

Name: _____ Date: _____

Reason for Consultation: _____ Who can we thank for the referral? _____

Home Address: _____ Mailing Address for Billing: _____

Telephone Number: _____ *May we contact you at this number?* Yes No

Cellular Telephone: _____ *May we contact you on this cellular number?* Yes No

E-mail Address: _____ *May we contact you using this address?* Yes No

If you answered no above, tell us how you want us to contact you: _____

Employer: _____ Occupation: _____
Employer Addr: _____ Last Year's Annual Income: _____
Date of Birth: _____ Social Security Number: _____
Driver's Lic #: _____ Issue Date of Driver's License: _____

Other Party: _____ Date of Birth: _____
Address: _____ Social Security: _____
Employer: _____ Last Yr Income: _____

If you are consulting the attorney about your **Current Spouse/Companion:**

Date of Marriage: _____ Separated?: Yes No On what Date: _____
Place of Marriage: _____ County: _____ State: _____
Last Address you and your spouse maintained together: _____

If you are consulting the attorney about your **Prior Spouse/Companion:**

Date of Divorce: _____ County: _____

Client: _____

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Real Property		<i>All Properties Owned by Husband and/or Wife</i>					<i>(H/W/J)</i>
	<i>Address</i>	<i>Purchase Date</i>	<i>Estimated Value</i>	<i>Principal Mortgage</i>	<i>Second/Heloc</i>	<i>Titled To:</i>	
P1	Marital Home:						
P2	Other Property:						
P3	Other Property:						
P4	Other Property:						
P5	Other Property:						
P6	Other Property:						
P7	Other Property:						
P8	Other Property:						
P9	Other Property:						

Vehicles		<i>Include Motorcycles, Boats, Trailers, ATV/4 Wheelers</i>				<i>(H/W/J)</i>	
	<i>Year of Vehicle</i>	<i>Description of Vehicle</i>	<i>Purchase Date</i>	<i>Leased/Purchased</i>	<i>Estimated Value</i>	<i>Amount Owed</i>	<i>Titled to:</i>
V1							
V2							
V3							
V4							
V5							
V6							
V7							
V8							
V9							
V10							
V11							

Who maintains the vehicle insurance for the vehicle(s) you primarily drive? _____

Who is on the title for the vehicle(s) you primarily drive? _____

If any cars or recreational vehicles are located away from the marital home, please specify their locations:

Are any of the vehicles primarily used by a child or other relative? If yes, please specify the vehicle, the driver and the insurance carrier:

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Accounts		<i>Checking, Savings, CD, 401K, IRA, Investment (specify type)</i>				<i>Account exist</i>	<i>ApproxBalance</i>
<i>Account With</i>	<i>Account Number</i>	<i>Account Type</i>	<i>Current Balance</i>	<i>Titled to: (H/W/J)</i>	<i>when married?</i>	<i>at marriage</i>	
A1							
A2							
A3							
A4							
A5							
A6							
A7							
A8							
A9							
A10							
A11							
A12							
A13							
A14							
A15							
A16							
A17							
A18							
A19							
A20							
A21							
A22							
A23							
A24							
A24							

Does your spouse have access to any of these accounts? If yes, please specify which accounts: _____

Does any third party have access to any of these accounts? If yes, please specify: _____

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Other Assets <i>Businesses, Jewelry, Collections, Antiques, Guns, Computer Equip, Electronics, Household Furnishings, if over \$500</i>						
<i>Asset</i>	<i>Description</i>	<i>Value</i>	<i>Date of Value</i>	<i>Titled to: (H/W/J)</i>	<i>Amt Owned Before Marriage</i>	
O1	Household Furn					
O2						
O3						
O4						
O4						
O6						
O7						
O8						
O9						
O10						
O11						
O12						
O13						
O14						
O15						
O16						
O17						
O18						
O19						
O20						
O21						
O22						
O23						
O24						
O25						
O26						
O27						
O28						
O29						
O30						
O31						

Do you have a will? Yes No
 Did you execute a Power-of-Attorney? Yes No
 Do you have a safety deposit box? Yes No

Does your spouse have access to the box? Yes No
 Do you have access to the box? Yes No
 Where is the box located? _____

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Liabilities							<i>Who is making</i>
<i>Include Credit Cards, Student Loans, Vehicles, Personal Notes, Etc.</i>							
<i>Account With</i>	<i>Account Number</i>	<i>Acct Type</i>	<i>Owed By:(H/W/J)</i>	<i>Amount Owed</i>	<i>Owed as of:</i>	<i>the payments</i>	
D1							
D2							
D3							
D4							
D5							
D6							
D7							
D8							
D9							
D10							
D11							
D12							
D13							
D14							
D15							
D16							
D17							
D18							
D19							
D20							
D21							
D22							
D23							
D24							
D25							
D26							
D27							
D28							
D29							
D30							

Did any of these accounts exist before your marriage? _____ If yes, do you know the balances at your date of marriage? _____

Which accounts have credit available for use? (List credit amount available also) _____
 Which of these accounts can be accessed by your spouse? _____

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Minor Children				
<i>Full Name</i>	<i>Date of Birth</i>	<i>Grade</i>	<i>School / Daycare</i>	<i>Activities</i>
1				
2				
3				
4				
5				
6				
7				

Do any of the children have any medical or health issues:

Do any of the children have any learning issues, IEPs, therapies, etc?

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Please List Each Child's Address for the Last Five Years

Please indicate with whom the child resided

Child's Name	Address	From Date	To Date	Resided with Whom
1				
2				
3				
4				
5				
6				
7				
8				

Current Contact Schedule:

Dad:

Mom:

M _____
 T _____
 W _____
 R _____
 F _____
 S _____
 S _____

Desired Contact Schedule:

Dad:

Mom:

M _____
 T _____
 W _____
 R _____
 F _____
 S _____
 S _____

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1 Before your marriage:

What did you own:

Where were you employed?

How much did you earn?

What did your spouse own:

Where was your spouse employed?

How much did your spouse earn?

2 During your marriage:

Did you inherit anything?, If so, please describe:

Did you receive any large gifts?

Did your spouse inherit anything?

Did your spouse receive any large gifts?

3 Health Issues:

Medications:

Spouse's Health issues:

Medications

4 Health insurance:

Who provides health insurance coverage? _____ From which insurance carrier? _____

What pre-existing conditions do you maintain? _____ What pre-existing conditions does your spouse maintain? _____

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5 Life Insurance:

Do you have life insurance: _____

If yes:

_____ Amount of Whole Life Policy
_____ Beneficiary(ies) of Whole Life Policy
_____ Amount of Term Life Policy
_____ Beneficiary(ies) of Term Life Policy

Does your spouse have life insurance? _____

If yes:

_____ Amount of Whole Life Policy
_____ Beneficiary(ies) of Whole Life Policy
_____ Amount of Term Life Policy
_____ Beneficiary(ies) of Term Life Policy

6 Electronic Access:

What internet accounts do you maintain? (ie. E-mail, bill paying, banking access, facebook, myspace, etc.)

When did you last change your passwords? _____

When did you last change your security questions? _____

7 What address do you use for your financial mail?

Does your spouse have access to the mail at this address?

8 If you are separated:

Since separation, what bills have you paid?

Since separation, what bills did your spouse pay?

7 For Wives:

Do you wish to return to your former name?

Yes No

If yes, please provide the full name you wish to use after the divorce:

Other Information you wish to provide to the attorney:

Client: _____