DOMESTIC RELATIONS INTAKE SHEET

CONFIDENTIAL CLIENT HISTORY

Personal Information		ž.			14.
	Full Name	Maiden/Former N	lame Date of B	irth Social S	Security #
Yourself:					ocurry +
Spouse:					2
Minor Children (Either born of c		Name	Date of Birth	Social Securi	ty#
Your Home Address:	-				
					* * * * * * * * * * * * * * * * * * *
	e .	,		3.	-
Home Address since:		a 8			-
Telephone (Home):	(, ,)	(Work): ()	E	xt.:	
All your home addresse	es for past two years:				(87)
	Address		From	F	То
					(11)
e*					i.
Alternate Contact					
Name:	Telephor	ne: ()	Relationship		u ^{er} r -
			:		
			month.	10	

DOMESTIC RELATIONS INFORMATION SHEET	*	2
Spouse's Information		
Spouse's Address:		
Spouse's Address since:		,
Telephone (Home):	* _{px}	
Spouse's Attorney's Name:		
Spouse's Attorney's Address:		
Spouse's Attorney's Telephone: ()		
Marital Information		
Marital Status: Married Divorced Separate	ed Widowed	
Date of Marriage: Place of Marriage:	Louise	
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 of	hers here:
Address	From	То
Have you an interest in reconciliation?	No	H
Has your spouse (as far as you know)?	No	
Please give dates and names of personal or marital counselors se	en by you and/or your spo	ouse.
Date: Name:		
Do you anticipate a dispute about custody of the children?		3

Prior Marriages			
List all prior marriages of yo when and where prior marria agreements.)	urs and of your present sponges terminated, and provide	ouse. (Include names of le copies of relevant cou	all prior spouses of each, how, ut orders and separation
Yourself:	1		
Your Spouse:			
List names and ages of any conclidren live, who has their le	hildren of yourself or your egal custody, and whether	spouse other than those they have been adopted.	listed above. State with whom such
Yourself:			
· · · · · · · · · · · · · · · · · · ·			
Your Spouse:			
Your Employment			
Employer:	÷		,
Address:			
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-			
Position:		D	
		Date Started:	-
Gross Weekly Pay:	. 2	Net Weekly Pay:	
Prior Employment:			
Employer Name	Position Held	Dates of Employment	Reason for
		Lampioyment	Leaving
		The state of the s	
			,

Your Spouse's Employment				
Employer:				
Address:				*
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		,		
Position:		Date Started:		
Gross Weekly Pay:		Net Weekly Pay:		
• Prior Employment:		_		
Employer	Position	Dates of	Reason for	7
Name	Held	Employment	Leaving	
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		· ·		
Other Sources of Income				
Other Sources of Income Do you or your spouse receive No		er source (e.g., AFDC, SSI,	disability, etc.)? 🗋 Ye	5
Do you or your spouse receive		er source (e.g., AFDC, SSI,	disability, etc.)? 🗋 Ye	5
Do you or your spouse receive		er source (e.g., AFDC, SSI, Source	disability, etc.)?	
Do you or your spouse receive No If yes, provide				
Do you or your spouse receive No If yes, provide				
Do you or your spouse receive No If yes, provide				
Do you or your spouse receive No If yes, provide				
Do you or your spouse receive No If yes, provide				
Do you or your spouse receive No If yes, provide				
Do you or your spouse receive No If yes, provide Recipient				
Do you or your spouse receive No If yes, provide Recipient Educational Background	income from any other	Source		
Do you or your spouse receive No If yes, provide Recipient	income from any other	Source		

