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Initial Consultation Form - Divorce - Minor Children

Use this form to provide a general orientation to the attorney of your situation, which will allow you to make the most of your initial consultation.

Background Facts:

Your name/address/phone

Spouse name/address

Children names, ages, who they are currently residing with:

Dated Married: Separated? No Yes Date:

Your Employment:
Occupation:

Spouse's Employment

Employer:

Gross yearly income:

Carry medical insurance?
Who is covered?
At what cost?

Child care expense/month:

Your other income:

Spouse's other income:

Property:

Home? No Yes Value? Equity? Mortgage payment/month?

Other Real property? No Yes

Vehicles:

You drive:
Spouse drives:
Other:

Investments: list savings, mutual funds, stocks, etc.

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Other Significant Assets

Debts: List creditor, balance, whose name on account

It there a history of spouse abuse? Briefly describe.

Do you want a divorce (or is this your spouse's idea)?

Reason for this divorce:

Is there serious fault by one party for the divorce? Please describe:

Terms for Divorce:

What terms of divorce are you seeking? Will your spouse agree or do you expect disagreement? Don't know and want to discuss?

Legal custody

Physical custody

Parenting time

Child Support

Alimony

Division of Furnishings

Division of Vehicles

Division of Savings/Investments

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Division of House/Equity

Division of Retirement Benefits

Name change

Questions for Attorney (write a list of questions you want to ask the attorney)