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**CONFIDENTIAL DIVORCE INFORMATION SHEET**

**PERSONAL - CLIENT    Date:** \_\_\_\_\_

Email:	NAME (First, Middle, Last)			SOCIAL SECURITY NO.	
STREET ADDRESS _____	CITY	STATE	ZIP	COUNTY _____	<b>Email:</b>
RESIDED THERE SINCE	HOME PHONE	CELL PHONE	WORK PHONE	HEIGHT	WEIGHT
DATE OF BIRTH	PLACE OF BIRTH	DRIVERS LICENSE NO		EYE COLOR	HAIR COLOR
NEXT OF KIN	RELATIONSHIP	HOME PHONE		REFERRED BY:	RACE

**PERSONAL - OTHER PARTY**

NAME (First, Middle, Last)				SOCIAL SECURITY NO.	
STREET ADDRESS _____	CITY	STATE	ZIP	COUNTY _____	<b>Email:</b>
RESIDED THERE SINCE	HOME PHONE	CELL PHONE	WORK PHONE	HEIGHT	WEIGHT
DATE OF BIRTH	PLACE OF BIRTH	DRIVERS LICENSE NO		EYE COLOR	HAIR COLOR
NEXT OF KIN	RELATIONSHIP	HOME PHONE		REFERRED BY:	RACE

**PRIOR MARRIAGES - CLIENT**

HOW MANY PRIOR MARRIAGES?	PRIOR DIVORCE ACTIONS?
HOW MANY LIVING CHILDREN FROM ALL MARRIAGES?	WHO HAS CUSTODY?

**PRIOR MARRIAGES - OTHER PARTY**

HOW MANY PRIOR MARRIAGES?	PRIOR DIVORCE ACTIONS?
HOW MANY LIVING CHILDREN FROM ALL MARRIAGES?	WHO HAS CUSTODY?

**CURRENT MARRIAGE**

MARRIED ON ___/___/___ IN THE CITY OF _____, COUNTY OF _____, STATE OF _____	
BY A: <input type="checkbox"/> RABBI <input type="checkbox"/> MINISTER <input type="checkbox"/> PRIEST <input type="checkbox"/> SHIP'S CAPTAIN <input type="checkbox"/> JUDGE <input type="checkbox"/> OTHER	
DATE LAST RESIDED TOGETHER: _____ RESIDED TOGETHER IN MICHIGAN: _____ COUNTY: _____	
IS RECONCILIATION <input type="checkbox"/> POSSIBLE? <input type="checkbox"/> PROBABLE? <input type="checkbox"/> UNLIKELY?	

**CHILDREN**      **HOW MANY CHILDREN BORN ALIVE IN THIS MARRIAGE?** \_\_\_\_\_  
 PLEASE PROVIDE THE FOLLOWING INFORMATION. (IF MORE THAN FOUR CHILDREN, PLEASE ATTACH ADDITIONAL SHEETS.)

NAME	DATE OF BIRTH	AGE NOW
SOCIAL SECURITY NO.	SCHOOL	GRADE
NAME OF CHILD'S PARENTS	PRESENT CUSTODY	RESIDES WITH
NAME	DATE OF BIRTH	AGE NOW
SOCIAL SECURITY NO.	SCHOOL	GRADE
NAME OF CHILD'S PARENTS	PRESENT CUSTODY	RESIDES WITH
NAME	DATE OF BIRTH	AGE NOW
SOCIAL SECURITY NO.	SCHOOL	GRADE
NAME OF CHILD'S PARENTS	PRESENT CUSTODY	RESIDES WITH
NAME	DATE OF BIRTH	AGE NOW
SOCIAL SECURITY NO.	SCHOOL	GRADE
NAME OF CHILD'S PARENTS	PRESENT CUSTODY	RESIDES WITH

AMOUNT SUPPORT PER CHILD PER WEEK OFFERED/REQUESTED? \$ _____
WITH WHOM AND WHERE DO MINOR CHILD(REN) NOW LIVE? <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER
WHO DESIRES CUSTODY? _____      JOINT? <input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER COURT ACTION REGARDING CHILDREN _____

