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Date _____ Referred by _____

The information requested in this form is subject to the attorney-client privilege and will not be disclosed to third parties without your express permission. "Third parties" means persons who are not members of or employed by [firm name].

CLIENT

Full Name _____
Birth Date _____ Age _____
Birthplace _____
Address _____
City, State, Zip Code _____
Work Phone _____
Home Phone _____
Cell Phone _____
E-mail _____
Fax _____
Social Security Number _____
Driver's License and State _____
Armed Forces Status _____

CLIENT

SPOUSE

Full Name _____
Birth Date _____ Age _____
Birthplace _____
Address _____
City, State, Zip Code _____
Work Phone _____
Home Phone _____
Cell Phone _____
E-mail _____
Fax _____
Social Security Number _____
Driver's License and State _____
Armed Forces Status _____

SPOUSE

Please indicate any restrictions on where and how we should contact you:

MARRIAGE

City /Village / Twp. _____

County _____

State / Foreign Country _____

Date of marriage _____ Date of separation _____

Lived in Michigan 180 days _____ County 10 days _____

Number of previous marriages: Yours _____ Spouse _____

Maiden name _____

Name before this marriage _____

Does wife desire name change? Yes _____ No _____ If yes, to what?

Is there an antenuptial (prenuptial) or a postnuptial agreement? Yes _____ No
_____ If yes, please attach.

Does your spouse have an attorney? Yes _____ No _____ If yes, name
of attorney _____

CHILDREN

Name _____

D.O.B. _____ Age _____ SS# _____

Living with _____ School _____ Grade _____

Name _____

D.O.B. _____ Age _____ SS# _____

Living with _____ School _____ Grade _____

Name _____

D.O.B. _____ Age _____ SS# _____

Living with _____ School _____ Grade _____

(Please use additional sheet of paper to list additional children.)

Residence of children over last five years:

Where _____ With Whom _____ How Long _____

Where _____ With Whom _____ How Long _____

Where _____ With Whom _____ How Long _____

Are you or your spouse pregnant? _____ If yes, due date _____

Name of health care provider for children _____

Policy, group, or contract no. _____

Paid by whom _____

Does the health insurance require that the children are dependents in order to qualify for health insurance for them? _____

Child care? _____ How many weeks per year _____

Paid by whom _____

Cost per week during school _____ summer _____

Are you *paying* or *receiving* support for other children? (circle one)

How much per week? _____

Number of children for whom support is paid _____

Is your spouse *paying* or *receiving* support for other children? (circle one)

How much per week? _____

Number of children for whom support is paid _____

(Please provide copies of court support orders.)

Does either party have children from a prior relationship?

Name _____ D.O.B. _____ Age _____

Living with _____ SS# _____

Name _____ D.O.B. _____ Age _____

Living with _____ SS# _____

Name _____ D.O.B. _____ Age _____

Living with _____ SS# _____

CUSTODY AND SUPPORT

How are the best interests of the children served regarding custody? (Who should have custody and why?)

If you and your spouse have agreed on custody, describe.

Do you know anyone else who claims parenting time rights with your children?
_____ If yes, state person's name, address, and relationship.

Has support been paid since separation? _____ If yes, how much per week?

If you and your spouse have agreed on child support, how much per week?

PRIOR LITIGATION

Do you or your spouse have a previous divorce, custody, or other domestic relations case against each other? If yes, indicate when and where filed, status of case, case number, and name of judge.

Has there been any previous domestic relations case filed in this country involving any other family member? Indicate when and where filed, status of case, case number, and name of judge.

Does anyone else claim custody over children of you or your spouse? Indicate when and where filed, status of case, case number, and name of judge.

Is there an order/judgment for continuing jurisdiction over children of you or your spouse for any other reason? Indicate when, where filed, status of case, case number, and name of judge.

Is there presently on file a case where one of the parties is currently paying support for another child not of this marriage? Indicate when, where filed, status of case, case number, and name of judge.

FAMILY HEALTH AND SOCIAL ISSUES

Do you, your spouse, or your children have any serious physical or mental disability, disorder, handicap, or incurable disease? If yes, please explain.

Have you or your spouse ever been hospitalized for mental health treatment? If yes, please provide a brief explanation. _____

Any problems with substance abuse (drugs, alcohol)? If yes, what type of drugs, what treatment and by whom, when, place of treatment.

