

# Divorce Information Worksheet

**Client Info: Please Answer Each Question Fully**

Date:		
Your Name: First:	Middle:	Last:
Address: (Street & P.O. Box)		
City:	State:	Zip:
Telephone:	Date Of Birth:	State of Birth:
Statistics: Your Race:	Spouses Race:	
Social Security Number:	Driver License Number/State:	
Number of previous marriages:		
If married more than once, how did the previous marriages end:		

If more than one marriage list when ended by and dates:

Death:	Divorce:	Dissolution:
Annulment:		
How many years of school, including college, have you completed:		
Current Occupation:	Current Employer:	
(If not presently employed, give your last employment information)		
Employer's Address and Phone Number:	Wages:	
List <b>all</b> sources of income and amounts including child support, alimony, public assistances, wages, etc.		
(Be specific):		
Alterative Contact Info:		

**Friend of Relative not living with you:**

Name:	Address:
Phone Number:	

**Spouse's Information:**

Spouse's Name: First:		Middle:	Last:
Address: (Street & P.O. Box)			
City:		State:	Zip:
Telephone:		Date of Birth:	State of Birth:
Social Security Number:		Driver License Number/State:	
Number of previous marriages:			
If married more than once, how did the previous marriages end:			

If more than one marriage list when ended by and dates:

Death:	Divorce:	Dissolution:
Annulment:		
How many years of school, including college, has he/she completed:		
Current Occupation:	Current Employer	
(If not presently employed, give last employment information)		
Employer's Address and Phone Number:		Wages:
List <b>all</b> sources of income and amounts including child support, alimony, public assistances, wages, etc. (Be specific):		

Has either party filed for divorce against the other at any time:		Yes	No
If yes indicate: State:	County:	Court:	
Case Number:	Is case still pending:		

Your county of residence for the last three (3) months:
Spouse's county of residence for the last three (3) months:

(If spouse is not living in the State of Utah, indicate the state and county and date that spouse last resided in)

State:	County:	Date:
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## Children

List of children born to or adopted by both parties:

Full Name	SSN#	Date of Birth

Are you expecting another children from this marriage:

If yes, when is the child due:

With whom are the children presently living:

Where have the children been for the last six (6) months:

Who is the children's primary caretaker:

Who should receive custody of the children:

What kind of visitation(Check all that Apply): Reasonable:      Restricted:      No Visitation:

If Restricted, mark restrictions: No Drinking:      No Overnight:

Third Party Present:      24 Hour Notice:

Other: Specify:

If Restricted or no visitation, explain reasons why. (Be specific):

## Finances

Who should pay visitation costs:

Are there work related day care costs incurred:      If yes, who should pay:

Does you or your spouse currently have insurance on the children:      Yes      No

If yes does that include: Health      Dental:      Optical:      Life:      Hospital:

Name of Insurance:      Monthly Premiums: \$

Will Insurance be maintained:		
Who should pay for the medical and dental expenses not covered by insurance:		
Who should be entitled to claim the children on income tax returns:		
Is there an income tax return that has not been received:	Yes	No
If yes, how should it be divided:		
Are you seeing to collect or pay alimony:	Monthly amount: \$	
For specific length of time:		

### Retirement

Does either party have a pension and/or profit sharing plan through employer:	Yes	No
If yes, describe plan (amount, when it began, etc.)		
How should it be divided:		

### Debts

List all outstanding debts incurred by parties during marriage:		
Debtor	Amount Owing	Party that will Pay
Should spouse's payments of debts be considered as alimony:	Yes	No
Is present distributions of personal property satisfactory:	Yes	No
If no, specify division of personal property:		
Have parties acquired real property together:	Yes	No
If yes, specify said real property:		
Address:	City	State:
Zip:	Country:	
Property Value:	Debt owed on Property: \$	

Mortgage Company:

Should all mortgages, liens, encumbrances, taxes, and obligations be paid by party being awarded of

said property:                      Yes                      No                      If no, explain:

Is there currently a restraining order against you or your spouse:

Has spouse been abusive to client?                      Yes                      No

If yes, describe abuse, including last instance of abuse:

Does client have a protective order:                      Yes                      No

Was protective order explained to client:                      Yes                      No

Has spouse been abusive to children:                      Yes                      No

If yes, describe abuse, including last instance of abuse:

Do children have protective order:                      Yes                      No

Was child protective order explained to client:                      Yes                      No

Has abuse been reported:                      Yes                      To whom and when:                      No

Do you have medical records supporting abuse:

Does client want permanent restraining order in the divorce decree:

Wife's Maiden Name:

Former name wife would like to be restored:

**Fees**

Court costs: Who should pay:
Sheriff's fees: Who should pay:
Should spouse be ordered to pay Bond and Bond attorney's fee:
Comments:
PERSON RESPONSIBLE FOR PAYMENT (This does not include opposing party and must be over 18 years of age):
Name: Address:

**THIS INFORMATION IS STRICTLY CONFIDENTIAL**

**If you become a client and change address, or phone please notify us immediately.**

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