**ADDITIONAL CONSIDERATIONS**

WHAT HOSPITAL-MEDICAL-SURGICAL INSURANCE COVERS THE CHILDREN? _____	
POLICY HOLDER _____	POLICY NUMBER _____
WHAT DENTAL/ OPTICAL INSURANCE COVERS THE CHILDREN? _____	
WIFE'S NAME BEFORE MARRIAGE _____ WIFE'S MAIDEN NAME _____	
SHOULD MAIDEN NAME BE RESTORED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF "NO," DO YOU WANT SOME OTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO      IF SO, WHAT NAME? _____	
IS WIFE PREGNANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS, OR WILL, YOUR SPOUSE BE IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO
STATE YOUR FORMAL EDUCATION _____	STATE YOUR SPOUSE'S FORMAL EDUCATION _____

**EMPLOYMENT - CLIENT**

EMPLOYER _____		OCCUPATION _____
ADDRESS _____		TELEPHONE _____
DATE OF HIRE _____	HOURS WORKED PER WEEK _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
WHAT PUBLIC ASSISTANCE RECEIVED? SOURCE _____ AMOUNT \$ _____ PER _____		

**INCOME - CLIENT**

GROSS INCOME \$ \_\_\_\_\_

PER     WEEKLY     BI-WEEKLY     MONTHLY     BI-MONTHLY

DEDUCTIONS

FEDERAL WITHHOLDING	\$ _____
STATE WITHHOLDING	\$ _____
CITY WITHHOLDING	\$ _____
SOCIAL SECURITY	\$ _____
SAVINGS	\$ _____
FLEX ACCOUNTS	\$ _____
UNION DUES	\$ _____
INSURANCE	\$ _____
RETIREMENT	\$ _____
COURT ORDERED CHILD SUPPORT/ ALIMONY	\$ _____
OTHER (EXPLAIN)	\$ _____
SUBTOTAL	\$ (_____)

OTHER INCOME

UNEMPLOYMENT BENEFITS	\$ _____
BONUSES	\$ _____
COURT ORDERED CHILD SUPPORT/ ALIMONY	\$ _____
OTHER (EXPLAIN)	\$ _____
SUBTOTAL	\$ _____

**TOTAL NET INCOME** \$ \_\_\_\_\_

**LIVING EXPENSES - CLIENT**

RENT/HOUSE PAYMENT	\$ _____	CHURCH/CLUBS	\$ _____
CAR PAYMENT	\$ _____	ALLOWANCE	\$ _____
FOOD	\$ _____	MEDICAL /DENTAL	\$ _____
GAS	\$ _____	TRANSPORTATION	\$ _____
PAYMENT ON BILLS	\$ _____	CLOTHING	\$ _____
ELECTRICITY	\$ _____	RECREATION	\$ _____
TELEPHONE	\$ _____	INSURANCE	\$ _____
REFUSE	\$ _____	CHILD CARE	\$ _____
CABLEVISION	\$ _____	PROPERTY TAXES	\$ _____
SCHOOL EXPENSES	\$ _____	INCIDENTALS	\$ _____
		<b>TOTAL</b>	\$ _____

**EMPLOYMENT - OTHER PARTY**

EMPLOYER _____		OCCUPATION _____
ADDRESS _____		TELEPHONE _____
DATE OF HIRE _____	HOURS WORKED PER WEEK _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
WHAT PUBLIC ASSISTANCE RECEIVED? SOURCE _____ AMOUNT \$ _____ PER _____		

**INCOME - OTHER PARTY**

GROSS INCOME

\$ \_\_\_\_\_

PER  WEEKLY  BI-WEEKLY  MONTHLY  BI-MONTHLY

DEDUCTIONS

FEDERAL WITHHOLDING	\$ _____
STATE WITHHOLDING	\$ _____
CITY WITHHOLDING	\$ _____
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SAVINGS	\$ _____
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INSURANCE	\$ _____
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COURT ORDERED CHILD SUPPORT/ ALIMONY	\$ _____
OTHER (EXPLAIN)	\$ _____
SUBTOTAL	\$ (_____)

