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DOMESTIC RELATIONS INFORMATION SHEET

(1) CLIENT: Soc. Sec. # _____ Driver's License # & State _____

Full Name: _____ Maiden Name: _____

Place of Birth: _____ Date of Birth: _____

Present Address: _____

Employer & Office Address: _____

Home Phone: _____ Work Phone: _____ Email: _____

Date Client Moved to Virginia: _____ Annual Salary: _____

Residences: _____ From _____ to _____

_____ From _____ to _____

(2) ADVERSE PARTY: Soc. Sec. # _____ Driver's License # & State _____

Full Name: _____ Maiden Name: _____

Place of Birth: _____ Date of Birth: _____

Present Address: _____

Employer & Office Address: _____

Residence Phone: _____ Office Phone: _____

Date Client Moved to Virginia: _____ Annual Salary: _____

Residences: _____ From _____ to _____

_____ From _____ to _____

(3) MARRIAGE:

Number of this marriage: Client: _____ Adverse Party: _____

Date of Marriage: _____ Where parties were married: _____
City, County, State

Prenuptial Agreements: _____

Client's children by previous marriage and dates of birth: _____

Previous marital partners: _____

Support being paid or received for support of such children: \$ _____

Education--Highest	<u>Elementary</u>	<u>High School</u>	<u>College</u>
Grade Completed	0, 1 to 8	1, 2, 3, 4	1 to 4 or 5+

Client: _____

Adverse Party: _____

Were you ever diagnosed with ADHD? Yes or No

(4) CHILDREN BORN OR ADOPTED OF THIS MARRIAGE:

NAME (First, Middle & Last)	Date of Birth	SSN
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Is wife pregnant now? _____

Do any children require any special attention or treatment? _____

(5) FAMILY MEDICAL ISSUES:

Do you have any diagnosed medical conditions? Yes or No If yes, please elaborate.

Do any members of your family of origin have medical conditions? Yes or No.

If yes, please elaborate _____

Do your spouse or children have any medical conditions? Yes or No If yes, please elaborate.

Have you worked with a mental health professional? Yes or No If yes, please elaborate.

Have you taken medication for a psychological condition? Yes or No

If yes, please list medications used _____

Do you ever fear that you cannot cope with day-to-day demands? Yes or No

If yes, please elaborate. _____

Do you ever fear you could lose control and harm yourself or another? Yes or No

If yes, please elaborate. _____

Have you or has anyone in your family ever attempted suicide? Yes or No

If yes when and how. _____

Are you or has anyone in your family been affected by excessive alcohol use? Yes or No

If yes, please elaborate whom and the nature of the problem. _____

What is the amount and frequency of your alcohol or drug intake?

(6) FAMILY BEHAVIORAL PATTERNS:

Was anyone violent in your childhood experience? Yes or No

Have you ever struck a romantic partner or been struck? Yes or No

Do you evidence disciplinary problems anywhere in your world: home, work or social?

Yes or No If yes, please elaborate. _____

Have your parents or yourself gone through a divorce? Yes or No

Have you ever been charged with a DUI? Yes or No

Please list any legal charges brought against you, past or current:

(7) SEPARATION:

If parties are now separated, when did the separation occur? _____

At the time of the separation was it the intent of you or your spouse that the separation be permanent, and since the separation has the intention of a permanent separation remained? _____

Since the time of the separation, have you and your spouse remained separate and apart, with no cohabitation, without interruption? _____

(8) LAST COHABITATION:

At what address did the parties last live & cohabit together as man & wife, include county of residence: _

(9) ARMED FORCES:

Is either party a member of the Armed Forces of the United States?

Who? _____ If so, what branch? _____

(10) WITNESS & THEIR ADDRESSES TO ACTS OF ADVERSE PARTY:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

(11) SPOUSE'S ATTORNEY:

Name: _____

Address: _____

Phone: _____

(12) RELIEF SOUGHT:

a. Custody of children _____

Who has children now? _____

b. Child Support _____

c. Alimony _____

d. Restoration of Name _____

(13) ARRESTS AND/OR CONVICTIONS (other than traffic):

a. Client: _____

b. Adverse Party: _____

(14) PROPERTY OF THE PARTIES:

a. Real Estate: List below by street address all real property owned by either party, and place a value on each parcel. If husband owns, insert "H" below; if wife owns, insert "W", and if owned jointly, insert "J". Please attach copy of Deed, most recent tax assessment & most recent IRS Form 1098.

