

MILLER & MILLER-BAZEMORE

A Law Corporation

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DISSOLUTION INFORMATION WORKSHEET

Date: _____

Name: _____
(First) (Middle) (Last)

Address: _____ Zip: _____

Work Phone: () _____ Ext.: _____ Home Phone: () _____

Can you be reached at work? Yes [_] No [_] During what hours? _____

How were you referred to our office? _____

Your Birthdate: _____ Age: _____

Your Social Security No.: _____

Your Spouse's Full Name: _____

Your Spouse's Birthdate: _____ Age: _____

Your Spouse's Address: _____

Your Spouse's Social Security No.: _____

Date of Marriage: _____ Place of Marriage: _____

Date of Separation from your spouse: _____

How long have you lived in Calif.? _____ In the County? _____

Your maiden name: _____ Your spouse's maiden name: _____

Children of this marriage:

Full Name Birthdate Age Sex Place of Birth

With whom are the children now residing: _____

Do any of your children have special health, mental, emotional or learning problems? If so, please explain: _____

List any unique or unusual monthly expenses for children (special school, activities, music or dance lessons, hobbies, etc.) _____

*****Please bring with you to the initial interview*****

1. Copies of your Federal and State tax returns for past 2 years.
2. Copies of W-2s or W-4s for past 2 years.
3. 2 or 3 recent paystubs.

Do you have children other than by this marriage: _____

If so, state: Number: _____ Ages: _____

In whose custody? _____

Do you contribute to their support? _____ Amount: _____

Does your spouse have other children? _____

If so, state: Number: _____ Ages: _____

In whose custody? _____

Does your spouse pay child support for them? _____ Amount: _____

RE: YOUR EMPLOYMENT

Your employer's name: _____

Address: _____

Phone () _____ Can you be reached at work? _____

When did you start working here? Month _____ Year _____.

Job description: _____ Fulltime or Parttime? _____

Gross earnings during each of the last 12 months of employment:

Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec

Are you on salary or paid by the hour? _____

Current rate of pay is \$_____. and is payable hourly (), weekly (), every 2 weeks (), semi-monthly (), monthly ().

Do you receive bonuses or commissions? _____. Please explain: _____

Previous employment history: Please list last 3 places of employment.

<u>Employer</u>	<u>Approximate dates of Employment</u>	<u>Pay</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is medical or dental coverage provided by your employer? _____

Is it free? _____. If not, how much are you charged? Medical \$ _____
Dental \$ _____.

Please list name of each health care provider and policy number:

Health Insurance:

Name of Carrier: _____

Address: _____

Agent's name: _____ Agent's phone number: _____

Policy Number: _____ Is your spouse covered on this policy? _____

Are your children covered on this policy? _____ How much is the monthly premium? \$_____ How much of that is coverage of your spouse? \$_____ Your children? _____

If you have a separate policy, state monthly premium costs. \$_____

Name of Carrier: _____

Address: _____

Agent's name: _____ Agent's phone number: _____

Policy Number: _____

Dental Insurance:

Name of Carrier: _____

Address: _____

Agent's name: _____ Agent's phone number: _____

Policy Number: _____

Is your spouse covered on this policy? _____

Are your children covered on this policy: _____

How much is the monthly premium? \$_____ How much of that is coverage of your spouse? \$_____ Your children? _____

If you have a separate policy, state monthly premium costs. \$ _____

Name of Carrier: _____

Address: _____

Agent's name: _____ Agent's phone number: _____

Policy Number: _____

Pension Plan:

Is there a pension or retirement plan? _____

Are you a participant? _____

Is there stock plans, or profit sharing plans? _____

Are you a participant? _____

[Please provide any statements and booklets you may have regarding your pension plans].

Are you a member of a union? _____ If so, please provide full name and address of union _____

Are you a member of a union pension plan? _____ If so, please provide full name and address: _____

RE: YOUR SPOUSE'S EMPLOYER

Your spouse's employer: _____

Address: _____

Job description: _____ Fulltime or parttime: _____

Salary: How often is spouse paid? _____ How many deductions? _____

Gross Pay: _____ Take-Home Pay: _____

Does your spouse receive bonuses or commissions? _____

Please explain: _____

Is medical or dental coverage provided by spouse's employer? _____

What is the monthly cost? Health Insurance: \$ _____

Dental insurance: \$ _____

Are you covered on this policy? _____. Are your children? _____.

Page 4 of 10 How much of that cost is for your minor children?
\$ _____

Is there a pension or retirement plan? _____ Is you spouse a participant? _____

Is there stock plans, or profit sharing plans? _____

Is your spouse a participant? _____

[Please provide any statements and booklets you may have regarding your spouse's pension plans].

