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INFORMATION SHEET

Date: _____

Personal Information ~ Client

Name: _____ Date of Birth: _____

Maiden Name: _____ Request name change? _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

S. S. No.: _____ Email: _____

Residence: County of Residence _____ Length in County _____

Length in State _____ Birthplace: _____

Employer Name: _____

Address: _____ Occupation: _____

_____ Business Phone: _____

Salary: \$ _____ per _____ Numbers of years: _____

Education: Highest grade completed: _____ Other: _____

No. of Terminated Marriages: By Death: _____ By Legal Action: _____

Dates: _____

Personal Information ~ Spouse

Name: _____ Date of Birth: _____

Maiden Name: _____ Request name change? _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

S. S. No.: _____

Residence: County of Residence _____ Length in County _____

Length in State _____ Birthplace: _____

Employer Name: _____

Address: _____ Occupation: _____

_____ Business Phone: _____

Salary: \$ _____ per _____ Numbers of years: _____

Education: Highest grade completed: _____ Other: _____

No. of Terminated Marriages: By Death: _____ By Legal Action: _____

Dates: _____

Marriage

Place: _____ Date: _____

CLIENT

SPOUSE

Age at Marriage: _____

Age at Previous Marriage: _____

Now living with spouse? _____ If not, when separated? _____

If still living together, date of last sexual relations: _____

Any reason to question validity of marriage?

1. Underage _____
2. Under Influence of Drugs _____
3. Fraud, Duress, Force _____
4. Mental capacity of either party _____
5. Permanent impotency of either party _____
6. Concealed divorce _____

Possible grounds for dissolution of marriage:

1. Incompatibility, irreconcilable differences, adultery or cruel treatment

2. Living separate or apart: _____ Length of time: _____
3. Marital or economic misconduct. Type: _____

Children

Name	Date of Birth	Place of Birth	Residence

Children presently reside with: _____

Type of custody arrangement desired: _____

Custodial with/without support: _____

Visitation: _____

Amount of child support expected to receive/pay: \$ _____ per _____

Does anyone have a court-ordered relationship with any child? _____

Identify person by name, address, and relationship: _____

Identify date of Court order and Court which made order: _____

What are desires of children? _____

Is wife pregnant? _____ If yes, what is expected birthdate? _____

Do the children own property other than personal effects of ordinary value? _____

If yes, describe the property owned by child and estimate value of each item:

Matrimonial Property

Real Property:

Location	Record Owner	Value	Equity	Date Acquired	Purpose
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

Does client have a copy of deed, deed of trust, etc.? _____

Is any of the property producing revenue? _____

If so, obtain description of property interest and income in detail: _____

Personal Property

Motor Vehicles

Year	Type	Possession	Record Owner	Value	Lien
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Deposit Accounts (bank, savings and loan, credit union, etc.)

Where	Amount	Source of funds	Account type	Account holder
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Securities (stocks, bonds, debentures, etc.)

Lien Against	Company	Unit Value	Date Acquired	From whom	For what
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Does client have access to securities? _____ If so, where are they? _____

Life Insurance

Company	Cash Surrender	Owner	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does client have policies? _____

Other investment and business interests

Nature of Investment	Date Made	Source of Funds	Present Value	Amount of Encumbrance (if any)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Retirement, pension, profit-sharing plans

Type	Who is member	Since When	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Furniture and household goods and approximate value

Other property (notes receivable, jewelry, coin collections, anything of significant value)

Identification	In Whose Possession	Date Obtained	How Acquired
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Separate Property

1. If any of the foregoing matrimonial property was acquired by client before marriage or obtained by gift or inheritance after marriage by client, make a separate list of that property and indicate its present value and the nature of any encumbrances or liens against it.
2. If any of the foregoing matrimonial property was acquired by spouse before marriage or obtained by gift or inheritance after marriage by spouse, make a separate list of that property and indicate its present value and the nature of any encumbrances or liens against it.

Miscellaneous

1. Are any tax refunds expected? _____ If so, how much? _____
Does client have tax returns? _____
2. Describe the contents of any safe deposit box: _____

3. Is client due any wages, commissions, accrued pay of any type? _____
If so, describe: _____
4. Is any litigation now pending in which client or spouse may recover damages? _____
If so, describe: _____
5. Was personal injury award received by client or spouse during marriage? _____
If so, describe, including date and term of judgment. _____

Debts and Other Liabilities

Liabilities in only name of client

Creditor	Address	Balance	Periodic Payments	Basis of Obligation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Liabilities in only name of spouse:

Creditor	Address	Balance	Periodic Payments	Basis of Obligation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Liabilities

Creditor	Address	Balance	Periodic Payments	Basis of Obligation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____