

LAW OFFICES OF  
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ATTORNEYS AND COUNSELORS AT LAW  
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**METHOD OF SERVICE:** \_\_\_\_\_

**DIVORCE INFORMATION**

PLEASE FILL OUT THIS FORM COMPLETELY ANSWERING **ALL** QUESTIONS  
AND USING COMPLETE LEGAL NAMES.

Today's Date: \_\_\_/\_\_\_/\_\_\_ Referred by: \_\_\_\_\_

**Section 1 - Client Information**

Please provide the following information about **YOU**.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
First Middle Last Name

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip

Birthdate \_\_\_/\_\_\_/\_\_\_ Birthplace \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Highest Education Level \_\_\_\_\_

Driver's License No: \_\_\_\_\_

Aliases: \_\_\_\_\_

Number of marriage (Circle One) 1st 2nd 3rd 4th

Your Height \_\_\_\_\_ Your Weight \_\_\_\_\_

Your Hair Color \_\_\_\_\_ Your Race \_\_\_\_\_

Your Age \_\_\_\_\_ Your Eye Color \_\_\_\_\_

Any Identifying Physical Marks? \_\_\_\_\_

\* Please provide the following information about **YOUR EMPLOYMENT** \*

\_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Employer Name

\_\_\_\_\_ Work Hours \_\_\_\_\_.m - \_\_\_\_\_  
Business Address

Position \_\_\_\_\_ Length of Employment \_\_\_\_\_

Gross Before Tax Income: \$ \_\_\_\_\_

After Tax Income: \$ \_\_\_\_\_ Weekly \_\_\_/ Bi-Weekly \_\_\_/ Monthly \_\_\_/ Yearly \_\_\_\_\_

Pension/Retirement/Profit Sharing \_\_\_\_\_ Vested \_\_\_\_\_

Bank/Credit Union Deductions \_\_\_\_\_ Unemployment Benefits \_\_\_\_\_

Other Income \_\_\_\_\_

## **Section 2 - Information About Your Spouse**

Please provide the following information about **YOUR SPOUSE**:

\_\_\_\_\_  
First Middle Last Name

Home Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone # (\_\_\_\_)\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip County

Birthdate \_\_\_/\_\_\_/\_\_\_ Birthplace \_\_\_\_\_ Social Security #\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Number of Marriage 1st 2nd 3rd 4th

Highest Education Level \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Aliases: \_\_\_\_\_

Spouse's Height \_\_\_\_\_ Spouse's Weight \_\_\_\_\_

Spouse's Hair Color \_\_\_\_\_ Spouse's Race \_\_\_\_\_

Spouse's Identifying Physical Marks? \_\_\_\_\_

Spouse's Age \_\_\_\_\_ Spouse's Eye Color \_\_\_\_\_

Please provide the following information about **YOUR SPOUSE'S EMPLOYMENT**

\_\_\_\_\_  
Employer Name Work Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_  
Business Address Work Hours \_\_\_\_\_m - \_\_\_\_\_m.

Position \_\_\_\_\_ Length of Employment \_\_\_\_\_

Gross Before Tax Income: \$ \_\_\_\_\_

After Tax Income: \$ \_\_\_\_\_ Weekly \_\_\_/ Bi-Weekly \_\_\_/ Monthly \_\_\_ / Yearly \_\_\_\_\_

Pension/Retirement/Profit Sharing \_\_\_\_\_ Vested \_\_\_\_\_

Bank/Credit Union Deductions \_\_\_\_\_ Unemployment Benefits \_\_\_\_\_

Other Income \_\_\_\_\_

### **Section 3 - Information About Your Marriage**

Marriage date \_\_\_/\_\_\_/\_\_\_ Performed by \_\_\_\_\_ Separation date \_\_\_/\_\_\_/\_\_\_\_\_

Place of Marriage \_\_\_\_\_  
City County State

Length of your residency in Michigan? \_\_\_\_\_ Current County \_\_\_\_\_

Resided together in Michigan for how long? \_\_\_\_\_

Prior Name(s) \_\_\_\_\_ Maiden Name \_\_\_\_\_

Restoration of Maiden Name desired \_\_\_\_\_ Pregnant? \_\_\_\_\_

### **Section 4 - Information About Your Children**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First Middle Last Name Birthdate Age Resides With