Is your spouse a member of a union? _____ If so, please provide full name and address: _____

Is your spouse a member of a union pension plan? _____ If so, please provide full name and address: _____

What are your spouse's work hours? _____

Education:

The highest school grade you completed: _____ College degrees obtained: _____

The highest school grade your spouse completed: _____

College degrees obtained: _____

Health:

Are you in reasonably good health? _____ If not, please list your

health problems: _____

Describe medical treatment necessary for the above: _____

Does your spouse have health problems? If so, please list: _____

Describe medical treatment necessary for the above problems: _____

REAL ESTATE

Real Estate: Owned by you or your spouse. For each parcel list:

A. Street Address: _____

Date purchased: _____ Total amount of purchase \$ _____

Amount of down payment \$ _____ Source of down payment: _____

Holder of trust deed, mortgage, or purchase contract: _____

Estimate of present value \$ _____ Present amount owed \$ _____

Monthly mortgage payment \$ _____ Yearly property taxes \$ _____

Annual Homeowners' Insurance Premium \$ _____

Are property taxes included in your mortgage payment? _____

Is Homeowners' Insurance included in your mortgage payment? _____

How does the title read? In whose name(s)? _____

[Please provide copy of deeds if available]

Page 5 of 10 B. Street Address:

Date purchased: _____

Amount of down payment \$_____ Source of down payment: _____

Holder of trust deed, mortgage, or purchase contract: _____

Estimate of present value \$_____ Present amount owed \$_____

Monthly mortgage payment \$_____ Yearly property taxes \$_____

Annual Homeowners' Insurance Premium \$_____

Are property taxes included in your mortgage payment? _____

Is Homeowners' Insurance included in your mortgage payment? _____

How does the title read? In whose name(s)? _____

[Please provide copy of deeds if available]

Automobiles/Recreational Vehicles (Boats, motorcycles, trailers, motorhomes, etc.) For Each list:

A. Year and make: _____ License No.: _____

Name of registered owner: _____

Value \$_____ Amount owing \$_____

When was it purchased? _____

To whom payments are made: _____

Amount of payments: _____

Who has possession of it? _____

Who usually drives it? _____

B. Year and make: _____ License No.: _____

Name of registered owner: _____

Value \$ _____ Amount owing \$ _____

When was it purchased? _____

To whom payments are made: _____

Amount of payments: _____

Who has possession of it? _____

Who usually drives it? _____

C. Year and make: _____ License No.: _____

Name of registered owner: _____

Value \$ _____ Amount owing \$ _____

When was it purchased? _____

To whom payments are made: _____

Amount of payments: _____

Who has possession of it? _____

Who usually drives it? _____

Household Furniture:

What is your estimate of the total value of the household furniture at garage
Page 6 of 10 sale values?

In whose possession is the furniture? _____

Are any balances owing on the furniture? _____

If so, to whom? _____

Balance owing \$ _____ Amount of monthly payments \$ _____

Do you or your spouse own any other personal property of substantial value, such as valuable art, paintings, expensive jewelry, antiques, heirlooms, collections (coins, guns, etc.)? If so, describe and give your estimate of its value. Also explain how and when you acquired the item (gift? inheritance? purchase?) _____

Life Insurance:

Do you or your spouse own any life insurance policy or policies? If so, describe as follows:

A. Name of insurance company: _____

Policy No.: _____ Cash value \$ _____

Face amount payable \$ _____

Name of insured: _____

Name of beneficiary: _____

Amount of premium \$ _____ How often is premium due? _____

Are there any loans against the policy? How much \$ _____

B. Name of insurance company: _____

Policy No.: _____ Cash value \$ _____

Face amount payable \$ _____

Name of insured: _____

Name of beneficiary: _____

Amount of premium \$_____ How often is premium due? _____

Are there any loans against the policy? How much \$_____

[Please provide copies of all insurance policies Declaration page.]

Name, address and phone number of your insurance agent: _____

Auto Insurance:

Name of Company: _____

Address: _____

Agent's name: _____ Agent's phone number: _____

Policy number: _____

Annual premium amount \$_____

Stocks & Bonds: Please list any stocks, shares, bonds, or certificates which you own, and the present value; If you have a mutual fund or brokerage account, list total account value.

<u>Name of Company</u>	<u>Number of shares</u>	<u>Certificate number</u>	<u>Value</u>
Page 7 of 10 _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

[Please attach copies of the certificate or a copy of the latest statement]

Income: Besides your salary and your spouse's salary, do you have income from other sources? If so, please list amount:

Social Security	\$ _____	Interest on loans	\$ _____
Service-connected benefits	\$ _____	Dividends	\$ _____
Disability insurance	\$ _____	Rents	\$ _____
Unemployment insurance	\$ _____	Others	\$ _____
Pensions/retirement	\$ _____		_____

Bank Accounts: Please list bank accounts - checking, savings, credit union, money market funds, IRA's, cash maximizers, etc.

