



CLIENT INFORMATION FORM

The following questions will help us gather the initials facts we will need to proceed with your case. Your responses are protected by attorney-client privilege and will be held in strict confidence by Heatwole Law Firm, P.A.

Name: _____
Last First Middle or Maiden Name

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Other: _____

Secure E-Mail Address: _____

Preferred method of contact: _____

Employer: _____

Occupation: _____

Employer's Address: _____

Driver's License: _____

Social Security Number: _____

Any other name(s) by which you have previously been known: _____

Date of Birth: ____/____/____ Age: ____

If your mail is returned as undeliverable or your telephone service terminated, please provide the name of someone (friend or relative) you believe will always know how to contact you:

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

City, State: _____ Zip code: _____

Opposing Party's Name: _____

Opposing Party's Address: _____

Opposing Party's Phone Number: _____

Opposing Party's E-Mail Address: _____

Opposing Party's Date of Birth: _____/_____/_____

Opposing Party's Occupation and Employer: _____

Opposing Party's Yearly Income: _____

Attorney for Opposing Party (if known): _____

Address where Opposing Party can be served: _____

Physical description of Opposing Party: _____

Child (ren)'s Information:

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Currently Living With</u>

Matters at Issue (Please Check All that Apply):

- Divorce
- Child Custody
- Equitable Distribution
- Child Support Enforcement
- Relocation with Minor Child
- Alimony
- Paternity
- Child Support Modification
- Domestic Violence
- Other: _____

Is there any other relevant information you feel that your attorney should know?

Have you previously signed any agreements relative to this matter? Yes / No

If yes, please explain: _____

If this is a Divorce matter, please complete the following section:

How long have you lived in Florida? _____

Date of Marriage: _____/_____/_____ Place of Marriage (City/State): _____

County and State where you and the Opposing Party last lived together as Husband and Wife: _____

Date of Separation: _____/_____/_____

Do you want your former name restored to you? YES / NO

If yes, what is your former name? _____

ASSETS:

A. MARITAL HOME

Address: _____

Date purchased: _____/_____/_____

Purchase price: \$ _____

Current Fair Market Value: \$ _____

Current Mortgage/Credit Line Balance(s): \$ _____

Name(s) on the Deed: _____

B. OTHER REAL ESTATE

Address: _____

Date purchased: _____/_____/_____

Purchase price: \$ _____

Current Fair Market Value: \$ _____

Current Mortgage/Credit Line Balance(s): \$ _____

Name(s) on the Deed: _____

C. TRANSPORTATION (Cars, trucks, motorcycles, boats, etc.)

What vehicle do you drive?

Make/Model/Year: _____

Mileage: _____

Date purchased: _____/_____/_____

Purchase price: \$ _____

Current Fair Market Value: \$ _____

Current Loan Balance: \$ _____

Name(s) on Title: _____

What vehicle does the Opposing Party drive?

Make/Model/Year: _____

Mileage: _____

Date purchased: _____ / _____ / _____

Purchase price: \$ _____

Current Fair Market Value: \$ _____

Current Loan Balance: \$ _____

Name(s) on Title: _____

D. ADDITIONAL TRANSPORTATION (attach separate sheet if necessary)

Make/Model/Year: _____

Mileage: _____

Date purchased: _____ / _____ / _____

Purchase price: \$ _____

Current Fair Market Value: \$ _____

Current Loan Balance: \$ _____

Name(s) on Title: _____

Make/Model/Year: _____

Mileage: _____

Date purchased: _____ / _____ / _____

Purchase price: \$ _____

Current Fair Market Value: \$ _____

Current Loan Balance: \$ _____

Name(s) on Title: _____

E. OTHER ITEMS OF SIGNIFICANT VALUE (Art, Tools, Collections, etc.)

ITEM

VALUE

F. INTANGIBLE ASSETS

Cash on Hand: \$ _____

Checking and Savings Accounts:

<u>Bank Name</u>	<u>Last 4 Digits of Account No.</u>	<u>Balance</u>	<u>Date of Balance</u>

Stocks, Bonds, Money Markets: _____

IRAs or Other Retirement or Pension Plans: _____

G. NON-MARITAL ASSETS [Assets acquired outside the marriage such as gifts, inheritances, items owned prior to marriage, etc.] List any items, approximate values, and circumstances under which each item was acquired:

<u>ITEM</u>	<u>VALUE</u>	<u>CIRCUMSTANCES</u>

H. Do You Fear the Opposing Party Will Dispose of or Attempt to Hide Marital Assets?

YES / NO

If YES, why: _____

I. Are you currently covered by health insurance? YES / NO

Provided through: [] My Employer [] Opposing Party's Employer [] Other

J. Are the minor children covered by health insurance? YES / NO

Provided through: [] My Employer [] Opposing Party's Employer [] Other

K. LIABILITIES

Medical Bills: _____

Credit Cards:

<u>Credit Card Name</u>	<u>Last 4 Digits of Account No.</u>	<u>Balance</u>	<u>Date of Balance</u>

Other Debts: _____

