

THE SILVERNAIL LAW FIRM, LLC

FAMILY LAW WORKSHEET

The following information will be needed to properly file and advise you on your case. Please print and fill out every applicable question. If a question is not applicable, please write N/A in the space.

Today's Date: _____

Personal Information:

Full Name: _____

Last

First

Middle

What is your maiden name? _____

Where were you born? _____

Do you want to change your name? _____ To what? _____

Present Address: _____

Street Name or P.O. Box

City

State

Zip Code

Social Security Number: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-mail address: _____

Is this your First, Second, Third, etc. Marriage? _____

If this is not your first Marriage, please state the month and year of your last dissolution: _____

Do you: _____ own, _____ rent, or _____ other (please describe)

What is the highest grade you completed in school or college? _____

Date of birth: _____ Age: _____ State of birth: _____

Employment Information:

Are you presently employed: _____ YES _____ NO

Name and Address of Employer: _____

How long? _____

What is your approximate gross salary? _____

Job Title: _____

Do you have a pension, profit-sharing or any other type of retirement, savings, and 401K or thrift plan through your employer? _____ If yes, what do you contribute each month? _____

Do you have life insurance through your employer? _____ If yes, what is the cost to you each month? _____

Do you have health insurance through your employer? _____ If yes, what is the cost to you each month? _____

When and where you were last employed? _____
Job Title: _____ **Salary at time of termination:** _____
_____ **Why was employment terminated?**

Do you have any other source of income other than your employment? _____ if yes, please explain: _____

Are you an active member of the Armed Forces? _____yes _____no

Spouse or Other Parent Information

Name:

Last First Middle

What is your Maiden name? _____

Where were you born? _____

Does Spouse want to change name? _____

Address:

Street Name or P.O. Box City Zip Code

Social Security Number: _____ **Home Phone:** _____
Cell Phone: _____

How long at present address? _____ **Own** _____ **Rent** _____ **Other** _____
If other, please explain: _____

Date of birth: _____ **Age:** _____ **City and State of birth:** _____
Race: _____

What is the highest grade in school or college completed? _____

Is this your spouse's First, Second, Third, etc. Marriage? _____

If this is not your first marriage, please state month and year of your last dissolution: _____

Presently employed? _____ If yes, where and how long? _____

What is your spouse or the other parent's approximate gross salary? _____

Job Title: _____

Does your spouse have a pension, profit-sharing or any other type of retirement, savings, 401K or thrift plan through your employer?: _____ If yes, what does he/she contribute each month? _____

Do your spouse have life insurance through his/her employer? _____ If yes, what is the cost each month? _____

Does your spouse have health insurance through his/her employer? _____ If yes, what is the cost each month? _____

When and where your spouse or the other parent was last employed?

Job Title: _____ Salary at time of termination: _____
Why was employment terminated? _____

Does your spouse or the other parent have any other source of income other than your employment? _____ if yes, please explain: _____

Is your spouse an active member of the Armed Forces? _____yes _____no

MARRIAGE INFORMATION

Date of Marriage: _____ Date of Separation: _____

Marriage License obtained at: _____
City County State

Location of Marriage: _____
City County State

Did you live together before marriage? _____ Yes _____ No
If yes, how long: _____

Date of Separation: _____

Does your spouse desire maiden or former married name restored? _____

CHILDREN AND CUSTODY INFORMATION

List children born to you and your spouse or the other parent. Include children adopted by you and your spouse. List oldest child first. Indicate whether child was born to you or adopted by you. Do not include children of a previous marriage who have not been adopted by you or your spouse.

Full Name	Date of Birth	Age	Social Security #

Who has physical custody of the minor child(ren) at this time? _____ You _____ Spouse
_____ Both

With whom and at what address have the child(ren) resided for the last 60 days? _____

With whom and at what address have the child(ren) resided for the last 6 months? _____

Please list the addresses and dates where the child(ren) have lived for the last five (5) years and with whom:

Address	From	To	Father/Mother/Both/Other

Address	From	To	Father/Mother/Both/Other
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Who do you feel is best suited to have custody of the minor child(ren)?

_____ Joint _____ Wife _____ Husband

Why? _____

Is your spouse a good parent to the minor child(ren)?

Have the minor child(ren) ever lived with anyone other than you or your spouse? _____

What major holidays and school vacations will you alternate visitation with your spouse and on even or odd numbered years? _____

_____	Even _____	Odd _____
_____	Even _____	Odd _____
_____	Even _____	Odd _____
_____	Even _____	Odd _____
_____	Even _____	Odd _____
_____	Even _____	Odd _____
_____	Even _____	Odd _____
_____	Even _____	Odd _____
_____	Even _____	Odd _____
_____	Even _____	Odd _____

What weekdays and weekend visitation should your spouse have?

How much time should the child(ren) spend in summer with your spouse?

Where should the transfer of the children for visitation occur? _____

Who should pick up the child(ren) at the beginning of visitation and who should return the child(ren) at the end of visitation?

Do you suggest any restrictions or limitations on access by your spouse to the child(ren)?

_____ If so, what restrictions and why? _____

How should expenses of the child(ren), including child care, educational, and other extraordinary expenses, be apportioned between you and your spouse? _____

What do you believe is the appropriate amount of child support to be paid by each party? _

Who will maintain or provide health insurance for the child(ren)? _____

Has there ever been any litigation concerning custody of these child(ren) in Missouri or any other state? _____ if yes, explain: _____

Have there been any discussions or agreements concerning child support? _____ if so, please advise and state amounts agreed upon _____

Is wife pregnant at this time? _____

Have you and your spouse entered into any prenuptial, postnuptial or ante nuptial agreements? _____ if so, explain: _____

MARITAL ISSUES AND DIVISION

Please state briefly your view of the basic marital problem(s): _____

Please state briefly any complaints your spouse would have against you, regardless of whether said complaints are true or accurate: _____

Has either spouse filed a prior dissolution proceeding to this marriage? _____ if so, state when where, the ultimate disposition, and the attorneys who represented each party: _____

Have you or your spouse received marriage counseling? _____ If yes, please give dates and the person with whom you counseled: _____

