

DISSOLUTION CHECKLIST

Date: _____

Client: _____

Social Security Number: _____

Address: _____

If you wish mail sent to different address

Mailing Address: _____

Telephone: Home _____ Office _____ Cell _____

e-mail: _____

Age: ____ DOB: _____

Date and Place of Marriage: _____

Date of Separation _____

Domiciled In Arizona Since: _____

Spouse: _____

Social Security Number: _____

Address: _____

Telephone: Home _____ Office _____ Cell _____

Age: ____ DOB: _____

<u>Children</u>	<u>DOB</u>	<u>SS #</u>	<u>Place of Birth</u>	<u>Residence</u>
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Residences for the last five (5) years: _____

Client Occupation: _____

Current Rate of Pay: _____

Rate of Pay for Previous Year: _____

Employer Name and Address: _____

Spouse Occupation: _____

Current Rate of Pay: _____

Employer Name and Address: _____

Work History: Briefly describe jobs held in the last five (5) years:

Client: _____

Spouse: _____

Educational Background: Including college, trade schools, degrees, and vocational training. If you are in the process of receiving training/education, please explain and give expected date of completion.

Client: _____

Spouse: _____

Are you in good health? ____ If not, explain: _____

Are the children in good health: ____ If not, explain _____

Adverse Attorney's Name: _____

Referred to this office by: _____

ADDITIONAL INFORMATION FOR DISSOLUTION CHECKLIST

1. Who has the best financial information: _____
2. Are you or your spouse pregnant? _____
3. Desired Custody/Parenting Time: _____
4. Has your spouse ever threatened to leave the state with the children? _____
5. Any prior separation or divorce actions between you and your spouse? _____
If so, give date: _____
6. Any prospects of conciliation? _____
7. Do you and your spouse have any previous agreements? _____
8. Have you sought personal or marital counseling? _____ If so, please provide the name of the counselors and status: _____

9. Do you think your spouse has hidden property from you or may hide property in the future? _____
10. Here are some problems that can exist in a marriage. Please check any that may apply to your case:
Finances ___ Drinking ___ Drugs ___ Gambling ___ Other Women ___ Other Men ___
Emotional Abuse ___ Physical Abuse ___
11. Have you or your spouse acquired any property by inheritance or gifts? _____
12. Did you or your spouse bring any property into the marriage? _____
13. If there any danger of extreme violence? _____
14. Request former name: ___ Name Requested: _____
15. Do you and/or your spouse have a Trust? _____
16. Do you need, or will you need a new Will? _____
17. What is the name of your estate attorney? _____
18. What is the name of your accountant? _____