A. Name and address of bank: _____

Name(s) in which account stands: _____

Type of account: _____

Account number: _____ Present amount in account \$ _____

Balance at date of separation \$ _____

B. Name and address of bank: _____

Name(s) in which account stands: _____

Type of account: _____

Account number: _____ Present amount in account \$ _____

Balance at date of separation \$ _____

C. Name and address of bank: _____

Name(s) in which account stands: _____

Type of account: _____

Account number: _____ Present amount in account \$ _____

Balance at date of separation \$ _____

D. Name and address of bank: _____

Name(s) in which account stands: _____

Type of account: _____

Account number: _____ Present amount in account \$ _____

Balance at date of separation \$ _____

E. Name and address of bank: _____

Name(s) in which account stands: _____

Type of account: _____

Account number: _____ Present amount in account \$ _____

Balance at date of separation \$ _____

Page 8 of 10 [Please provide copies of bank statements or passbooks for all accounts at date of separation and at present date].

DEBTS

Credit Cards:

<u>Creditor's name and address and Account Number</u>	<u>Date last payment was made</u>	<u>Total amount owing</u>	<u>Monthly or other Periodic Payment</u>	<u>For what purpose and when was debt incurred</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other debts:

[Please provide copies of statement for each account as of date of separation and at present date]

Which debts has your spouse been paying? _____

Monthly Living Expenses

Please list the actual amount of monthly living expenses you pay at the present time for yourself and family members living with you.

Household:

Rent or mortgage payment \$_____

Monthly interest amount included \$_____

Homeowners insurance (1/12) \$_____ (Is it included in the mortgage payment? _____)

Property taxes (1/12) \$_____ (is it included in the mortgage payment? _____)

Household maintenance/repairs \$_____

Gardener \$_____

Maid cleaning \$_____

Pool cleaning \$_____

Termite service \$_____

Other \$_____

Clothing:

Client \$_____

Children \$_____

Shoes \$_____

Shoe repair \$_____

Alterations \$_____

Medical: (Please Show your costs **after** payment by your insurance company.)

Physician \$_____

Dentist \$_____

Eye doctor \$_____

Drugs, prescriptions,

Food:

At home-grocery purchases \$_____ vitamins \$_____

Household supplies \$_____ Other (Psychologist, etc.) \$_____

Eating out \$_____

School lunches \$_____

Insurance: (do not show insurance which is deducted from your paycheck.)

Utilities:

Telephone \$_____

Life \$_____

Gas \$_____

Medical & Hospital \$_____

Electric \$_____

Accident \$_____

Water \$_____

Renter Insurance \$_____

Garbage \$_____

Disability \$_____

Personal property \$_____

Other \$_____

Laundry:

Laundry \$_____

Dry cleaning \$_____

Give the full name, age and relationship to you of all persons living with you and for each one, their gross monthly income.

Name	Age	Relationship	Gross monthly income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Children:

Private school tuition \$
Babysitter \$_____

Nursery school \$_____

Lessons (music, dance) \$_____
\$_____

Tutors \$_____

\$_____
Allowance \$_____

\$_____
Clubs \$_____

Summer camp \$_____

\$_____
School programs \$_____

Athletic programs \$_____

Other \$_____

Entertainment:

Personal \$_____

Children \$_____
\$_____

Business \$_____

Support:

Child or spousal support
of prior marriage which you or
your present spouse pays \$_____

Auto or Transportation:

Auto payments \$_____

School for You:

Continuing
education

Self Improvement
classes

College tuition

Books & Supplies \$_____

Other

Incidentals:

Pictures, film, etc. \$_____

\$_____ Cigarettes

Cosmetics \$_____

Hair Care \$_____

Subscriptions \$_____

Social or business dues
and club meetings \$_____

Gifts (holiday, birthdays
Christmas (1/12) \$_____

Auto insurance	\$ _____	Church tithe	\$ _____
Auto gas and oil	\$ _____	Charity donations	\$ _____
Auto repairs	\$ _____	Pets	\$ _____
Auto maintenance	\$ _____	Appliance repair	\$ _____
License fees	\$ _____	Vacation (1/12)	\$ _____
Car wash	\$ _____	Other (cable T.V., etc.)	\$ _____
Parking fees	\$ _____		\$ _____
Auto club dues	\$ _____		\$ _____
Bus fare	\$ _____		\$ _____
Taxi fare	\$ _____		\$ _____
Car rental expense	\$ _____		\$ _____
Other	\$ _____		