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DOMESTIC RELATIONS INFORMATION SHEET

I. Your Personal Information:

Full Name: _____

Maiden Name (if applicable): _____

Any other name commonly used: _____

Date of Birth: _____ Place of Birth: _____

Home Address: _____

County of Home Address: _____ Date Lived at address since: _____

Work Address: _____

E-Mail: _____

To which address do you wish to have correspondence sent? _____

If you wish to have correspondence sent to a different address, provide that here:

Telephone Numbers:

Home: _____ Work: _____

Cell: _____ Fax: _____

Please indicate any directions/restrictions in calling you: _____

Please list any other home addresses you have had for the past six (6) months:

II. Information About Your Spouse:

Full Name: _____

Maiden Name (if applicable): _____

Any other name commonly used: _____

Date of Birth: _____ Place of Birth: _____

Home Address: _____

County of Home Address: _____ Date Lived at address since: _____

Work Address: _____

E-Mail: _____

To which address do you wish to have correspondence sent? _____

If you wish to have correspondence sent to a different address, provide that here:

Telephone Numbers:

Home: _____ Work: _____

Cell: _____ Fax: _____

Please indicate any directions/restrictions in calling you: _____

Please list any other home addresses you have had for the past six (6) months:

III. Information About Your Employment:

Are you currently employed? _____

If yes, state your employer: _____

Job Title: _____ Type of Job: _____

Employed Since: _____ Gross Yearly Salary: _____

Please state your education and vocational training (including number of years you attended high school and college, if applicable): _____

IV. Information About Your Spouse's Employment:

Is your spouse employed? _____

If yes, state their employer: _____

Job Title: _____ Type of Job: _____

Employed Since: _____ Gross Yearly Salary: _____

Please state your education and vocational training (including number of years you attended high school and college, if applicable): _____

V. Armed Forces:

Are either you or your spouse a member of the Armed Forces of the United States? _____

If so, who? _____ What branch? _____

VI. History of This Marriage:

Date of Marriage: _____ Place: _____

Including this marriage, how many times have you been married? _____

Including this marriage, how many times has your spouse been married? _____

Are you and your spouse currently living together? _____

If not, when did you separate? _____

Where were you living at the time of the separation? _____

If separated, and if all your addresses since the separation are not listed above, please list all other addresses since the separation here:

_____ From/To: _____

_____ From/To: _____

_____ From/To: _____

Other than what is listed above, have you and your spouse lived together continuously throughout the marriage? _____

If not, please explain: _____

VII. Children Born or Adopted of This Marriage:

<u>Name (First, Middle, Last)</u>	<u>Date of Birth</u>	<u>SSN</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is wife currently pregnant? _____
Do any of your children require any special attention or treatment?

VIII. Information About Your Prior Marriages:

If you or your spouse have been married before this marriage, please state the name(s) of prior spouse(s) and how, when, and where the prior marriage(s) were terminated:

If there are any children from prior marriage(s), either yours and/or your spouse's, please list the names and ages of any children and state with whom such children currently reside:

Amount of support being paid or received for support of children from prior marriage(s):

Paid: _____ Received: _____

IX. Prior Proceedings:

Have there been any legal or other proceedings between you and the opposing party? If so, describe: _____

X. Reconciliation:

Do you have an interest in reconciliation? _____

Does your spouse, as far as you know? _____

Have you tried marriage counseling? If so, when and with whom? _____

XI. Spouse's Attorney:

Name: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

XII. Relief Sought:

a. Custody of children: _____ Who has the children now? _____

b. Child support: _____

c. Alimony: _____

d. Restoration of Name: _____

XIII. Arrests and/or Convictions:

Please list any arrests and/or convictions other than traffic related incidents:

a. Client: _____

b. Adverse Party: _____

XVI. Proposed Division of Property

	<u>Wife</u>	<u>Husband</u>	<u>Description</u>
Automobiles: _____	_____	_____	_____
Automobiles: _____	_____	_____	_____
Bank Accounts: _____	_____	_____	_____
Bank Accounts: _____	_____	_____	_____
Stocks/Bonds: _____	_____	_____	_____
Stocks/Bonds: _____	_____	_____	_____
Household Furniture: _____	_____	_____	_____
Household Furniture: _____	_____	_____	_____
Household Furniture: _____	_____	_____	_____
Household Furniture: _____	_____	_____	_____
Household Furniture: _____	_____	_____	_____
Custody: _____	_____	_____	_____
Visitation Privileges: _____	_____	_____	_____
Support: _____	_____	_____	_____
Alimony: _____	_____	_____	_____
Hospitalization: _____	_____	_____	_____
Insurance: _____	_____	_____	_____
Filing Tax Returns: _____	_____	_____	_____
Business Interests: _____	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____
Other: _____	_____	_____	_____