

FAMILY INFORMATION WORKSHEET

A. Client

Type of Case _____ Date of first meeting _____

Full name _____ Maiden name (if applicable) _____

Address _____ (OK?) _____

County _____

Mailing Address (if different from above) _____

Telephone No. (Home) _____ (OK?) _____ (Work) _____ (OK?) _____

(Fax) _____ (Pager/Beeper) _____

(Cell) _____ (E-mail) _____

Social Security No. _____ Date of Birth _____

Prior Residence _____ Length of Continuous Residence in Maryland _____

Place of Birth _____ Length of residence (Current) _____

Nationality: _____ Hispanic/Latino _____

Educational Background - HS _____ College _____ Graduate Degree _____

Military Service _____

Criminal Record _____

Name of Employer _____

Address of Employer _____

Job Title _____

Length of Employment (when start) _____

Pay Period (weekly, every two weeks, etc.) _____

Description of Employment Duties _____

Work Days and Hours: _____

Number of Exemptions Claimed _____ Number of Exemptions Entitled To _____

Gross Pay _____ Net Pay _____ Bonuses _____

Deductions:

Federal _____ FICA _____ State _____

Retirement _____ Other _____

Other sources of income, whether taxable or non-taxable:

Source _____ Period _____ Gross _____ Net _____

Source _____ Period _____ Gross _____ Net _____

Source _____ Period _____ Gross _____ Net _____

Personal Gross Income for 2014 _____

Personal Gross Income for 2013 _____

Personal Gross Income for 2012 _____

Personal Gross Income for 2011 _____

Personal Gross Income for 2010 _____

Present Marriage:

Date _____ Place (Town, County, State) _____ Type (Religious/Civil) _____

Previous Marriage:

Name _____ Date Ended _____ How _____

Name _____ Date Ended _____ How _____

Other Support Responsibilities (Other children - not of this marriage/relationship)

Name _____ Relationship _____ Birth _____ Nature _____

Name _____ Relationship _____ Birth _____ Nature _____

B. Spouse/Former Spouse (Adverse Party)

Full name _____ Maiden name (if applicable) _____

Address _____

County _____ Length of Residence _____

Telephone No. (Home) _____ (Work) _____

(Fax) _____ (Cell Phone) _____

(Email) _____

Social Security No. _____ Date of Birth _____

Prior Residence _____ Length of Continuous Residence in Maryland _____

Place of Birth _____

Nationality: _____ Hispanic/Latino _____

Educational Background - HS _____ College _____ Graduate Degree _____

Military Service _____

Criminal Record _____

Name of Employer _____

Address of Employer _____

Job Title _____

Length of Employment (when start) _____

Pay Period (weekly, every two weeks, etc.) _____

Description of Employment Duties _____

Work days and hours: _____

Number of Exemptions Claimed _____ Number of Exemptions Entitled To _____

Gross Pay _____ Net Pay _____ Bonuses _____

Deductions:

Federal _____ FICA _____ State _____

Retirement _____ Other _____

Other sources of income, whether taxable or non-taxable:

Source _____ Period _____ Gross _____ Net _____

Source _____ Period _____ Gross _____ Net _____

Source _____ Period _____ Gross _____ Net _____

Personal Gross Income for 2014 _____

Personal Gross Income for 2013 _____

Personal Gross Income for 2012 _____

Personal Gross Income for 2011 _____

Personal Gross Income for 2010 _____

Present Marriage:

Date _____ Place (Town, County, State) _____ Type (Religious/Civil) _____

Previous Marriage:

Name _____ Date Ended _____ How _____

Name _____ Date Ended _____ How _____

Other Support Responsibilities (Other children - not of this marriage/relationship)

Name _____ Relationship _____ Birth _____ Nature _____

Name _____ Relationship _____ Birth _____ Nature _____

C. Children

Children of the Marriage/Relationship:

Name _____

Birth _____ Health _____ Education _____

Current School _____ Grade _____

Day Care Location: _____ Cost _____

Name _____

Birth _____ Health _____ Education _____

Current School _____ Grade _____

Day Care Location: _____ Cost _____

Name _____

Birth _____ Health _____ Education _____

Current School _____ Grade _____

Day Care Location: _____ Cost _____

Name _____

Birth _____ Health _____ Education _____

Current School _____ Grade _____

Day Care Location: _____ Cost _____

Current Pregnancy _____ Expected Date of Birth _____

Children's Residence (Current Custody/Visitation – attach schedule if needed) _____

