## DOMESTIC RELATIONS INTAKE SHEET

## CONFIDENTIAL CLIENT HISTORY

	Full Name	Maiden/Former Nam	ne Date of Bir	fla Gariel Germin
Yourself:	Tuli Ivallio	Maidell'I office Mari	ie Date of Pil.	th Social Security #
Spouse:	9			
Minor Children (Either born of c	-	Name	Date of Birth	Social Security#
	_		-	
	_			
Your Home Address:				
Home Address since: Telephone (Home):	( )	(Words)	D /	
			Ext	·
All your home address				
	Address		From	То
		,		
Alternate Contact		·		
Name:	Teler	ohone: ( )	Relationshin:	

DOMESTIC RELATIONS INFORMATION SHEET	2
Spouse's Information	
Spouse's Address:	
	2
• ,	
Spouse's Address since:	
Telephone (Home): ( )	
Spouse's Attorney's Name:	
Spouse's Attorney's Address:	
Spouse's Attorney's Telephone: ( )	
Marital Information	
Marital Status:	
Date of Marriage: Place of Marriage:	
Are you and your spouse living together now? Yes No	
If no, what was date of separation?	
Where you were living at the time of separation?	
If separated, and if all of your addresses since separation are not listed above, please list others here:	
Address	To
Have you an interest in reconciliation? Yes No	
Has your spouse (as far as you know)? Yes No	
Please give dates and names of personal or marital counselors seen by you and/or your spouse.	
Date: Name:	
Date: Name:	
Date: Name:	

Prior Marriages	g.		
List all prior marriages of your when and where prior marriage agreements.)	s and of your present sp es terminated, and provi	ouse. (Include names of all de copies of relevant court	l prior spouses of each, how, orders and separation
Yourself:			
Your Spouse:			
•			1
List names and ages of any children live, who has their leg	dren of yourself or you al custody, and whether	r spouse other than those li they have been adopted.	sted above. State with whom su
Yourself:			
Your Spouse:			
		//	
	:		
Your Employment			
Employer:			
Address:			
Position:		Date Started:	
Gross Weekly Pay:		Net Weekly Pay:	
• Prior Employment:			
Employer	Position	Dates of	Reason for
Name	Held	Employment	Leaving
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Your Spouse's Employment			
Employer:			
Address:			12
Non-standard and an artist and a standard and a sta			
Position:		Date Started:	
Gross Weekly Pay:		Net Weekly Pay:	
<ul><li>Prior Employment:</li></ul>			
Employer Name	Position Held	Dates of Employment	Reason for Leaving
Other Sources of Income			
Do you or your spouse receive	income from any othe	r source (e.g., AFDC, SSI,	disability, etc.)? Yes
Do you or your spouse receive  No  If yes, provide	income from any othe		
Do you or your spouse receive	income from any othe	r source (e.g., AFDC, SSI, Source	disability, etc.)?  Yes  Weekly amount
Do you or your spouse receive  No  If yes, provide	income from any othe		
Do you or your spouse receive  No  If yes, provide	income from any othe		
Do you or your spouse receive  No  If yes, provide	income from any othe		
Do you or your spouse receive  No  If yes, provide	income from any othe		
Do you or your spouse receive  No  If yes, provide	income from any other		
Do you or your spouse receive  No  If yes, provide	income from any other		
Do you or your spouse receive  No  If yes, provide	income from any other		
Do you or your spouse receive  No If yes, provide  Recipient		Source	
Do you or your spouse receive  No If yes, provide  Recipient  Educational Background		Source	

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## Preliminary Financial Information

<ul> <li>Please list any ba</li> </ul>	nk accounts to which	you or your spouse have acce	ss. H = Husband; W =	Wife; J = Joint
Account Type	Account Number	Bank Name and City or Town	Access By (H, W, J)	Amount
<ul> <li>Please list credit of</li> </ul>	cards and charge accor	unts, who can use them and w	ho is responsible for t	he bill.
Cre	dit Card ount Name	Who May Use (H, W, J)	Responsible Party (H, W, J)	Approximate Amount Owed
Please indicate name	s and addresses of you	or living parents and siblings:		
		- 1, mg paronio and bioinigs.	*	
			·	
		ancial or other assistance if ne	ecessary?  Yes	□ No
Whom from list above Who referred you to				

## Assets of You and Your Spouse

Estimate the value of each of the following items of property. If any item is located outside of Massachusetts, indicate where such item is located and, if necessary, give details on a separate sheet of paper. Indicate how much of each asset was contributed by the husband (H) and how much by wife (W), or, where noted, joint (J).

