



# MARTEN LAW

P.A.

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## **CLIENT INFORMATION SHEET - DISSOLUTION OF MARRIAGE**

Date: \_\_\_\_\_

### **1. Personal Information**

Full Name: \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this the address where you would like us to contact you? Yes No

If no, please provide a contact address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Secure E-mail address: \_\_\_\_\_

Is it Ok to contact you regarding your case at the above e-mail address? Yes No

Are you a resident of the State of Florida? Yes No If yes, how long? \_\_\_\_\_

Do you have a Florida Driver's License? Yes No If yes, Date of Issue: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment? \_\_\_\_\_

Annual Salary: \_\_\_\_\_ Do you have any other sources of income? \_\_\_\_\_

Are you participating in Counseling? Yes No

If yes, with whom? \_\_\_\_\_

Do you have a drug or alcohol problem? Yes No

If yes, are you participating in Alcoholics Anonymous or Narcotics anonymous? Yes No

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

Type(s) of Crime(s) [Circle applicable]: Felony \_\_\_\_\_ Misdemeanor \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 2. **Opposing Party Information**

Full Name: \_\_\_\_\_

Aliases/Prior Names: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Can the Opposing Party be served with legal papers at this address: \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, where: \_\_\_\_\_

\_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Is the opposing party a resident of the State of Florida? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, in which state is the opposing party a resident? \_\_\_\_\_

Employer Name: \_\_\_\_\_

Annual Salary: \_\_\_\_\_ Any other sources of income? \_\_\_\_\_

Was the opposing party continuously employed during the marriage? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Has the opposing party retained an attorney in this matter? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, attorney's name: \_\_\_\_\_

Is the opposing party participating in counseling? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, with whom? \_\_\_\_\_

Does the opposing party have a drug or alcohol problem? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, is he/she participating in Alcoholics Anonymous or Narcotics anonymous? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has the opposing party ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

Type(s) of Crime(s) [Circle applicable]: Felony \_\_\_\_\_ Misdemeanor \_\_\_\_\_

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Service and Case Status**

Has a Dissolution of Marriage already been filed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, in what county and state: \_\_\_\_\_

Have you been served any papers regarding this matter? \_\_\_\_\_ If yes, date served \_\_\_\_\_

Have you retained a previous attorney in this matter? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, attorney=s name(s): \_\_\_\_\_

Do you believe that this case can be settled amicably? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Information Regarding the Marriage**

Date of Marriage: \_\_\_\_\_ Place of Marriage (city/state): \_\_\_\_\_

Date of Separation: \_\_\_\_\_ Place of Separation (city/state): \_\_\_\_\_

County and State where you and the opposing party last lived together as Husband and Wife:

If you are the Wife, do you wish to have your maiden name restored? \_\_\_\_\_ Yes \_\_\_\_\_ No

Detailed account of reason for separation, history of marital difficulty; and specific acts of spouse

giving rise to seeking legal assistance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your spouse ever physically or mentally abused you? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Has your spouse ever accused you of physical or mental abuse? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Has either party ever sought an injunction for protection against domestic violence? \_\_\_\_ Yes \_\_\_\_ No

If yes, when and was it granted: \_\_\_\_\_

**5. Children** (please complete for each child born, adopted or from previous relationships)

Is the Wife currently pregnant: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, due date: \_\_\_\_\_

Child #1

Child's Full Legal name: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\_\_\_\_ Born of the marriage \_\_\_\_ Adopted \_\_\_\_ Previous relationship (circle one) Wife Husband

With whom is child presently living? \_\_\_\_\_ Do you desire custody? \_\_\_\_\_ Yes \_\_\_\_\_ No

Special Needs or Concerns: \_\_\_\_\_

Child #2

Child's Full Legal name: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\_\_\_\_ Born of the marriage \_\_\_\_ Adopted \_\_\_\_ Previous relationship (circle one) Wife Husband With whom is

child presently living? \_\_\_\_\_ Do you desire custody? \_\_\_\_\_ Yes \_\_\_\_\_ No

Special Needs or Concerns: \_\_\_\_\_

Child #3

Child's Full Legal name: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\_\_\_\_ Born of the marriage \_\_\_\_ Adopted \_\_\_\_ Previous relationship (circle one) Wife Husband

With whom is child presently living? \_\_\_\_\_ Do you desire custody? \_\_\_\_\_ Yes \_\_\_\_\_ No

Special Needs or Concerns: \_\_\_\_\_

Where and with whom have the child(ren) resided in the past five (5) years?