Has either party engaged in a physical and/or emotional extramarital relationship? If yes, please provide brief details.

Any problems with debts or gambling? Please explain.

Has there been any physical or mental/verbal abuse in the marriage? If yes, please provide a brief explanation. _____

Have you or your spouse ever been arrested, charged with a crime, and/or convicted of a crime? If yes, please provide a brief explanation.

Is there any other information pertinent to the breakdown of the marriage that you want your attorney to know about? If yes, please provide a brief explanation.

Any marriage counseling? _____

Personal counseling (you/your spouse)? _____

Would you begin or continue counseling? _____

Would you sign a waiver of confidentiality so that we may have access to your records?

Attitudes toward reconciliation (you/your spouse)?

Are you or your spouse receiving Aid to Dependent Children? If yes, what is the case number and the name of the caseworker? _____

INFORMATION FOR FRIEND OF THE COURT/PERSONAL PROTECTION

What physical abuse, if any, has occurred and on what dates?

Physical Description of Client

Race _____ Height _____ Weight _____ Eye Color _____

Hair Color _____ Glasses? _____ If yes, are they worn all the time? _____

Mustache/Beard? _____ If yes, color? _____

Distinguishing scars/tattoos? _____

Any current restraining orders? _____

Physical Description of Spouse

Race _____ Height _____ Weight _____ Eye Color _____

Hair Color _____ Glasses? _____ If yes, are they worn all the time? _____

Mustache/Beard? _____ If yes, color? _____

Distinguishing scars/tattoos? _____

Any current or prior restraining orders? _____ If yes, please provide a copy and/or a brief explanation (which court, when issued, and the reason for the issuance of the personal protection order). _____

EMPLOYMENT

CLIENT

Employer _____

Address _____

City, State, Zip Code _____

Date of Hire _____

Occupation _____

Weekly gross pay _____

Weekly take home pay _____

Pension _____

Early retirement benefits _____

Signing bonus or any special payment _____

Profit sharing _____

Income last year _____

CLIENT

SPOUSE

Employer _____

Address _____

City, State, Zip Code _____

Date of Hire _____

Occupation _____

Weekly gross pay _____

Weekly take home pay _____

Pension _____

Early retirement benefits _____

Signing bonus or any special payment _____

Profit sharing _____

Income last year _____

SPOUSE

Please attach a copy of your last three pay stubs. Indicate if any deductions are mandatory (other than taxes), e.g., union dues, pension, etc. Please also attach the last two income tax returns (personal and business) with their schedules and W-2 forms.

CLIENT

Previous Employer _____

SPOUSE

Previous Employer _____

CLIENT

Address _____
 City, State, Zip Code _____
 Annual Income _____

Previous Employer _____
 Address _____
 City, State, Zip Code _____
 Annual Income _____

CLIENT**SPOUSE**

Address _____
 City, State, Zip Code _____
 Annual Income _____

Previous Employer _____
 Address _____
 City, State, Zip Code _____
 Annual Income _____

SPOUSE

(Please use a separate sheet if you wish to provide additional employment history information.)

Other income sources, e.g., pension, public assistance, veterans benefits Social Security, disability, Supplemental Security Income (SSI), annuity funds:

1. Type _____ Gross per year _____ In whose name? _____
2. Type _____ Gross per year _____ In whose name? _____
3. Type _____ Gross per year _____ In whose name? _____

CLIENT

Highest degree obtained? _____
 High School _____
 Date of diploma/GED? _____
 Univ./College _____
 Degree/Date obtained: _____
 Univ./College _____
 Degree/Date obtained: _____
 Additional training? _____

CLIENT**SPOUSE**

Highest degree obtained? _____
 High School _____
 Date of diploma/GED? _____
 Univ./College _____
 Degree/Date obtained: _____
 Univ./College _____
 Degree/Date obtained: _____
 Additional training? _____

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Did either spouse contribute to the graduate education of the other? If yes, please describe. _____

ASSETS

(Please attach additional sheets if necessary.)

A. Real Property

Resident address _____

City, county, and state _____

Legal description _____

Date purchased _____ Purchase price _____

Down payment _____

Source of purchase funds _____

Current fair market value _____

Mortgage co. _____ Account no. _____

In whose name? _____ Monthly payments _____

Monthly principle _____ Monthly interest _____

Balance due _____

Paid by husband? _____ Wife? _____ Both? _____

Home equity loan _____ Account no _____

In whose name? _____ Monthly payments _____

Monthly principle _____ Monthly interest _____

Balance due _____

Monthly payment _____

Amount of property taxes _____ Are they included in monthly payment?