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First Middle Last Name Birthdate Age Resides With

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First Middle Last Name Birthdate Age Resides With

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First Middle Last Name Birthdate Age Resides With

Addresses of children during last 5 years:

\_\_\_\_\_ with \_\_\_\_\_  
\_\_\_\_\_ with \_\_\_\_\_  
\_\_\_\_\_ with \_\_\_\_\_  
\_\_\_\_\_ with \_\_\_\_\_

Were the children born of this marriage or a previous marriage? \_\_\_\_\_

If previous, to whom do they belong? \_\_\_\_\_

Who desires custody of the children? Husband \_\_\_\_\_ Wife \_\_\_\_\_ or Joint \_\_\_\_\_

Other Court action regarding children? \_\_\_\_\_

Children's Social Security Numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any work related daycare expenses? \_\_\_\_\_

If so, how much per week do you pay in daycare \$ \_\_\_\_\_

## **Section 5 - Information About Your Marital Assets**

### **Section 5a - Real Estate**

Do you and/or your spouse own your marital residence? \_\_\_\_\_

Where is it located? \_\_\_\_\_

Number and Street City State Zip

Date of purchase \_\_\_\_\_ Purchase price \$ \_\_\_\_\_

Down payment \$ \_\_\_\_\_ Source \_\_\_\_\_

Balance owing \$ \_\_\_\_\_ Tax Assessment \$ \_\_\_\_\_

F.M.V. \$ \_\_\_\_\_ Taxes \$ \_\_\_\_\_ Insurance \$ \_\_\_\_\_

Other Real Estate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Section 5b - Automobiles

Year	Make	Model	Used By	Titled To
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Year	Make	Model	Used By	Titled To
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Year	Make	Model	Used By	Titled To
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### Section 5c - Other Personal Property

Please list any other personal property that you feel should be considered in the division of marital assets (i.e. boat, snowmobile, sports equipment, furnishings, appliances, etc.). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any Stocks, Bonds, Money Markets and CDs that you and/or your spouse have and in whose name they are in at this time.

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**Section 5d - Bank Accounts**

Checking:

Bank	Balance	In Whose Name
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Bank	Balance	In Whose Name
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Savings:

Bank	Balance	In Whose Name
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Bank	Balance	In Whose Name
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Safe Deposit Boxes: \_\_\_\_\_

**Section 5e - Life Insurance**

Please provide the cash value of any life insurance policies you and/or your spouse may have and who is named as the beneficiary.

		Cash Value	Beneficiary
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		Cash Value	Beneficiary
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### **Section 7 - Monthly Living Expenses**

Please complete this section keeping in mind what general living expenses and other debts (loans, credit cards, etc.) you anticipate will be your responsibility should you and your spouse divorce.

Rent/Mortgage \_\_\_\_\_ Car Payment \_\_\_\_\_

Food \_\_\_\_\_ Car Insurance \_\_\_\_\_

Heat \_\_\_\_\_ Medical Insurance \_\_\_\_\_

Electric \_\_\_\_\_ Life Insurance \_\_\_\_\_

Phone \_\_\_\_\_ Home Insurance \_\_\_\_\_

Water \_\_\_\_\_ Day Care \_\_\_\_\_

Other Utilities \_\_\_\_\_ School Expenses \_\_\_\_\_

Church/Clubs \_\_\_\_\_ Allowance \_\_\_\_\_

Transportation \_\_\_\_\_ Extracurricular \_\_\_\_\_

Medical \_\_\_\_\_ Miscellaneous \_\_\_\_\_

Total Monthly Expenses \$ \_\_\_\_\_

### **Section 8 - Additional Information**

General cause for the breakdown of this marriage : \_\_\_\_\_

\_\_\_\_\_

Are you and/or your spouse interested in counseling? \_\_\_\_\_

Are you \_\_\_\_ or your spouse \_\_\_\_ in the Military Service? (check if yes)

Have you or has your spouse been involved in a bankruptcy within the past year?

Yes\_\_\_\_ No\_\_\_\_ Do you or your spouse plan to file for bankruptcy? Yes\_\_\_\_ No\_\_\_\_



**Section 12 - Health Care**

If Health care coverage is available for the minor children through either parent, please list: the names of the policyholder, insurance company, health care organization or health maintenance organization; and the policy, certificate or contract number: \_\_\_\_\_

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