

CLIENT'S NAME:

HOME ADDRESS:

PRIMARY TELEPHONE:

WORK ADDRESS:

WORK TELEPHONE:

HUSBAND

FULL NAME OF HUSBAND:

HUSBAND'S SOCIAL SECURITY #:

HUSBAND'S ADDRESS:

COUNTY AND STATE OF HUSBAND:

PLACE OF HUSBAND'S BIRTH:

DATE OF HUSBAND'S BIRTH:

NUMBER OF HUSBAND'S PREVIOUS MARRIAGES:

HUSBANDS'S RACE OR COLOR:

WIFE

FULL NAME OF WIFE:

MAIDEN NAME:

WIFE'S SOCIAL SECURITY #:

WIFE'S ADDRESS:

COUNTY AND STATE OF WIFE:

PLACE OF WIFE'S BIRTH:

DATE OF WIFE'S BIRTH:

NUMBER OF WIFE'S PREVIOUS MARRIAGES:

WIFE'S RACE OR COLOR:

CHILDREN

LIST ALL CHILDREN BORN OF THIS MARRIAGE:

CHILD'S NAME DATE OD BIRTH SOCIAL SECURITY NUMBER

1.

2.

3.

4.

LIST FULL ADDRESSES OF WHERE THE CHILDREN HAVE LIVED FOR THE PAST FIVE YEARS:

HEALTH INSURANCE

WHO CARRIES THE HEALTH INSURANCE? ___ HUSBAND ___ WIFE

NAME OF HEALTH INSURANCE COMPANY _____

POLICY NUMBER/ID OR GROUP NUMBER _____

COBRA COVERAGE AVAILABLE? ___ YES ___ NO

IF YES, THEN PLAN ADMINSTRATOR NAME, ADDRESS AND PHONE NUMBER

COVERAGE INCLUDES ___ HUSBAND ___ WIFE ___ CHILDREN

MARRIAGE

DATE OF MARIAGE:

DATE OF SEPARATION:

COUNTY AND STATE WHERE MARRIAGE TOOK PLACE:

DID YOU JOINTLY OWN THE MARITAL RESIENCE WITH YOUR SPOUSE?

IF YES, GIVE ADDRESS OF MARITAL RESIDENCE:

EDUCATION OF HUSBAND:

EDUCATION OF WIFE:

IF HUSBAND WAS MARRIED BEFORE, DID IT END IN DIVORCE OR DEATH?

IF WIFE WAS MARRIED BEFORE, DID IT END IN DIVORCE OR DEATH?

EMPLOYMENT

WIFE'S OCCUPATION:

WIFE'S EMPLOYER AND ADDRESS:

ANNUAL INCOME OF WIFE:

HUSBAND'S OCCUPATION:

HUSBAND'S EMPLOYER AND ADDRESS:

ANNUAL INCOME OF HUSBAND: