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**Initial Consultation Form - Divorce - No 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

Is wife pregnant?

Due date:

Dated Married:

Separated? No Yes Date:

Your Employment:

Spouse's Employment

Occupation:

Employer:

Gross yearly income:

Carry medical insurance?

Who is covered?

At what cost?

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

Is 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?

Alimony

Medical Insurance

Division of Furnishings

Division of Vehicles

Division of Savings/Investments

Division of House/Equity

Division of Retirement Benefits

Name change

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