

GENTRY & THURMAN, P.A.
NEW CLIENT INFORMATION SHEET

Today's Date: _____, 2008

Client:

1. Name: _____
Address: _____
 First Middle Last

Mailing address for contact by this office

Date of Birth Social Security #

at: _____ Address you *live*
 Maiden name Restore? Driver's License #

Name, relationship and phone # for emergency contact City State

with: _____ Live
 Your Work # (hours) Your Home # Your Mobile # Name and relationship

date? _____ If you plan to move, approximate
 Phone #'s this office *not* to call Pager # (Be *sure* to contact secretary with new address & phone #'s)

Your e-mail address: _____

Client's Employment:

2. Employer: _____ Employer's
address: _____

Your position title: _____

City State Zip Code
Immediate supervisor: _____ Paid (*one): _____
 Monthly Semi-monthly (24) Bi-weekly (26) Weekly

Other

\$ _____

Amount of pay each time you are paid

Average overtime, bonuses, etc. each time you are paid

If you do *not* work average of 40 hours per week 12 months of the year, please explain:

–

State any other source of income you receive, including the amount, why, how often, and where from: _____

–

Explain any other details about your employment we should know: _____

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Spouse or Other Party:

(Note: Spouse refers to the person you want to divorce – not your current spouse if this is for a modification from another Party.)

3. Name: _____

Address: _____

First

Middle

Last

Mailing address

_____ Date of Birth

_____ Social Security #

_____ Maiden name

_____ Restore?

_____ Driver's License #

Address he/she lives at: _____

_____ Name and relationship of person he/she lives with

City

State

He/she lives

with: _____

Phone # to contact if *not* represented by an attorney

Name and relationship

If he/she plans to move, approximate date? _____ Address he/she moving to? _____

4. His/her employer: _____ His/her employer's address: _____

His/her position title: _____

City

State

Zip Code

His/her immediate supervisor: _____ Paid (*one): _____ Monthly _____ Semi-monthly (24) _____ Bi-weekly (26) _____ Weekly _____

Other

\$ _____

Amount of pay each time *he/she* is paid

Average overtime, bonuses, etc. each time *he/she* is paid

If he/she does *not* work average of 40 hours per week 12 months of the year, please explain:

State any other source of income he/she receives, including the amount, why, how often, and where from:

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Marriage Information:

5. How long have you resided in Florida? _____ How long have you resided in Leon County? _____

If dissolution of marriage, will it be contested? _____ Name his/her attorney, if known: _____

If contested, why will he/she contest the dissolution? _____

_____	_____	_____	_____	_____	_____
Marriage date	Separation date	Who left marital residence?	Place of marriage: City	County	State

Child(ren):

6. Full Name	Male or Female	Date of Birth	Place of Birth	Father's Name	Child of Both Parties?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Complete this section for all addresses for any minor child(ren) for last 5 years.
Must have for UCCJEA Affidavit**

<u>Address for any minor child(ren) Mother</u>	<u>Name</u>	<u>Dates lived at this address</u>	<u>With Father &/or</u>
_____	_____	From: _____ To: _____	_____
_____	_____	From: _____ To: _____	_____
_____	_____	From: _____ To: _____	_____

7. Explain present parenting arrangement (residence/custody) of children: _____

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8. Details of any parenting arrangement (residence/custody), whether agreed to or discussed with other:

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9. If you believe custody may be an issue, explain briefly your position on appropriate custody arrangements, why you believe that is best for the child(ren), and what you believe your spouse will say regarding the custody issue:

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10. Details of any present or past (*state which*) health, mental, or dental problems of child(ren). Also give details on any other special needs of child(ren): _____

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11. Details of health/dental insurance on child(ren), including who pays for insurance, cost for child(ren)'s portion of the insurance coverage, and who pays for unreimbursed expenses:

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12. Details of life insurance on child(ren), including who pays for, how much it costs for the child(ren)'s policy, and when policy was purchased: _____

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13. Details on any checking, savings, college, investment or other financial fund for child(ren): _____

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(Give name of company, amounts in each account, who pays for, etc.)