Prior Schools Attended _____

Notes (prior custody schedule, parenting schedule, etc) _____

Grounds and alternatives _____

Date of last sexual intercourse with spouse _____

Date of Separation – last date last spent with spouse under same roof, had sexual relations, etc. _____

Explain: _____

Miscellaneous comments _____

Jurisdiction _____

Venue _____

E. Assets

Improved Realty, including the marital or family home:

Address _____

Date Acquired _____ Purchase Price _____

Down Payment _____ Source of Funds _____

Mortgage with Whom _____ Balance _____

How Titled _____ How Acquired – Purchase/gift?? _____

Value _____ Monthly Payment _____ Taxes _____ Ins. _____

Appraisal? _____ Date: _____ By Whom? _____ Why? _____

Other - (Second Mortgage Info) Lender: _____ Balance owed: _____

Monthly payment: _____

Address _____

Date Acquired _____ Purchase Price _____

Down Payment _____ Source of Funds _____

Mortgage with Whom _____ Balance _____

How Titled _____ How Acquired – Purchase/gift?? _____

Value _____ Monthly Payment _____ Taxes _____ Ins. _____

Appraisal? _____ Date: _____ By Whom? _____ Why? _____

Other - (Second Mortgage Info) Lender: _____ Balance owed: _____

Monthly payment: _____

Vehicles: cars, trucks, motorcycles, boats-all watercraft, planes, snowmobiles, etc.

1. Year, Make & Model _____ When, Where and Purchase amount? _____

Title: H/W/J _____ Who Drives/uses? _____ Where vehicle located? _____

Lien-where and amount _____ Monthly pmt: _____ Value _____

2. Year, Make & Model _____ When, Where and Purchase amount? _____

Title: H/W/J _____ Who Drives/uses? _____ Where vehicle located? _____

Lien-where and amount _____ Monthly pmt: _____ Value _____

3. Year, Make & Model _____ When, Where and Purchase amount? _____

Title: H/W/J _____ Who Drives/uses? _____ Where vehicle located? _____

Lien-where and amount _____ Monthly pmt: _____ Value _____

4. Year, Make & Model _____ When, Where and Purchase amount? _____

Title: H/W/J _____ Who Drives/uses? _____ Where vehicle located? _____

Lien-where and amount _____ Monthly pmt: _____ Value _____

Bank Accounts (H = Husband; W = Wife; J = Joint)

1. Where _____
 - a. Title: H/W/J _____
 - b. Type of account: checking _____ amount _____ as of _____
 - c. Savings _____ amount _____ as of _____

2. Where _____
 - a. Title: H/W/J _____
 - b. Type of account: checking _____ amount _____ as of _____
 - c. Savings _____ amount _____ as of _____

3. Where _____
 - a. Title: H/W/J _____
 - b. Type of account: checking _____ amount _____ as of _____
 - c. Savings _____ amount _____ as of _____

4. Where _____
 - a. Title: H/W/J _____
 - b. Type of account: checking _____ amount _____ as of _____
 - c. Savings _____ amount _____ as of _____

5. Where _____
 - a. Title: H/W/J _____
 - b. Type of account: checking _____ amount _____ as of _____
 - c. Savings _____ amount _____ as of _____

6. Where _____
- a. Title: H/W/J _____
- b. Type of account: checking _____ amount _____ as of _____
- c. Savings _____ amount _____ as of _____

Life Insurance

Insurer _____ Account Number _____

Type _____ Owner/insured _____ Cash Surrender _____

Face Value _____ Beneficiary _____ Loans Against _____

Insurer _____ Account Number _____

Type _____ Owner/insured _____ Cash Surrender _____

Face Value _____ Beneficiary _____ Loans Against _____

Insurer _____ Account Number _____

Type _____ Owner/insured _____ Cash Surrender _____

Face Value _____ Beneficiary _____ Loans Against _____

Insurer _____ Account Number _____

Type _____ Owner/insured _____ Cash Surrender _____

Face Value _____ Beneficiary _____ Loans Against _____

F. Debts (M = marital; N = non-marital) List Credit Cards, Loans, etc. **other than listed above for car loans and mortgages**

