. Account number: \_\_\_\_\_
  - b. Balance: \_\_\_\_\_
  - c. Name(s) on account: \_\_\_\_\_
  - d. Considerations:
  
3. Credit Card Name: \_\_\_\_\_
  - a. Account number: \_\_\_\_\_
  - b. Balance: \_\_\_\_\_
  - c. Name(s) on account: \_\_\_\_\_
  - d. Considerations:

What do you estimate as your total credit card debt not paid off on a monthly basis?

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**EQUITABLE DISTRIBUTION:**  
**L. OTHER DEBTS**

Please describe below any other assets/debts not already listed:

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## Child Custody

1. Does your case potentially involve contested custody?

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

2. Is there an existing custody order or agreement? (If yes, *please provide a copy to your attorney.*)

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

3. Briefly describe how you would resolve the custody issue and why.

*(Please include consideration of the special needs of the children.)*

4. Please list for each child: Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security # \_\_\_\_\_

5. What time do you leave to go to work in the morning? \_\_\_\_\_

6. What time do you come home in the evening? \_\_\_\_\_

7. How would you handle the transportation of children to and from school in the event the Court grants you custody?

8. How is the transportation of children to and from school currently handled?

9. Do you have flexibility with your employment in the event the children become ill or for another reason you have to be home with them for a day or two?

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**Child Custody**  
*(Continued)*

10. How many meals a day do the children have in the home? \_\_\_\_\_
11. What kind of meals do the children have for breakfast?
12. What kind of meals do you have for lunch and dinner?
13. What time do you generally have dinner? \_\_\_\_\_
14. Did your spouse usually come home for dinner? \_\_\_\_\_
15. Did you usually have dinner together with the children? \_\_\_\_\_
16. What are the children's favorite foods?
17. Where do you grocery shop? Do the children go with you when you shop?
18. Do you eat out with the children? \_\_\_\_\_
19. Describe the children's cleanliness and how you would tend to their hygiene.
20. Do they have separate bedrooms? Describe their bedrooms.

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## Child Custody (Continued)

21. Do the children have chores and responsibilities about the house? What are they?
  
22. How and why did you select these particular chores?
  
23. Are the children responsible for their rooms and clothes? \_\_\_\_\_
24. Has your spouse ever complained to you about the children? Please describe.
  
25. Who is the children's doctor or pediatrician? \_\_\_\_\_
26. Where is his/her office located? \_\_\_\_\_
27. Do you know the doctor? \_\_\_\_\_
28. Estimate how many times you've been to the doctor's office with the children. \_\_\_\_\_
29. Has your spouse been to the doctor's office with the children? \_\_\_\_\_
30. Do the children have any special medical or dental health problems? Please describe.
  
31. Do the children go for regular medical and dental checkups? \_\_\_\_\_

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**Child Custody**  
*(Continued)*

32. What prescriptions do the children take at this time and for what reason?
33. Who gives the children the medicine when they need it? \_\_\_\_\_
34. Who purchases the clothing for the children? \_\_\_\_\_
35. Where do you purchase the clothing for the children?
36. How do you select clothes for the children?
37. Specify the clothes sizes that each child wears.
38. Does your spouse know the children's clothing sizes? \_\_\_\_\_
39. Do you see that the children brush their teeth regularly? \_\_\_\_\_
40. What school do the children attend? \_\_\_\_\_
41. What grade are they in? \_\_\_\_\_
42. Have you visited the school? \_\_\_\_\_

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43. Have you engaged in activities at the school (PTA or volunteer)? How often do you do this?

**Child Custody**  
*(Continued)*

44. Have you met with the teachers? How often?

45. How are the children's grades?

46. Do you help the children with homework? \_\_\_\_\_

47. Do you read to the children in the home, take them to museums, theaters, plays, etc.? Please describe:

48. What is your position concerning television viewing by the children?

49. How do you deal with discipline with the children?

50. What is your involvement with the children's religious activities?

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51. Do you believe that the children would be better off in your custody than in the custody of your spouse?

### **Child Custody** *(Continued)*

O: Circle those you handle

—: Put a line through those your spouse handles

X: Put an 'x' beside those you and your spouse handle

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Doctor, dentist visits</li> <li>• Yearly physicals</li> <li>• Purchase clothing</li> <li>• Allowances</li> <li>• Discipline</li> <li>• Help with homework</li> <li>• Have friends over for the night</li> <li>• Teach responsibility with household jobs</li> <li>• Chauffeur</li> <li>• Plan and carry out birthday parties</li> <li>• Monitor grades</li> <li>• Calls to teachers and principals</li> <li>• Attendance at plays and concerts</li> <li>• Teacher/parent conferences</li> <li>• Haircuts</li> </ul> | <ul style="list-style-type: none"> <li>• Prepare breakfast</li> <li>• Prepare lunch</li> <li>• Prepare dinner</li> <li>• Monitor friends</li> <li>• Wash, sort and iron clothes</li> <li>• Read to children</li> <li>• Maintain relationships with relatives</li> <li>• Encourage music, dance lessons, etc.</li> <li>• Attendance at sporting events and other extracurricular activities</li> <li>• Monitor TV viewing</li> <li>• Referee fights between siblings</li> <li>• Religious training, church activities</li> <li>• Cleaning and general housekeeping tasks</li> <li>• Grocery shopping</li> </ul> |
|--|--|

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## **Child Custody Your Custody Proposal**

How do you propose to handle custody and visitation with the other parent? Include a plan for the school year, summer and holidays.