Prior Relationship(s):

14. Details of any prior marriage (*state if you or other Party, Case # if known, City and State of divorce, and name of person they divorced*), and/or child(ren) from another relationship (*name which Party, name other parent and date of divorce or separation*), alimony and/or child support you receive (*state if Court ordered, date, and how much you receive for whether for alimony or name child*): _____

(Attach additional page if necessary)

15. Are you and/or your spouse romantically involved with anyone? If yes, name and details. _____

(Attach additional page if necessary)

Real Property:

16. Do you own your own home? Yes: _____ No: _____ If yes, please state:

Address: _____

Street Address City State Zip Code

\$ _____ \$ _____

Purchase price Date purchased Present value Name(s) on Deed/Title Source of funds to purchase home

Name and address of mortgage holder \$ Amount of mortgage

Name and address of 2nd mortgage holder, if any \$ Amount of 2nd mortgage

17. Do you or your spouse own alone or jointly with any other person any other real property? For each property, state:

Address: _____

Street Address City State Zip Code

\$ _____ \$ _____

Purchase price Date purchased Present value Name(s) on Deed/Title Source of funds to purchase home

Name and address of mortgage holder \$ Amount of mortgage

Name and address of 2nd mortgage holder, if any \$ Amount of 2nd mortgage

18. If you and/or your spouse have sold any real property within the last 3 years of marriage, state details.

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(Attach additional page if necessary)

Financial Information:

19. Do you *and/or your spouse* have any checking, savings, money market, CD or other accounts? If yes, please list each account separately and provide:

<u>Name Bank/Financial Institution & Where Located</u>	<u>Account #</u>	<u>Type of Account</u>	<u>Owner/Signee on Account</u>	<u>Amount in Each Account</u>
\$ _____	_____	_____	_____	
\$ _____	_____	_____	_____	
\$ _____	_____	_____	_____	
\$ _____	_____	_____	_____	
\$ _____	_____	_____	_____	
\$ _____	_____	_____	_____	
\$ _____	_____	_____	_____	
\$ _____	_____	_____	_____	

(Attach additional page if necessary)

20. Do you *and/or your spouse* own alone or jointly with any other person any stocks, bonds, treasurer's bills? If yes, please state:

<u>Name Bank/Financial Institution & Where Located</u>	<u>Account #</u>	<u>Type of Account</u>	<u>Owner/Signee on Account</u>	<u>Amount in Each Account</u>
\$ _____	_____	_____	_____	
\$ _____	_____	_____	_____	
\$ _____	_____	_____	_____	

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

(Attach additional page if necessary)

21. Do you and/or your spouse have any credit card and/or charge accounts? If yes, please state:

<u>Credit Card/Account</u>	<u>Bank or Financial Institution</u>	<u>Names on Account</u>	<u>Who Charges on Account</u>	<u>Amount Owed</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

(Attach additional page if necessary)

22. Do you and/or your spouse have any bank loans, student loans, loans from parents, etc. upon which you or your spouse are obligated which are outstanding at this time? If yes, please state:

<u>Bank, Person or Financial Institution</u>	<u>Who Owes the Loan</u>	<u>Reason for Loan</u>	<u>Date of Loan</u>	<u>Amount Borrowed</u>	<u>Amount Paid to Date</u>	<u>Balance Owed</u>
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

(Attach additional page if necessary)

Vehicles:

23. Do you and/or your spouse own alone or jointly with any other person any automobiles? If yes, please state:

<u>Year/Make/Model</u>	<u>Condition/Value</u>	<u>Names on Title (Relation)</u>	<u>Financed By</u>	<u>Amount Owed</u>	<u>Who Drives</u>
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_____\$ _____ \$ _____

_____\$ _____ \$ _____

_____\$ _____ \$ _____

_____\$ _____ \$ _____

(Attach additional page if necessary)

24. Do you and/or your spouse own alone or jointly with any other person any other vehicles (boats, airplanes, motorcycles, etc.). If yes, please state:

<u>Year/Make/Model</u>	<u>Condition/Value</u>	<u>Names on Title/Relation</u>	<u>Financed By</u>	<u>Amount Owed</u>	<u>Who Drives</u>
_____	\$ _____	_____	_____	\$ _____	
_____	\$ _____	_____	_____	\$ _____	
_____	\$ _____	_____	_____	\$ _____	