Creditor _____ Account #: _____

H/W/J _____ M/N _____ When and how debt created _____

Paid by _____ Balance _____ Installment terms: Min pmt _____

Creditor _____ Account #: _____

H/W/J _____ M/N _____ When and how debt created _____

Paid by _____ Balance _____ Installment terms: Min pmt _____

Creditor _____ Account #: _____

H/W/J _____ M/N _____ When and how debt created _____

Paid by _____ Balance _____ Installment terms: min pmt _____

Creditor _____ Account #: _____

H/W/J _____ M/N _____ When and how debt created _____

Paid by _____ Balance _____ Installment terms: min pmt _____

Creditor _____ Account #: _____

H/W/J _____ M/N _____ When and how debt created _____

Paid by _____ Balance _____ Installment terms: min pmt _____

Creditor _____ Account #: _____

H/W/J _____ M/N _____ When and how debt created _____

Paid by _____ Balance _____ Installment terms: min pmt _____

Creditor _____ Account #: _____

H/W/J _____ M/N _____ When and how debt created _____

Paid by _____ Balance _____ Installment terms: min pmt _____

Securities (stocks, incl. options, bonds, debentures, etc.) NOT RETIREMENT

Name/where _____ Account #: _____

Title: H/W/J _____ Value _____ as of _____

How & When Acquired _____

Name/where _____ Account #: _____

Title: H/W/J _____ Value _____ as of _____

How & When Acquired _____

Name/where _____ Account #: _____

Title: H/W/J _____ Value _____ as of _____

How & When Acquired _____

Name/where _____ Account #: _____

Title: H/W/J _____ Value _____ as of _____

How & When Acquired _____

Name/where _____ Account #: _____

Title: H/W/J _____ Value _____ as of _____

How & When Acquired _____

Business Interests:

Name _____

Address _____

Nature of Business _____

Value _____ H/W/J _____ Spouse's % _____

Number of other investors _____ Type _____

Name _____

Address _____

Nature of Business _____

Value _____ H/W/J _____ Spouse's % _____

Number of other investors _____ Type _____

Pension, Retirement and Profit Sharing Plans:

1. From whom – Employer & Plan Administrator _____

Title: H/W _____ Vested or Not _____ Value: _____

Matured or Not _____ When Distributable _____

Type of plan: Defined Benefit/Contributory/IRA/401K/Profit Sharing/TSP/TDA/Options:

Beneficiary _____

2. From whom – Employer & Plan Administrator _____

Title: H/W _____ Vested or Not _____ Value: _____

Matured or Not _____ When Distributable _____

Type of plan: Defined Benefit/Contributory/IRA/401K/Profit Sharing/TSP/TDA/Options:

Beneficiary _____

3. From whom – Employer & Plan Administrator _____

Title: H/W _____ Vested or Not _____ Value: _____

Matured or Not _____ When Distributable _____

Type of plan: Defined Benefit/Contributory/IRA/401K/Profit Sharing/TSP/TDA/Options:

Beneficiary _____

Witnesses:

Name and Occupation _____

Address _____

Telephone Number _____

What witness has personal knowledge of or can testify to – dates/times/locations, etc. _____

Name and Occupation _____

Address _____

Telephone Number _____

What witness has personal knowledge of or can testify to – dates/times/locations, etc. _____

Name and Occupation _____

Address _____

Telephone Number _____

What witness has personal knowledge of or can testify to – dates/times/locations, etc. _____

Name and Occupation _____

Address _____

Telephone Number _____

What witness has personal knowledge of or can testify to – dates/times/locations, etc. _____

Private Investigative Information

1. Name _____
Address _____
Phone _____ Fax _____
Date(s) of investigation _____ Target of Investigation _____
Date of Report: _____
Results of Investigation _____

2. Name _____
Address _____
Phone _____ Fax _____
Date(s) of investigation _____ Target of Investigation _____
Date of Report: _____
Results of Investigation _____

3. Name _____
Address _____
Phone _____ Fax _____
Date(s) of investigation _____ Target of Investigation _____
Date of Report: _____
Results of Investigation _____
