



**PRE-DIVORCE CLIENT INFORMATION**

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(First) (Full Middle) (Last)

Billing Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

City County State Zip

City and State of Birth: \_\_\_\_\_

S.S.N.: \_\_\_\_\_

Salary/Income: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Years of Education: \_\_\_\_\_  
(Specify only highest grade completed)

Employer: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of this marriage: \_\_\_\_\_  
(Specify 1<sup>st</sup>, 2<sup>nd</sup>, etc.)

Race: \_\_\_\_\_

Did a previous spouse die: \_\_\_\_\_

Military service: \_\_\_ Yes \_\_\_ No

If so, when: \_\_\_\_\_

If so, when: \_\_\_\_\_

**SPOUSE INFORMATION**

Spouse Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(First) (Full Middle) (Last)

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

City County State Zip

City and State of Birth: \_\_\_\_\_

S.S.N.: \_\_\_\_\_

Salary/Income: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Years of Education: \_\_\_\_\_  
(Specify only highest grade completed)

Employer: \_\_\_\_\_

This is my spouse's \_\_\_\_\_ marriage.  
(Specify 1<sup>st</sup>, 2<sup>nd</sup>, etc.)

Race: \_\_\_\_\_

Did a previous spouse die: \_\_\_\_\_

Military service: \_\_\_ Yes \_\_\_ No

If so, when: \_\_\_\_\_

If so, when: \_\_\_\_\_

**CURRENT MARRIAGE INFORMATION**

Date of Marriage: \_\_\_\_\_

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

Wife's Maiden Name: \_\_\_\_\_

Any Action Pending: \_\_\_\_\_

Separation Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Any Action Previously Commenced: \_\_\_\_\_

If so: When: \_\_\_\_\_

Where: \_\_\_\_\_

**CHILDREN OF THIS MARRIAGE, INCLUDING ADOPTIONS AND, IF SO, DESIGNATE**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

S.S.N.: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

S.S.N.: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

S.S.N.: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

S.S.N.: \_\_\_\_\_

Wife Pregnant: \_\_\_\_\_

Due Date: \_\_\_\_\_

Wife's children by former marriage: \_\_\_\_\_

Husband's children by former marriage: \_\_\_\_\_

**PREVIOUS DIVORCES**

If previously married, describe how LAST marriage ended:

Husband: Death \_\_\_ Divorce \_\_\_ Annulment \_\_\_

Date last marriage ended: \_\_\_\_\_

Place: \_\_\_\_\_

Wife: Death \_\_\_ Divorce \_\_\_ Annulment \_\_\_

Date last marriage ended: \_\_\_\_\_

Place: \_\_\_\_\_

How long have you lived in Wisconsin? \_\_\_\_\_

In Winnebago County: \_\_\_\_\_

Does wife wish to resume her maiden name or that of a former spouse? Yes: \_\_\_ No: \_\_\_

If so, what name: \_\_\_\_\_

Do you or your spouse have any written agreements? Yes: \_\_\_ No: \_\_\_

**MISCELLANEOUS INFORMATION**

**WHAT PROPERTY DID EACH OF YOU OWN WHEN YOU GOT MARRIED?**

**Husband:** \_\_\_\_\_

**Wife:** \_\_\_\_\_

**DURING THE MARRIAGE, HAVE EITHER OF YOU RECEIVED ANY LARGE GIFTS FROM THIRD PARTIES?**

**Husband:** \_\_\_\_\_

**Wife:** \_\_\_\_\_

**DURING THE MARRIAGE, HAVE YOU MADE ANY TRANSFERS OR GIFTS OF PROPERTY BETWEEN EACH OTHER?**

**Husband:** \_\_\_\_\_

**Wife:** \_\_\_\_\_

**HAVE EITHER OF YOU RECEIVED ANY INHERITANCES, EITHER PRIOR TO OR DURING THE MARRIAGE?**

**Husband:** \_\_\_\_\_

**Wife:** \_\_\_\_\_

**HAVE EITHER OF YOU RECEIVED ANY PERSONAL INJURY SETTLEMENT PRIOR TO OR DURING THIS MARRIAGE?**

**Husband:** \_\_\_\_\_

**Wife:** \_\_\_\_\_

**DO EITHER OF YOU HAVE A DRUG OR ALCOHOL PROBLEM?**

**Husband:** \_\_\_\_\_

**Wife:** \_\_\_\_\_

**DO EITHER OF YOU HAVE A PHYSICAL, HEALTH OR EMOTIONAL PROBLEM? IF SO, WHAT IS IT?**

**Husband:** \_\_\_\_\_

**Wife:** \_\_\_\_\_

**HAVE EITHER OF YOU HAD CANCER?**

**Husband:** \_\_\_\_\_

**Wife:** \_\_\_\_\_

**HAS THERE BEEN VIOLENCE OR ABUSE BETWEEN YOU? IF SO, BY WHOM TO WHOM?**

\_\_\_\_\_

**HAS THERE BEEN VIOLENCE OR ABUSE TO THE CHILDREN BY EITHER OF YOU? IF SO, BY WHOM?**

\_\_\_\_\_

HAVE EITHER OF YOU HAD COUNSELING? IF SO, BY WHOM?

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

HAVE EITHER OF YOU RECEIVED EDUCATION AT THE EXPENSE OF THE OTHER DURING THE TIME OF THE MARRIAGE?

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

DO YOU HAVE HEALTH INSURANCE?      Yes: \_\_\_\_      No: \_\_\_\_

IF SO, BY WHOM IS IT PROVIDED? \_\_\_\_\_

DO ANY OF THE CHILDREN HAVE SPECIAL MEDICAL OR EMOTIONAL PROBLEMS? IF SO, WHAT ARE THEY?

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

**NOTES**

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RATE: \_\_\_\_\_

RETAINER: \_\_\_\_\_