Preliminary Financial Information

Account Account Bank Name Access By Amount Type Number and City or Town (H, W, J) Please list credit cards and charge accounts, who can use them and who is responsible for the bill. Credit Card Who May Use Responsible Approximate or Account Name	• Please list any	bank accounts to which	you or your spouse have acce	ess. H = Husband; W =	Wife; J = Joint
Credit Card or Account Name (H, W, I) Party (H, W, I) Amount Owed (H, W, I) Party (H, W, I) Amount Owed (H, W, I) Please indicate names and addresses of your living parents and siblings: Can you look to any of these people for financial or other assistance if necessary? Yes No.	Account	Account	Bank Name	Access By	
Credit Card or Account Name (H, W, J) Party (H, W, J) Amount Owed or Account Name (H, W, J) Party (H, W, J) Amount Owed Amount Owed or Account Name (H, W, J) Party (H, W, J) Amount Owed or Account Name (H, W, J) Party (H, W, J) Amount Owed or Account Name (H, W, J) Party (H, W, J) Amount Owed or Account Name (H, W, J) Party (H, W, J) Amount Owed or Account Name (H, W, J) Party (H, W, J) Amount Owed or Account Name (H, W, J) Party (H, W, J) Amount Owed or Account Name (H, W, J) Party (H, W, J) Amount Owed or Account Name (H, W, J) Party (H, W, J) Amount Owed or Account Name (H, W, J) Party (H, W, J)					
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or Account Name (H, W, I) Party (H, W, J) Approximate Amount Owed Please indicate names and addresses of your living parents and siblings: Can you look to any of these people for financial or other assistance if necessary? Yes No.		Credit Card			
Can you look to any of these people for financial or other assistance if necessary? Yes No Whom from list above?		•			Approximate Amount Owed
Can you look to any of these people for financial or other assistance if necessary? Yes No Whom from list above?					
Can you look to any of these people for financial or other assistance if necessary? Yes No Whom from list above?					
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Can you look to any of these people for financial or other assistance if necessary? Yes No Whom from list above?					
Can you look to any of these people for financial or other assistance if necessary? Yes No Whom from list above?					
Can you look to any of these people for financial or other assistance if necessary? Yes No Whom from list above?	Please indicate nan	nes and addresses of your	living parents and siblings.		
Whom from list above?			5 paratic and biblings.		
Whom from list above?					
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Whom from list above?			,		
Whom from list above?					
Who referred you to us?			ncial or other assistance if ne	cessary? Yes	□ No
	Who referred you t	o us?			

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).

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Item	In Whose Name (H, W, J)	% Contributed by H W	Present Value	Location o
Stooks and David. (I	1. 1			
Item	In Whose Name (H, W, J)	% Contributed by H W	Present Value	Location of Item
			-	
Miscellaneous Propert	y—Patents; trademarks;	copyrights; royalties; limi	ted partnership int	erests; proprietar
Item	In Whose Name (H, W, J)	% Contributed by H W	Present Value	Location of Item
	,			,
				-

Item	In Whose Name		0/ 0		, 6	y .	
	(H, W, J)	•	% Coi	ntributed by W		Present Value	Location
						v aine	Item
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Real Estate:							,
tem or Location	Purchased				e.		
Parcel	by (H, W, J)	(H, V	ed by W, J)	% Contribution	uted by W	Present Value	Mortgag Balance
			-				
			-				
		· · · · · · · · · · · · · · · · · · ·			2		
dusiness Interests, includi	ng sole proprietors	ahima 'a					
Item	In Whose Name				ships:		
6	(H, W, J)		% Cont H	ributed by W		resent	Location of
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— <u>I</u>	Life insurar	nce for you a		use:				v		
—I Policy #	Life insurar			use:	Owner (H, W)	Benefi- ciary	Existing Loan	Cash Value	Pre- mium	Wb Pay
Policy	Life insurar (a) Ind Insured	lividually acc	quired:				_			
Policy	Life insurar (a) Ind Insured	lividually acc	quired:				_			
Policy	Life insurar (a) Ind Insured	lividually acc	quired:				_			
Policy	(a) Ind Insured H or W	lividually acc	quired: Face Value				_			
Policy #	(a) Ind Insured H or W (b) Er	Company Company mployment-re	quired: Face Value	Туре	(H, W)	ciary	Loan	Value	mium	Pay
Policy	(a) Ind Insured H or W (b) Er	lividually acc	quired: Face Value				Loan		mium Pre-	Pay
Policy # Policy	(a) Ind Insured H or W (b) Er Insured	Company mployment-re	quired: Face Value	Туре	(H, W)	ciary Benefi-	Loan	Value Cash	mium	Pay
Policy # Policy	(a) Ind Insured H or W (b) Er Insured	Company mployment-re	quired: Face Value	Туре	(H, W)	ciary Benefi-	Loan	Value Cash	mium Pre-	Pay
Policy # Policy	(a) Ind Insured H or W (b) Er Insured	Company mployment-re	quired: Face Value	Туре	(H, W)	ciary Benefi-	Loan	Value Cash	mium Pre-	Pay
Policy # Policy	(a) Ind Insured H or W (b) Er Insured	Company mployment-re	quired: Face Value	Туре	(H, W)	ciary Benefi-	Loan	Value Cash	mium Pre-	Pay

final.) (a) Medical:	
(i) Hospital:	
, , , , , , , , , , , , , , , , , , ,	
(ii) Dental:	
4	
(iii) Other:	
w w	
(b) Disability:	
e e e e e e e e e e e e e e e e e e e	
(c) Legal Insurance:	
9 6	
(d) Other:	
9	
ildren's Assets and Income:	