

**CLIENT INFORMATION**  
(PLEASE PRINT OR TYPE)

CLIENT:

Full Name \_\_\_\_\_

Street address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Telephone: home \_\_\_\_\_; work \_\_\_\_\_; cell \_\_\_\_\_

Fax: \_\_\_\_\_ Is the fax number private? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

How long have you been a resident of:

County? \_\_\_\_\_ Colorado? \_\_\_\_\_

Former (legal/maiden) name: \_\_\_\_\_

Are you or were you ever a member of the U.S. Armed Forces? If so, give branch and dates of service.

SPOUSE

Full Name \_\_\_\_\_

Residence \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Telephone: home \_\_\_\_\_; work \_\_\_\_\_; cell \_\_\_\_\_

Fax: \_\_\_\_\_ Is the fax number private? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Former (legal/maiden) name: \_\_\_\_\_

Is spouse or was spouse ever a member of the U.S. Armed Forces? If so, give branch and dates of service.

**MARITAL STATUS**

Date of this marriage: \_\_\_\_\_

Did you live together before the marriage? \_\_\_\_\_ How long? \_\_\_\_\_

Place where married (city, county, and state):  
\_\_\_\_\_

Number of previous marriages: Client \_\_\_\_\_ Spouse \_\_\_\_\_

Other marriage(s) ended by: [death] [divorce] [annulment]

Are you presently living with your spouse? \_\_\_\_\_

Date of separation: \_\_\_\_\_

What is wife's maiden name? \_\_\_\_\_

Does wife want return of maiden name? \_\_\_\_\_

**GROUND FOR DIVORCE - IRRETRIEVABLE BREAKDOWN**

Does one party deny that the marriage is irretrievably broken?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, which party? \_\_\_\_\_

Is there a desire for reconciliation by either party? \_\_\_\_\_

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, by whom? \_\_\_\_\_

Please state your view as to the causes of the breakdown of the marriage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRENUPTIAL OR POSTNUPTIAL AGREEMENTS**

Have you entered into any written agreement as to property division maintenance (alimony), child support, or parental responsibilities? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach a copy of any agreement(s).

CHILDREN

FULL NAME	NICKNAME	BIRTHDATE	SEX	AGE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Were all the children born of this marriage? \_\_\_\_\_ If not, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do any of your children have special educational, medical, dental, optical, psychological, emotional or other such needs?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, fully describe the special need and provide the address and telephone number of any professionals treating the child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In chronological order, list the addresses and places where each child(ren) has lived during the past five (5) years, together with the names and present addresses of any persons with whom the child(ren) has lived during that period.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have either you or your spouse participated as a party, or a witness, or in any other capacity, in any litigation concerning any of the above named children in this or any other state?

No \_\_\_\_\_ Yes \_\_\_\_\_. If Yes, please explain and attach copies of all court pleadings involved in those cases.

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Do either you or your spouse have any information as to custody or parenting responsibility proceedings concerning any of the above named children, now pending in a court of this or any other state?

No \_\_\_\_\_ Yes \_\_\_\_\_. If yes, please explain and attach copies of any pleadings which are involved.

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Besides you and your spouse, is there any other person who has or has had physical custody of any child above named or claims to have custody or parenting time rights with the child? No \_\_\_\_\_ Yes \_\_\_\_\_. If yes, please explain:

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In your opinion, what decision-making allocation between parents do you believe would be in your child(ren)'s best interests? Describe fully, setting forth the basis for your opinion.

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How were decisions regarding the following issues made in regard to the children. Describe the kinds of decisions that were made, any disputes which existed, the process used to resolve the dispute and what role each parent had in making the decision.

- A. Education: \_\_\_\_\_  
\_\_\_\_\_
- B. Medical: \_\_\_\_\_  
\_\_\_\_\_
- C. Religious: \_\_\_\_\_  
\_\_\_\_\_
- D. Other (e.g. daycare, consent to participate in sports activities, etc.) \_\_\_\_\_  
\_\_\_\_\_

In your opinion, what kind of parenting time for each parent would be in your child(ren)'s best interests? Describe in detail (weekly time, holidays, vacations, overnights, etc.), setting forth the basis for your opinion.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you believe that your spouse should be denied parenting time or have restrictions placed upon the time? No \_\_\_\_\_ Yes \_\_\_\_\_. If yes, describe in detail the basis for your opinion, setting forth specific examples and who else can provide additional information or support for your opinion.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the wishes of your children regarding parental decision-making and parenting time. Do not solicit this information from your child(ren).

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List what caretaking activities (feeding, clothing, educational, health care, bathing, taking to doctors, conferencing with teachers, etc.) you have traditionally performed and which activities your spouse has performed.

Client \_\_\_\_\_

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Spouse \_\_\_\_\_

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Have you or your spouse ever committed or threatened to commit acts of violence upon each other or the children? No \_\_\_\_\_ Yes \_\_\_\_\_. If yes, please explain when, what occurred, who was present, what precipitated the act, whether or not the authorities were called (if so, who responded), whether or not charges were filed, and the outcome of any legal proceedings.

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Please describe five (5) strengths and five (5) weaknesses in your parenting:

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Please describe five (5) strengths and five (5) weaknesses in your spouse's parenting:

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Do you have any major health problem that interferes, now or in the future, with your ability to earn a living or provide care for the children? No \_\_\_\_\_ Yes \_\_\_\_\_. If yes, please describe providing the name, address and telephone number of each doctor or health care provider who is treating your or will substantiate the facts of the condition, along with the inclusive dates of the treatment:

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Does your spouse have any major health problem that interferes, now or in the future, with his/her ability to earn a living or provide care for the children? No \_\_\_\_\_ Yes \_\_\_\_\_. If yes, please describe providing the name, address and telephone number of each doctor or health care provider who is treating your spouse.

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Does your spouse have any major health or dental problem or any particular physical condition which interferes in his or her ability to be employed or care for the child(ren)? \_\_\_\_\_ If so, explain, giving names, addresses and telephone numbers of her medical providers and the inclusive dates of treatment.

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Is wife pregnant? \_\_\_\_\_ Is the child of this marriage?  
\_\_\_\_\_

Have you or your spouse made any personal injury or workman's compensation claim in the past, or are you involved in such a case at this time? No \_\_\_\_\_ Yes \_\_\_\_\_. If yes, explain (include date and amount of any settlement or collection of any judgment along with the name of the attorney who handled the matter).

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Do you have any outstanding or potential tax liabilities? If so, please explain:

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Do you have any contingent liabilities (eg. someone may sue you but has not yet filed) or any other possible exposure you may have where you or your spouse may owe monies for claims not otherwise listed. Explain the circumstances for each such possible claim or debt.

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Have either you or your spouse disposed of any assets having a fair market value in excess of \$500.00 within the period of one year prior to the commencement of this action to date? ( ) Yes ( ) No. If yes, furnish below a complete description of each item and its disposition, including the nature of the property, value, amount received, to whom transferred or sold, and any other pertinent information.

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EDUCATION & EMPLOYMENT SKILLS

What level of education does each party currently have?

Client \_\_\_\_\_

Spouse \_\_\_\_\_

What level of education did each party have at the time the parties were married?

Client \_\_\_\_\_

Spouse \_\_\_\_\_

Did either party help finance, in whole or in part, the other's education? No \_\_\_\_\_ Yes \_\_\_\_\_. If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Employment/Occupational Status: List the last three places of employment, name of employer, dates of employment, salary level, and reason for termination:

Client:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Spouse:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_