Dates (from/to)	Address (including city and state) where the child lived	Name and present address of the person child lived with	Relationship to child

Are you aware of any other cases, orders or petitions regarding custody or child support for these children in Florida or any other state? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, case number and brief description: \_\_\_\_\_

Has there ever been a report to Department of Children and Families about you, your spouse or your children? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

Has any party physically or mentally abused the children? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you desire shared parental responsibility (decision making)? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

If no, why not? \_\_\_\_\_

What is the current custody and visitation arrangement? \_\_\_\_\_

Have you and your spouse come to any agreements regarding custody/visitation? \_\_\_\_ Yes \_\_\_\_ No

Please explain: \_\_\_\_\_

\_\_\_\_\_

What custody and visitation schedule would you like to see implemented? \_\_\_\_\_

\_\_\_\_\_

Do you expect custody to be contested? \_\_\_\_ Yes \_\_\_\_ No

If yes, why: \_\_\_\_\_

\_\_\_\_\_

Do you expect visitation to be a problem? \_\_\_\_ Yes \_\_\_\_ No

If yes, why: \_\_\_\_\_

\_\_\_\_\_

Under whose health insurance policy are the children covered? (Circle one)      Husband      Wife

Monthly amount for health insurance for the children only: \_\_\_\_\_

Do you have any day care expenses for the children? \_\_\_\_ Yes \_\_\_\_ No      Amount? \_\_\_\_\_

Are you ordered/paying Child Support for children from another relationship? \_\_\_\_ Yes \_\_\_\_ No

If yes, how much per month? \_\_\_\_\_

Are you receiving Child Support for children from another relationship? \_\_\_\_ Yes \_\_\_\_ No

If yes, how much per month? \_\_\_\_\_

Are the child(ren) participating in counseling? \_\_\_\_ Yes \_\_\_\_ No

If yes, with whom: \_\_\_\_\_

**6. Assets and Liabilities:**

Have the parties arrived at a property settlement agreement, either oral or written? \_\_\_\_ Yes \_\_\_\_ No

Was a pre-nuptial agreement executed by the parties? \_\_\_\_ Yes \_\_\_\_ No (Provide copy if applicable)

Was a post-nuptial agreement executed by the parties? \_\_\_\_ Yes \_\_\_\_ No (Provide copy if applicable)

Do you fear the opposing party will dispose or attempt to hide marital assets? \_\_\_\_ Yes \_\_\_\_ No

For each piece of real property owned by you or your spouse:

Address: \_\_\_\_\_

Is the property titled jointly? \_\_\_\_ Yes \_\_\_\_ No Are you both on the mortgage? \_\_\_\_ Yes \_\_\_\_ No

Date purchased: \_\_\_\_\_ Do you desire to have this property sold in the dissolution? \_\_\_\_ Yes \_\_\_\_ No

Address: \_\_\_\_\_

Is the property titled jointly? \_\_\_\_ Yes \_\_\_\_ No Are you both on the mortgage? \_\_\_\_ Yes \_\_\_\_ No  
Date purchased: \_\_\_\_ Do you desire to have this property sold in the dissolution? \_\_\_\_ Yes \_\_\_\_ No

For each Business Interest owned by you or your spouse:

Name: \_\_\_\_\_

Percentage you own: \_\_\_\_\_ % Percentage owned by other party: \_\_\_\_\_ %

Have you ever filed Bankruptcy? \_\_\_\_ Yes \_\_\_\_ No

If yes, when? \_\_\_\_\_

**7. Priorities**

What do you see as the issues to be resolved in this matter? How would you like to see them settled?

Please rank these issues in order of importance to you: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. How did you hear about our firm?**

Referred by: \_\_\_\_\_

\_\_\_\_ Internet \_\_\_\_ Driving by \_\_\_\_ Newspaper \_\_\_\_ Other: \_\_\_\_\_

**I understand that the attorney has agreed to meet with me for the purpose of an initial consultation and that the attorney has not undertaken representation of me in this matter and will not do so until I sign an Agreement for Legal Services with attorney and pay the required retainer.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If you wish to pay for your consultation by credit card, please provide the following information:**

**Credit Card No.:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Type of Card (i.e. MasterCard, Visa, Discover, AmEx):** \_\_\_\_\_

**Address & Zip Code where you receive the bill for the credit card:** \_\_\_\_\_