

HAMILTON LAW OFFICE

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Date Completed: _____

Referred by: _____

PERSONAL DATA

CLIENT

Full Legal Name _____

Residence _____

City _____

County _____

State, Zip _____

Phone number (work) _____

Phone number (home) _____

Phone number (cellular) _____

E-Mail address _____

Social Security Number _____

SPOUSE

Full Legal Name _____

Residence _____

City _____

County _____

State, Zip _____

Phone number (work) _____

Phone number (home) _____

Phone number (cellular) _____

E-Mail address _____

Social Security Number _____

How long has individual been a resident of:

County? _____

County? _____

State? _____

State? _____

Date of Birth: _____

Date of Birth: _____

MARITAL STATUS

Date of this marriage: _____

Place of this marriage (City, State, & County): _____

Number of prior marriages: Client: _____ Spouse: _____

Other marriages ended by (death, divorce, annulment): Client: _____ Spouse: _____

Are you presently Living with spouse? _____

Who left residence? _____

What was date of separation? _____

CHILDREN BY THIS MARRIAGE

Name: _____ M/F _____ Age: _____ Date of Birth: _____

Social Security Number: _____

Name: _____ M/F _____ Age: _____ Date of Birth: _____

Social Security Number: _____

Name: _____ M/F _____ Age: _____ Date of Birth: _____

Social Security Number: _____

Name: _____ M/F _____ Age: _____ Date of Birth: _____

Social Security Number: _____

RESIDENCES OF CHILDREN FOR LAST FIVE YEARS

From: _____ To: _____ Address: _____ Residing with: _____

From: _____ To: _____ Address: _____ Residing with: _____

From: _____ To: _____ Address: _____ Residing with: _____

From: _____ To: _____ Address: _____ Residing with: _____

CHILDREN BY OTHER MARRIAGES

Name: _____ M/F _____ Age: _____ Date of Birth: _____

Social Security Number: _____

Name: _____ M/F _____ Age: _____ Date of Birth: _____

Social Security Number: _____

Name: _____ M/F _____ Age: _____ Date of Birth: _____

Social Security Number: _____

Name: _____ M/F _____ Age: _____ Date of Birth: _____

Social Security Number: _____

HEALTH PROBLEMS

List any health problems for either party or dependent children:

EMPLOYMENT

CLIENT

SPOUSE

Employer: _____

Employer's Address: _____

Date of Employment: _____

Position/Title: _____

Indicate how often paid: _____

Gross earnings per pay: _____

Deductions other than taxes and social security (Attach a representative pay stub(s)):

Net earnings per pay: _____

No. of tax exemptions claimed: _____

Describe, if applicable:

Overtime: _____

Bonus: _____

Commissions: _____

Other Benefits: _____

EDUCATION, EMPLOYMENT SKILLS

What level of education does each party currently have?

Client: _____ Spouse: _____

What level of education did each party have at the time the parties were married?

Client: _____ Spouse: _____

Did either party help finance the other's education? If so, who? _____

How? _____ To what extent?: _____

GIVE A SUMMARY OF REASONS LEADING TO MARITAL DISCORD/SEPARATION:

**PLEASE SET FORTH ANY OTHER INFORMATION WHICH YOU FEEL IS IMPORTANT FOR YOUR
ATTORNEY TO CONSIDER:**

PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS, WHERE APPLICABLE

Deeds / titles to vehicles

Tax returns for the previous three years

Recent statements for retirement accounts (IRAs, 401(k)s, etc.)

Recent credit card statements

Bank account statements (checking, savings, etc.)

Permanent life insurance policies

If post-decree matter, please provide where applicable:

Relevant pleadings / prior court orders

Decree of Divorce / Dissolution

Separation Agreement

Custody Entry

Any post-decree orders