(Attach additional page if necessary)

Other:

25. Do you and/or your spouse own any jewelry, china, crystal, silver, and/or valuable collections such as art, antiques, coins, stamps, etc. If yes, please state:

<u>Item</u>	<u>Approximate Value</u>	<u>Description</u>	<u>Owned By</u>	<u>If Gift, Who From</u>
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

(Attach additional page if necessary)

26. Do you and/or your spouse have any life insurance policies? If yes, state:

<u>Type of Policy & Cost Per Month</u>	<u>Amount of Coverage</u>	<u>Beneficiary/Beneficiaries</u>	<u>Owned By</u>	<u>Cash Value</u>	<u>Outstanding Loans</u>
\$ _____	\$ _____	_____	_____	\$ _____	\$ _____
\$ _____	\$ _____	_____	_____	\$ _____	\$ _____
\$ _____	\$ _____	_____	_____	\$ _____	\$ _____
\$ _____	\$ _____	_____	_____	\$ _____	\$ _____
\$ _____	\$ _____	_____	_____	\$ _____	\$ _____

(Attach additional page if necessary)

27. Do you *and/or your spouse* have any health, dental, disability and/or other insurance policies? If yes, state:

<u>Type of Policy</u>	<u>Cost Per Month</u>	<u>Person(s) Covered By Policy</u>	<u>Policy Holder</u>	<u>Employment Policy/Other</u>
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

(Attach additional page if necessary)

Note: Cost per month is for you and/or your spouse's coverage only – not child(ren).

28. If you *and/or your spouse* have any retirement benefits, IRA's, pension plans, etc. give details.

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(Attach additional page if necessary)

29. As to all matters covered in #'s 15 through 28, identify any items which you *and/or your spouse* owned at the time of your marriage, inherited and/or received as a gift prior to or subsequent to marriage. Also, identify any cash you *and/or your spouse* had at the time of marriage, inherited and/or received as a gift prior to or subsequent to marriage. Also identify who the gift, inheritance or other asset was received from and why.

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(Attach additional page if necessary)

30. At any time during the marriage, were *you and/or your spouse* involved in a business venture of your own? If so, describe business, giving dates, financial details, etc. If your spouse contributed any funds, services or assisted in the development of the business venture, describe in full and give dates, financial details, etc., including the source of any funds contributed.

(Attach additional page if necessary)

31. If you and your spouse (or other Party) have reached any tentative agreements, please state what those arrangements are. Also state whether verbal or written.

(Attach additional page if necessary)

32. State what you desire and expect as a result of your dissolution of marriage such as alimony, child support, real and personal property, or if other type of action (paternity, modification, child support, etc.) What you desire and expect.

35. If you receive or give a household allowance from or to your spouse, please indicate the present amount, any changes in the amount during the past year, and how such allowance is normally used.

36. If you *and/or your spouse* anticipate a substantial increase or reduction in your income or expenses in the near future, give details, including dates, reason and amounts.

37. For the past five (5) years, did *you and your spouse* file *joint* or *individual* Federal Income Tax Returns? State year, joint or individual, and who has possession of the returns.

38. Did *you and/or your spouse* attend college at any time prior to or during the marriage? If so, give details including if you and/or spouse, name college, whether the Party attending college was employed at the time attending college, any credentials, certificates, etc. received as a result of college, and the dates attended. Also include any substantial assistance either Party gave the other Party in order for them to attend college.

(Attach additional page if necessary)

39. Have *you* ever been arrested for a crime? If so, give details of the charges, including date of arrest, where the case was, case #, and final disposition of case.

(Attach additional page if necessary)

40. Have *your spouse (or the other Party)* ever been arrested for a crime? If so, give details of the charges, including date of arrest, where the case was, case #, and final disposition of case.

(Attach additional page if necessary)

41. Give details of *your* current medical condition, including any prescriptions you are taking (or have been prescribed), the name(s) of any doctor you are seeing or have seen within the last year, and any diagnosis.

(Attach additional page if necessary)

42. Give details of *your spouse's (or other Party's)* current medical condition, and *if known*, include any prescriptions they are taking (or have been prescribed), the name(s) of any doctor they are seeing or have seen within the last year, and any diagnosis.
