

DATE: _____

CONFIDENTIAL CLIENT HISTORY

1. FULL NAME _____
Home Address _____

Mailing Address _____
Home Phone _____ Cell Phone _____
At present address since _____ E-mail address _____
All home addresses for past two years Dates
_____ (From _____ to _____)
_____ (From _____ to _____)

2. SPOUSE'S FULL NAME _____
Spouse's home address _____

Home Phone _____ Cell Phone _____
A. Spouse's Attorney _____
Address _____ Phone _____
B. Spouse's Maiden/Former Name _____

3. MARRIAGE: Date _____ Place _____
A. Date of Birth: Self _____ Spouse _____
B. Social Security No.: Self _____ Spouse _____

4. CHILDREN OF THIS MARRIAGE:

Full Name	Date of Birth	Grade In School	Living With
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Are you and your spouse living together now? _____ If not, state 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 in #1 above, please list others here.

_____ (From _____ to _____)

_____ (From _____ to _____)

6. Have you an interest in reconciliation? _____ Does your spouse (as far as you know?) _____

7. Please give dates and names of any personal or marital counselors seen by you or your spouse.

8. Do you anticipate a dispute about custody of the children? _____

9. EMPLOYMENT

Self

Spouse

Employer: _____

Address _____

& Telephone: _____

Job Title: _____

Employed since: _____

Nature of job: _____

Salary Base: _____

Gross _____

Net _____

Overtime/Bonus: _____

Gross _____

Net _____

Previous Employment & Dates: (Indicate whether self or spouse) Date

_____ From _____ to _____

_____ From _____ to _____

_____ From _____ to _____

_____ From _____ to _____

10. EDUCATIONAL BACKGROUND:

Self _____

Spouse _____

11. List all prior marriages of yourself and of your present spouse. (Include names of all prior spouses of each, how, when and where prior marriages terminated, and provide copies of relevant court orders and separation agreements.)

Self _____

Spouse _____

12. List names and ages of any children of yourself or your spouse other than those listed in #4, state with whom such children live, who has their legal custody, and whether they have been adopted.

Self _____

Spouse _____

13. Please list any joint bank accounts to which you or your spouse have access _____

14. Please list credit cards and charge accounts, who can use them, and who is responsible for the bill.

Account	May be used by		Responsible Party	
	H	W	H	W
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. 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?

16. Who referred you to us? _____

17. **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. Indicate how much of each asset was contributed by husband (H) and how much by wife (W), or, where appropriate, joint (J).

A. Item	Bank Accounts (Saving and Checking)	In Whose Name	%Cont- ributed by Each		Present Value	Location of Article
			H	W		
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

B. **Stock and Bonds:**
 (Include number of shares)

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

C. **Miscellaneous Property:** Patents; trademarks; copyrights; royalties; proprietary interests; and other investments.

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

17. D. **Significant Personal Effects:**

(automobiles; jewelry; art; antiques; boats; aircraft; collections; furs; tangible personal property)

Item	In Whose Name	% Contributed by Each		Present Value	Location of Article
		H	W		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

E. **Real Estate:**

Location	Purchase Date	Purchase Price	Present Value	Mortgage Balance	Owned by (H,W or J)	% Contrib. by Each
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

F. **Business Interests, including Sole proprietorship, corporations, partnerships:**

Item	Owned by (H, W, or J)	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

G. **Money owed to you or your spouse:**

Reason	Amount	By Whom	When due
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	Existing Loan	Premium & Who Pays	Cash Surrender Value
Policy 1 – con't	_____	_____	_____
Policy 2 – con't	_____	_____	_____
Policy 3 – con't	_____	_____	_____
Policy 4 – con't	_____	_____	_____

Other Insurance: Include insurer, persons covered, nature and extent of coverage and whether group or individual, by whom paid and how much, and whether both spouses can remain covered after divorce is final.

- (a) Medical:
 - (i) Hospital: _____

 - (ii) Dental: _____

 - (iii) Other Insurance: _____

- (b) Disability: _____

- (c) Legal Insurance: _____

- (d) Other: _____

17. J. **Children's Assets and Income:**

K. **Expected Gifts or Inheritance** (you, your spouse, and children): When, by whom, from whom, and in what amount (if known).

18. **LIABILITIES** (of you and your spouse):

A. **Mortgages on Real Estate:**

Item	Owed by (H, W or J)	Present Amount	When Due
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. **Notes or Loans owed to Banks and Others:**

Item			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. **Other Debts:** (i.e., car and tuition loans, consumer credit, or alimony/ child support obligations).

Item			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Special Medical and Educational Needs:

Item

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If any of your children have special educational needs, please explain on a separate sheet.

If you, or your spouse or your children are presently receiving medical (including psychological or psychiatric) care, please provide full details on a separate sheet, including names and addresses of doctors, term, frequency and cost.

19. ANNUAL INCOME:

	Self	Spouse	Joint
Gross Salary	_____	_____	_____
Dividend Income	_____	_____	_____
Interest Income	_____	_____	_____
Income from Trusts	_____	_____	_____
Rental Income	_____	_____	_____
Other Income	_____	_____	_____
TOTAL ANNUAL INCOME (Sum of Above)	_____	_____	_____

20. Existing arrangements, including court orders, as to support, visitation, family finances.
