

I. GENERAL INFORMATION ABOUT YOU AND YOUR SPOUSE

	CLIENT	SPOUSE
Full Name		
Street Address City, State Zip		
County		
Phone		
Email		
Date of Birth		
Social Security No.		
How Long Living in Georgia		
# of Previous Marriages		
Maiden Name or Other Names by which known		
Immigration Status		

II. GOALS

Briefly describe your goals for the meeting.

If Wife, do you want your maiden name restored. **Yes** **No**

III. HISTORY OF THE MARRIAGE

1. Date of Marriage _____ Place of Marriage: _____
2. Are you and your spouse currently living together? **Yes** **No**
 - a. If no, what is the date of separation? _____
 - b. If no, current living arrangements? _____
3. Is there a prenuptial or postnuptial agreement? **Yes** **No**

6290 Abbots Bridge Road, Suite 104
Johns Creek, Georgia 30097
Tel: 770-395-9147

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4. Reason for seeking divorce: _____
5. Have you signed any documents given to you by your spouse relating to a divorce action?
 Yes No

IV. WORK EXPERIENCE

	CLIENT	SPOUSE
Current or Last Employer		
Job Title		
How Long?		
Total Income		
Income Last Year		
Business owner/Self Employed?		
Cash a Large Portion of Income?		
Past Employment		
Licenses/Degrees/Specialized Training		
2 nd job or Marital Business?		

V. ASSETS

A. REAL PROPERTY

Address	Est. Value	Amount Owed	Title Held By	Was house paid (full/in part) with premarital or inherited funds?

B. OTHER ASSETS – DO YOU OR YOUR SPOUSE HAVE:

Financial Accounts (Bank/IRA/401(k)/Investment/ Pensions/Whole Life Ins./ Stocks/Bonds/Options/RSU)	Name(s) on Account (H/W/H&W)	Balance	Premarital/Gift/ Inheritance/ Injury Award Or Marital

C. DEBTS-DO YOU OR YOUR SPOUSE HAVE:

Credit Card/Lender	Debtor(s) on Card/Loan (Jt/Individual)	Amount Owed	Reason for Debt

VI. GENERAL BACKGROUND

- A. Have there been any other legal proceedings between you and your spouse?
Yes No _____
- B. Have any criminal charges been filed against you or against your spouse at any time during this marriage? Yes No _____
- C. Have you or your spouse ever filed for bankruptcy? Yes No _____
- D. Are you interested in reconciliation? Yes No _____
- E. Have you discussed reconciliation with your spouse? Yes No _____
- F. Have you tried marriage counseling? Yes No _____
- G. Have you or your spouse ever been involved in an adulterous relationship?
Yes No _____
- H. Is this relationship ongoing? Yes No _____
- I. How active are you on social media (Facebook, LinkedIn, etc.)? _____
- J. Has your spouse consulted with an attorney regarding this matter?
Yes No _____
If so, please indicate the attorney's name, if known: _____
- K. Have you consulted with any other attorneys regarding this matter?
Yes No _____
- L. How did you hear about us?
Internet
Referral by: _____ Other: _____

VII. CHILDREN OF THE MARRIAGE

Full Name	Sex	Date of Birth	Age
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Please provide the following information regarding the children:

Children's Addresses (month and year) for past 5 years	Parent Residing with Children (M/F/ M&F)

Are there children living with you or you are responsible for supporting but not of this marriage? **Yes** **No** _____

Do any of the children have any physical or special needs that will be a factor in this case (i.e. learning disability, physical limitations, medical conditions or impairments)?

What are your goals for parenting time
Parenting Time (Sole/Joint/Primary) and why?

What has parenting time looked like historically?

What are your goals for decision making (Sole/Joint) and why?

If joint decision making, who do you believe should have final decision making authority (tie-breaking) with respect to Religion/Education/Extra-Curricular Activities/ Non-Emergency Healthcare and why?