Is there a delinquency? If yes, amount overdue _____

Additional real estate:

Address _____

City, county, and state _____

Legal description _____

Date purchased _____ Purchase price _____

Down payment _____

Source of purchase funds _____

Current fair market value _____

Mortgage co. _____ Account no. _____

In whose name? _____ Monthly payments _____

Monthly principle _____ Monthly interest _____

Balance due _____

Paid by husband? _____ Wife? _____ Both? _____

Home equity loan _____ Account no. _____

In whose name? _____ Monthly payments _____

Monthly principle _____ Monthly interest _____

Balance due _____

Monthly payment _____

Amount of property taxes _____ Are they included in monthly payment?

Is there a delinquency? If yes, amount overdue _____

Attach copies of mortgage documents, deeds, land contracts, etc.

Address _____

City, county, and state _____

Legal description _____

Date purchased _____ Purchase price _____

Down payment _____

Source of purchase funds _____

Current fair market value _____

Mortgage co. _____ Account no. _____

In whose name? _____ Monthly payments _____

Monthly principle _____ Monthly interest _____

Balance due _____

Paid by husband? _____ Wife? _____ Both? _____

Home equity loan _____ Account no. _____

In whose name? _____ Monthly payments _____

Monthly principle _____ Monthly interest _____

Balance due _____

Monthly payment _____

Amount of property taxes _____ Are they included in monthly payment?

Is there a delinquency? If yes, amount overdue _____

Attach copies of mortgage documents, deeds, land contracts, etc.

B. Vehicles (car, boat, trailer, motorcycle, snowmobile, etc.)

Year/Make _____

Vehicle identification number _____

In whose name _____ Whose possession _____

Purchase price _____ Monthly payments _____

Lienholder _____ Balance due _____

Year/Make _____

Vehicle identification number _____

In whose name _____ Whose possession _____

Purchase price _____ Monthly payments _____

Lienholder _____ Balance due _____

C. Bank Accounts or Credit Union Accounts

Name of bank and branch _____

Account no. _____

Type of Account (savings, checking, money market) _____

Signatories _____

Source of monies _____ Balance _____

Name of bank and branch _____

Account no. _____

Type of Account (savings, checking, money market) _____

Signatories _____

Source of monies _____ Balance _____

D. Individual Retirement Accounts

Name and full address of financial institution _____

Account no. _____ Balance _____

In whose name _____

Name and full address of financial institution _____

Account no. _____ Balance _____

In whose name _____

E. Retirement Plans, Pensions, Keogh Plans, 401(k) Plans, Profit-Sharing Plans, Stock Bonus or Option Plans, Etc.

(Please attach copies of plan descriptions and most recent statements for each account or plan.)

Full legal name of plan _____

Name and complete address of plan administrator _____

Type of plan _____ Vested? _____

Full legal name of plan _____

Name and complete address of plan administrator _____

Type of plan _____ Vested? _____

(Use additional sheets to list accounts, if needed.)

F. Corporate Stocks, Bonds, Notes, Securities, Bills, Brokerage Accounts, CDs, Etc.

Name of broker and firm holding investments _____

Type of investment _____

Account no. _____ In whose name? _____

Type of account (savings, checking, money market) _____

Purchase price _____ Current value _____

What was the source of stock or funds to purchase? _____

Name of broker and firm holding investments _____

Type of investment _____

Account no. _____ In whose name? _____

Type of account (savings, checking, money market) _____

Purchase price _____ Current value _____

What was the source of stock or funds to purchase? _____

G. Patents, Inventions, Copyrights, Etc.

H. Life Insurance and/or Annuities

CLIENT

Name of Insurer _____

Name of Insured _____

Name of Beneficiary _____

Type of insurance (term, whole life, etc.)

Policy no. _____

Amount of policy _____

Cash surrender value _____

Loans against policy _____

CLIENT

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Name of Insurer _____

Name of Insured _____

Name of Beneficiary _____

Type of insurance (term, whole life, etc.)