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## Child Support

1. Do you need child support?

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

2. Is there an existing child support order or agreement?

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

3. How much do you make annually? \_\_\_\_\_

4. How much does the other parent make annually? \_\_\_\_\_

5. Is either parent responsible for other children?

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

---

6. Which parent covers health insurance?

Mother \_\_\_\_ Father \_\_\_\_\_ What is the cost? \_\_\_\_\_

7. Which parent covers day care?

Mother \_\_\_\_ Father \_\_\_\_\_ What is the cost? \_\_\_\_\_

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## Alimony/Post Separation Support

1. Do you need support?

a. Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

b. How much? \_\_\_\_\_

2. Does your spouse want support?

a. Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

b. How much? \_\_\_\_\_

3. I understand that if I receive alimony or post separation support that it is taxable and that I need to make estimated tax payments:

a. Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

If 'No' or 'Not Sure,' please request that we explain further.

4. The following questions reflect factors that the Court may take into consideration when determining whether your spouse is entitled to support. Use the space under each question to explain the circumstances surrounding your answer.

**Did you or your spouse do any of the following:**

a. engage in illicit sexual behavior?                      **You** \_\_\_\_\_                      **Spouse** \_\_\_\_\_

b. cause a separation through criminal activity? **You** \_\_\_\_\_                      **Spouse** \_\_\_\_\_

c. abandon the other spouse (by moving out of the marital home)?  
**You** \_\_\_\_\_                      **Spouse** \_\_\_\_\_

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d. constructively abandon the other spouse (withdrawal of love, affection, companionship, sex)? **You** \_\_\_\_\_ **Spouse** \_\_\_\_\_

e. force the other spouse out of the house? **You** \_\_\_\_\_ **Spouse** \_\_\_\_\_

f. endanger or treat the other spouse cruelly?(Include patterns of cruelty and single events.) **You** \_\_\_\_\_ **Spouse** \_\_\_\_\_

g. render the condition of the other spouse intolerable through indignities (mental cruelties)? **You** \_\_\_\_\_ **Spouse** \_\_\_\_\_

h. spend income of either party recklessly, waste or conceal assets, or destroy property? **You** \_\_\_\_\_ **Spouse** \_\_\_\_\_

i. use alcohol in a manner that rendered the the life of the other spouse intolerable? **You** \_\_\_\_\_ **Spouse** \_\_\_\_\_

j. use drugs in a manner that rendered the life of the other spouse intolerable?

**You** \_\_\_\_\_ **Spouse** \_\_\_\_\_

k. fail to provide necessary subsistence according to the means of the family?

**You** \_\_\_\_\_ **Spouse** \_\_\_\_\_

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**ALIMONY/POST SEPARATION SUPPORT**  
**Health Insurance**

1. Does your ex provide health insurance for you?

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

Name of Carrier: \_\_\_\_\_ Cost: \_\_\_\_\_

2. Do you provide health insurance for your ex?

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

Name of Carrier: \_\_\_\_\_ Cost: \_\_\_\_\_

3. Who is your health insurance carrier: \_\_\_\_\_ Cost: \_\_\_\_\_

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## PRACTICAL ISSUES

1. Segregate Accounts – Start new accounts post date of separation to avoid comingling.
  - 401Ks : pick new investment options for post date of separation contributions.
  - Checking
  - Financial Accounts
  
2. Credit Cards
  - Close Down
  
3. Secure Records
  
4. Lis Pendens
  
5. Understand retroactive support issues, if applicable, and what precedents are being set by current conduct.
  
6. Understand that all your claims for support and property must be pending before your divorce is final.
  
7. Understand games that may be played by your ex.

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**ALIENATION OF AFFECTION / CRIMINAL CONVERSATION / WIRETAPPING  
AND OTHER CAUSES OF ACTION**

1. Please describe facts that give rise to your allegations/defense.

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## MARITAL HISTORY

1. Please describe the entirety of your relationship to the spouse in question in a detailed summary:

*(Type if possible at home. Bring this history to your attorney as soon as possible.)*

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## SEPARATE PROPERTY/INHERITANCE/GIFTS

1. Describe assets you or your former spouse have received by inheritance and/or gifts:  
*(Please attach a separate sheet, if necessary)*
  
2. Describe all assets and/or liabilities you had at date of marriage:  
*(Please attach a separate sheet, if necessary)*
  
3. Describe all assets and/or liabilities you have acquired after separation:  
*(Please attach a separate sheet, if necessary)*
  
4. Describe all assets and/or liabilities your spouse had at date of marriage:  
*(Please attach a separate sheet, if necessary)*
  
5. Describe all assets and/or liabilities your spouse acquired after separation:  
*(Please attach a separate sheet, if necessary)*

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## PREMARITAL AGREEMENT

Full name of fiancée (please print): \_\_\_\_\_

Expected date of wedding: \_\_\_\_\_

1. Describe how you wish to handle property settlement in the unfortunate event of divorce:

2. Describe how you wish to handle estates in the unfortunate event of death:

3. With whom will we handle negotiations?  
*(Please give contact information if you have it.)*

4. Each party needs to attach a financial statement to include with the Agreement.

5. Practical Advice. Do not commingle premarital assets with property acquired after marriage.

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