6	Bank Accounts:				., , , , , , , , , , , , , , , , , , ,
	Item	In Whose Name (H, W, J)	% Contributed by H W	Present Value	Location of Item
6	Stocks and Bonds (Inch	ude number of shares):			
	Item	In Whose Name (H, W, J)	% Contributed by H W	Present Value	Location of Item
				7.67	
6	Miscellaneous Property-interests; and other inve	——Patents; trademarks; stments:	copyrights; royalties; limi	ted partnership in	terests; proprietary
	Item	In Whose Name (H, W, J)	% Contributed by H W	Present Value	Location of Item
17					

Item	In Whose Name (H, W, J)	% Co H	ntributed by W	Present Value	Location of Item
		_			
Real Estate:  Item or Location Parcel	n Purchased by (H, W, J)	Owned by (H, W, J)	% Contributed H V		Mortgag Balance
Business Interests, inclu Item		1 25		ps:	
ICHI	In Whose Name (H, W, J)	% Con H	tributed by W	Present Value	Location o
					÷
				1	

	f Debt or gation	By	Whom Ow	ed		om Owed W, J)	Amor Oblig	unt of gation	When I	Due 
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whom o	ee Benefit contributed	s—Pension; ; company c	retirement; ar; expense	protit-sl account	haring pla ; etc.:	ns, regard	lless of whe	ther presen	itly vested	or by
<u>—I</u>	ist items:	, <u>, , , , , , , , , , , , , , , , , , </u>	h, za ez							
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			:							
					e e					
Insurar	ice:									
		nce for you a	nd your spo	ouse:						
	Life insurar	nce for you a		ouse:						
	Life insurar (a) Ind			ouse:	Owner (H, W)	Benefi- ciary	Existing Loan	Cash Value	Pre- mium	Wh Pay
—I Policy	Life insurar (a) Ind Insured	ividually acc	quired:				_			
—I Policy	Life insurar (a) Ind Insured	ividually acc	quired:				_			
—I Policy	(a) Ind Insured H or W	ividually acc	quired: Face Value				_			
—I Policy	(a) Ind Insured H or W	ividually acc	quired: Face Value  Value	Туре			_		mium	
—I Policy #	(a) Ind Insured H or W	ividually accompany  Company  aployment-re	quired: Face Value  Value		(H, W)	ciary	Loan	Value		Pa
Policy # Policy	(a) Ind Insured H or W  (b) En	ividually accompany  Company  aployment-re	Pace Value  Plated: Face	Туре	(H, W)	ciary  Benefi-	Loan	Value	mium	Pa

(a) Medical:			
(i) Hospital:			
		-	*
*			
(ii) Dental:			
2 B 0			
	21 12		8*)
(iii) Other:			
(h) Diochility			
(b) Disability:			
100			
e e			
(c) Legal Insurance:	, 0		
	9 2		9
(d) Other:			
3			
11		\$	
ldren's Assets and Income:			
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a Arguera and resident to the special to a control decrease				
bilities of You and	l Your Spouse			
Mortgages on Rea	l Estate:			
Property Location	Owed by (H, W, J)	Owed to	Present Amount	When Iten Due
Notes or Loans O	wed to Banks and Other	s:		
Notes or Loans O  Item  Type	wed to Banks and Other Owed by (H, W, J)	s: Owed to	Present Amount	When Ite Due
Item	Owed by			When Ite Due
Item	Owed by			
Item Type	Owed by (H, W, J)		Amount	
Item Type	Owed by (H, W, J)	Owed to	Amount	
Item Type  Other Debts (i.e.,	Owed by (H, W, J)  car and tuition loans, co	Owed to	Amount  y obligations):  Present	Due When It