LOCATION	OWNED BY	DEBT	VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. Items of Personal Property (Stocks, Bonds, Bus. Interests, etc.):

_____	Value: \$ _____
_____	Value: \$ _____
_____	Value: \$ _____
_____	Value: \$ _____
_____	Value: \$ _____

c. Household Furnishings Located At: _____

<u>Item</u>	<u>Total Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

d. Automobiles:

Owned By Make Model Year Value Encumbrance To Whom Owed

e. Cash in Banks or Elsewhere:

Owned By Type of Account Amount Bank & Address

f. Credit Cards:

Company Name Account # Balance

g. OUTSTANDING OBLIGATIONS OF THE PARTIES:

Creditor Address Amt. Owed Monthly Installments Both Parties Cosigned

h. Life Insurance/Pension Plan:

<u>Owned By</u>	<u>Company</u>	<u>Face Amount</u>	<u>Approx. Cash Value</u>	<u>Benef</u>	<u>Annul Prem.</u>	<u>Poss'n of Policy</u>

i. Retirement Accounts/401K/IRA/Stock Options:

<u>Owned By</u>	<u>Company</u>	<u>Date of Participation</u>	<u>Current Value</u>	<u>Value on Separation.</u>

(16) PROPOSED DIVISION OF PROPERTY:

	Wife	Husband	Description
Automobiles: _____	_____	_____	_____
Bank Accounts: _____	_____	_____	_____
Stock, Bond, Etc.: _____	_____	_____	_____
Household Furniture: _____	_____	_____	_____
Custody: _____	_____	_____	_____
Visitation Privileges: _____	_____	_____	_____
Support: _____	_____	_____	_____
Alimony: _____	_____	_____	_____
Hospitalization: _____	_____	_____	_____
Insurance: _____	_____	_____	_____
Filing Tax Returns: _____	_____	_____	_____
Business Interests: _____	_____	_____	_____
Other: _____	_____	_____	_____

(17) PLAN OF ACTION: _____

(18) INSURANCE/MEDICAL PROVIDER

Name of person currently responsible for providing medical insurance for the parties and/or minor child/children:

Name of the Insurance Provide: _____

Group No.: _____

ID.No. _____

Policy No. _____

(18) ESTATE PLANNING

Do you currently have a will? _____

Do you currently have a power of Attorney? _____

Do you currently have a Durable Power of Attorney for Advanced Medical Directives? _____

Is your current spouse named as a beneficiary of the will or designated as your attorney in fact to make decisions for you? _____

These three documents should be changed prior to the finalization of the divorce or these three documents should be drafted prior to the finalization of the divorce, would you like additional information on these topics?

Which topics specifically? _____

Monthly Income and Expenses of

Date: _____

Chancery No. _____

Employed By	
City & State	
Occupation	
Pay Period	
Next Payday	
Salary/Wage	
# Exemptions	

Children in Household	
Name	Age

Average Gross Pay per Month	
LESS: Federal Taxes	
State Taxes	
FICA	
Health Insurance	
Life Insurance	
Required Retirement	
Average Monthly Net Pay	
Other Income	
MONTHLY NET INCOME	

Household

Mortgage (PITI) or Rent	
Real Estate Property Taxes	
Homeowner's Insurance	
Repairs/Maintenance	
Furniture/Furnishings	

Utilities

Electricity	
Gas/Heating Oil	
Water/Sewer	
Telephone	
Trash	
Cable TV	

Food

Groceries	
Lunches	

Automobile

Payment/Depreciation	
Gasoline	
Repair/Tags/Inspection, etc.	
Auto Insurance	
Parking/Other Transportation	
Personal Property Tax	

Childcare Expenses

Child Care	
School Tuition	
Lunch Money	
School Supplies	
Lessons/Sports	
New Clothing	

Fixed Debts with Payments

Balance Mo. Pmt.

Charge Account Debt

Clothing

New (Excluding Children)	
Cleaning/Laundry	
Uniforms	

Health Expenses

Doctor	
Dentist	
Therapist	
Eyeglasses	
Hospital	
Medicines	
Other	

Dues

Professional Associations	
Social Associations	
Homeowner's Association	

Miscellaneous

Gifts (Xmas, Birthday)	
Church/Charity	
Entertainment	
Vacations	
Hobbies	
Personal Grooming	
Newspaper/Magazines	
Disability Insurance	
Life Insurance	
Legal Expenses	

Totals Per Month

Subtotal Expenses	
Subtotal Debt Payments	
TOTAL EXPENSES	
TOTAL NET INCOME	
BALANCE (+)	
BALANCE (-)	

Liquid Assets on Hand

Cash/Checking/Savings	
Other Liquid Assets	
TOTAL LIQUID ASSETS	

Submitted By: _____