

MARRIED COUPLE DISSOLUTION OF MARRIAGE INFORMATION
FOR

Prepared by:

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Client Information Sheet

Please fill out completely. This basic information is necessary for any and all pleadings filed in your case.

Date

I. Client Name: _____
() You are Doing the Filing or () Your Spouse Has Filed

Address: _____

City State Zip

Is this the marital residence? () Yes () No
Will you be residing/requesting to live in the marital residence?
() Yes () No

Home Phone: _____ Work Phone: _____

Work Address: _____
City State Zip

Date of Birth: _____ Age: _____

Residence in Colorado since: _____

Income: _____
Gross Net Monthly

Social Security Number: _____

Are you (or your spouse) pregnant? () Yes () No

Are you (or your spouse) in the military? () Yes () No

II. Opposing Party (Your Spouse):

Name: _____

Address: _____

City State Zip

Home Phone: _____ Work Phone: _____

Work Address: _____
City State Zip

Date of Birth: _____ Age: _____

Residence in Colorado since: _____

Income: _____
 Gross Net Monthly

Social Security Number: _____

III. Opposing Counsel (Attorney for your spouse):

Name: _____

Address: _____

City State Zip

Phone: _____
 Office

IV. Marriage:

Date of Marriage: _____

Date of Separation: _____

Place of Marriage: _____
 City County State

Previous marriage (for either spouse): () Yes () No

Previous divorce (for either spouse): () Yes () No

If YES, state when and where: _____

V. Please list any and all real property acquired during marriage:

Names Titled in: _____

Names Titled in: _____

VI. Assets Other Than Real Property acquired during marriage:

Property and Which Names Titled in: _____

Automobiles

Husband: _____

Wife: _____

Stocks

Husband: _____

Wife: _____

Life/medical insurance _____

Bank accounts, IRAs, retirement, pension funds, CDS
(Location, Account Numbers, Names on Account)

VII. Involvement with Department of Social Services

My spouse, and/or I, and/or my dependent children have received within the last five years, or are currently receiving, benefits or public assistance from either the state or county department of social services. () Yes () No

If YES, state the following:

Name of person receiving the benefit: _____.

Relationship: _____.

Dates when benefit received: _____.

County/State of Agency: _____.

VIII. All living children of this marriage, Date of Birth, Age, SSN:

1. _____
Name D. O. B. Age SocSecNo.

Address

Who residing with at present?

2. _____
Name D. O. B. Age SocSecNo.

Address

Who residing with at present?

3. _____
Name D. O. B. Age SocSecNo.

Address

Who residing with at present?

4. _____
Name D. O. B. Age SocSecNo.

Address

Who residing with at present?

5. _____
Name D. O. B. Age SocSecNo.

Address

Who residing with at present?

VIII. All children from a prior marriage (for both spouses):

Indicate the names of the parents.

1. _____
Name D. O. B. Age

Address

Who residing with at present?

2. _____
Name D. O. B. Age

Address

Who residing with at present?

3. _____
Name D. O. B. Age

Address

Who residing with at present?

IX. Related Documents (for both spouses):

1. Prenuptial Agreement? () Yes () No
Attach a copy of any existing.

X. Maintenance/Alimony or Child Support to or from either spouse.

Is either spouse being paid alimony/maintenance or child support from a former spouse? () Yes () No
If so, indicate the amount being paid. _____

XI. Preferences for Parenting Time (Custody) and Maintenance (Alimony) (Has anything been worked out yet?)

XII. Assets To Be Treated as Separate Property:

Either acquired prior to marriage and have not been co-mingled; or have been acquired by gift or inheritance.

XIII. Has either Spouse been involved with any Domestic Violence?
