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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. _____

How long have you been a resident of:

County? _____ Colorado? _____

Former (legal/maiden) name:

Is 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: _____

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 the property division, maintenance (alimony), child support, or parental responsibilities? Yes ____ No ____ If yes, please attach a copy of any agreements.

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.

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.

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:

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.

How were decisions regarding the following issues made with regard to the children? Describe the kinds of decisions that were made, any disputes which existed, the process used to resolve the dispute(s), 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).

List what care-taking 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:

Spouse:

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.

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

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

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 you or will substantiate the facts of the condition, along with the inclusive dates of the treatment:

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, or who will substantiate the facts of the condition, along with the inclusive dates of the treatment:

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).

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

Do you have any contingent liabilities (e.g. 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.

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.

EDUCATION AND 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) _____

PROFESSIONAL ADVISORS: Please list all professionals from whom you or your spouse have obtained services. This includes, but is not limited to, attorneys, accountants, stock brokers, insurance agents, and the like. If any professional provided services to only one person, indicate who worked with the professional.

INDIVIDUAL NAME/BUSINESS	ADDRESS	TELEPHONE #
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FINANCIAL AFFIDAVIT

At this point you should complete the information regarding your affidavit with respect to financial affairs – see separate instruction sheets.

Additional information which you believe might be useful to us:

All information provided in this document should be periodically updated and revised. If, at any time during the pendency of your case, the information you have provided is no longer substantially accurate, you must notify us at once.

Date Client’s signature