Policy no. _____

Amount of policy _____

Cash surrender value _____

Loans against policy _____

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I. Business Interests (corporations, partnerships, sole proprietorships, etc.)

Name and full address of business _____

Type of business interest _____

Type of ownership interest _____

Percentage of ownership _____

Full name and address for each partner or other owner _____

Number of shares (if applicable) _____

Annual income from business _____

Date interest acquired _____

Source of any funds invested in business _____

Additional amounts invested and when _____

Is there any written business agreement, articles of incorporation, partnership papers, etc?
If so, please attach a copy or state where documents are located, if known. _____

Current value of interest _____

J. Community property

Have you ever lived in a state that has a community property law (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin)? If yes, provide details and the status of assets brought into this state. _____

K. Military Benefits

Branch of service _____

Name of service member _____

Rank/pay grade _____

Starting date of creditable service _____

Status of service member (active, reserve, or retired) _____

L. Miscellaneous Assets

Jewelry _____

_____ Value _____

Artwork _____

_____ Value _____

Antiques _____

_____ Value _____

Coin and other collections _____

_____ Value _____

Inheritance _____

_____ Value _____

Electronics and computers _____

_____ Value _____

Sporting goods and firearms _____

_____ Value _____

Safe deposit box? If yes, full name and address of institution where located

Describe contents _____

M. Accounts Receivable

Name of debtor _____

Debtor's relationship to you and to your spouse _____

Purpose of loan _____

Written evidence of loan? Yes _____ No _____ If yes, attach a copy.

Is debt secured? Yes _____ No _____ If yes, describe the security.

Repayment terms (principal, interest (if any), schedule for repayment, and current status of repayment) _____

Name of debtor _____

Debtor's relationship to you and to your spouse _____

Purpose of loan _____

Written evidence of loan? Yes _____ No _____ If yes, attach a copy.

Is debt secured? Yes _____ No _____ If yes, describe the security.

Repayment terms (principal, interest (if any), schedule for repayment, and current status of repayment) _____

N. Gifts

Have you or your spouse made any substantial gifts in the past or placed property in joint names with anyone other than your spouse? If yes, provide details. _____

M. Trust Beneficiaries

Are you or your spouse the beneficiary under any trust? If yes, provide details.

O. Premarital Assets

List the assets that you and/or your spouse owned when you entered the marriage, indicating the type and value at date of marriage.

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List other assets that you consider to be separate, belonging solely to you or to your spouse. For each such asset, describe the asset, what you believe the value for that asset to be, and the basis for believing that it is separate and nonmarital. _____

Are you aware of assets being given away, sold, or hidden from you? If yes, please list the asset(s) and briefly explain. _____

LIABILITIES

Please indicate with an asterisk any of the following accounts that you have reason to believe are delinquent.

Creditor _____ Account no. _____

Type of indebtedness (credit card, etc.) _____

What was the debt incurred for? _____

Is the account current? _____ Present balance due _____

Monthly payment _____ Named borrowers _____

Interest rate _____

Who will pay until the divorce judgment? _____

Creditor _____ Account no. _____

Type of indebtedness (credit card, etc.) _____

What was the debt incurred for? _____

Is the account current? _____ Present balance due _____

Monthly payment _____ Named borrowers _____

Interest rate _____

Who will pay until the divorce judgment? _____

Federal, State, or Local Tax Liability.

Type of tax owed _____

Year(s) tax owed _____

Amount owed _____

Any tax delinquency payment agreement, offer in compromise, etc.? If yes, please describe. _____

Is anyone other than the spouse and identified children financially dependent on you or your spouse? If yes, provide details. _____

RELIEF TO BE REQUESTED (TO BE COMPLETED BY ATTORNEY)

___ Divorce

___ Separate maintenance

___ Annulment

___ Custody of children _____

___ Parenting time rights _____

___ Child support payments _____

___ Spousal support _____

___ Spouse to vacate home _____

___ Contribution to your attorney fees _____

- ___ Restoration of former name _____
- ___ Procurement of \$_____ in life insurance to secure child support
- ___ Property division
- ___ Property injunction
- ___ Domestic abuse injunction
- ___ Health insurance for children or yourself _____
- ___ Home utility payments _____
- ___ Home insurance (Plaintiff/Defendant) _____
- ___ Mortgage payments _____
- ___ Debts _____
- ___ Other _____
- ___ Attorney fee arrangement