OTHER INCOME

UNEMPLOYMENT BENEFITS	\$ _____
BONUSES	\$ _____
COURT ORDERED CHILD SUPPORT/ ALIMONY	\$ _____
OTHER (EXPLAIN)	\$ _____
SUBTOTAL	\$ _____

**TOTAL NET INCOME** \$ \_\_\_\_\_

**LIVING EXPENSES - CLIENT**

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ELECTRICITY	\$ _____	RECREATION	\$ _____
TELEPHONE	\$ _____	INSURANCE	\$ _____
REFUSE	\$ _____	CHILD CARE	\$ _____
CABLEVISION	\$ _____	PROPERTY TAXES	\$ _____
SCHOOL EXPENSES	\$ _____	INCIDENTALS	\$ _____
		<b>TOTAL</b>	\$ _____

**REAL PROPERTY** BUYING OR OWNED

TYPE/ADDRESS/ PURCHASE DATE	POSESSION (H/W/J)	COST	LAND CONTRACT/ MORTGAGE BALANCE	DOWN PAYMENT AND SOURCE	FAIR MARKET VALUE	STATE EQUALIZED VALUE	MONTHLY PAYMENTS	DISPOSITION

**PERSONAL PROPERTY** OWNED

ITEM	POSSESSION? (H/W/J)	PURCHASE DATE	COST	PRESENT NET EQUITY	FAIR MARKET VALUE	MONTHLY PAYMENTS	DISPOSITION

FURNITURE							
ANTIQUES							
COLLECTIONS (COIN, STAMPS, ETC.)							
PHOTOGRAPHY EQUIPMENT							
JEWELRY							
PATENTS, INVENTIONS, COPYRIGHTS							

### MOTOR VEHICLES, ETC

TYPE/ YEAR/ MAKE/ MODEL OF CAR, BOAT/TRAILER, MOTORCYCLE, SNOWMOBILE, ETC.	POSSESSION (H/W/J)	TITLED TO (H/W/J)	USED BY (H/W/J)	PURCHASE DATE	COST	FAIR MARKET VALUE	MONTHLY PAYMENTS	DISPOSITION

### FINANCIAL INSTITUTION ACCOUNTS

NAME OF DEPOSITORY	TYPE OF ACCOUNT	POSSESSION? (H/W/J)	PRESENT VALUE	SAFETY DEPOSIT BOX NUMBER	DISPOSITION

### INSURANCE OWNED

COVERAGE	NAME OF COMPANY	POSSESSION? (H/W/J)	AMOUNT OF COVERAGE	PRESENT NET CASH VALUE	ANNUAL PREMIUM	BENEFICIARY
LIFE						
HOME OWNERS						
AUTOMOBILE						
HEALTH & HOSP.						
DEATH BENEFITS						
WORKER'S COMP						
OTHER						

### LIABILITIES/ CREDIT CARDS, ETC.

TYPE/ CREDITOR	ORIGINAL DEBT AMOUNT	PRESENT BALANCE DUE	MONTHLY PAYMENTS	NAMED BORROWER(S)	WHO WILL PAY?


**OTHER INCOME SOURCES**

SOURCE	TYPE (WAGE, DIVIDEND)	POSSESSION (H/W/J)	GROSS PER YEAR	DISPOSITION
STOCKS				
PENSION - % VESTED				
RETIREMENT - % VESTED				
PUBLIC ASSISTANCE - ADC				
VETERAN'S BENEFITS				
SOCIAL SECURITY				
ANNUITY FUNDS				

**SECURITIES**

SOURCE OF STOCKS, BONDS, MUTUAL FUNDS, ANNUITY ACCOUNTS, CDS, ETC.	POSSESSION? (H/W/J)	PURCHASE DATE	AMOUNT PAID IN	TRUE CASH VALUE	DISPOSITION