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**DISSOLUTION OF MARRIAGE
CLIENT WORKSHEET**

Client Name: _____ Address: _____
Client Phone: _____ Cell Phone: _____
Client e-mail: _____
Client Work: _____ Work Phone: _____
Preferred method of contact: ___ home phone ___ cell phone ___ mail ___ e-mail
Client: Date of birth: _____ Age: _____ Education: _____ years
Client: Place of birth: (City/State/County): _____

Opposing Party Name: _____ Address: _____
Phone: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Date of birth: _____ Age: _____ Education: _____ years
Place of birth:
(City/State/County): _____

Date of marriage: _____ Place of Marriage: (City, County, State): _____
Date of separation: _____

Children:

Name	Social Security Number	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pregnant: ___ yes ___ no
Children presently in care and custody of: _____

Other dependents of ___ client ___ opposing party:

Name	Social Security Number	Date of birth
_____	_____	_____
_____	_____	_____

Child support obligations of you or opposing party currently:

Amount:\$ _____ **Paid to:** _____

Financial background:

1. **Employer:** _____
Address/Phone number: _____
2. **Dates of pay (monthly, weekly):** _____
3. **Monthly gross wage/salary:** _____
4. **Opposing party, monthly gross wage/salary:** _____
5. **Opposing party: Employer:** _____
6. **Opposing party: Employer, address:** _____
7. **Statement of income:**

		You	Spouse
Gross Wages (monthly)			
Deductions:	Federal tax		
	State tax		
	FICA		
	Retirement		
	Savings		
	Loan		
	Medical Ins.		
	Profit Sharing		
	Other		
Net Wages (monthly):			

8. **Other income, from all sources**

Income Source	Gross Income/monthly
Rent	
Bonuses	
Child Support	
Disability	
Social Security	
Gifts	
Inheritance	
Trust income	
Dividends/Interest	
Other	

9. Monthly expenses

Expense	Amount
Mortgage or rent	
Water	
Gas	
Electricity	
Telephone	
Cell Phone	
Garbage/sewer	
Clothing	
Transportation	
Car payment	
Food	
Dental	
Medical	
Insurance, Life	
Dues	
Insurance, Auto	
Insurance, Homeowners	
School	
Recreation	
Household repair	
Household supplies	
Child care	
Children extracurricular activities	
Charities	
Savings Plan	
Retirement	
Child Support	
Other	

10. Debts.

Name/address of creditor	Reason debt incurred	Date Incurred	Unpaid balance	Amount of Monthly Payment	Payment now being made by H/W

11. Assets.

Real Property	Location	Mortgage, balance if any	Fair Market Value	H / W / J

Stocks / Bonds Money Market, etc.	Purchase Date	Purchase Price (Basis)	Present Value	H / W / J

Motor vehicles	Make/Model	Present Value	Debt	Net Equity	H / W / J

Bank Accounts	Type (Savings, Checking, etc)	Account Number	Present Balance	H / W / J

Insurance	Type (Term/Whole)	Cash Value / (Loans against value)	Present beneficiary	H / W / J

Other (Description)	Husband	Wife	Joint	Value
Personal Injury settlement				
Workmen's compensation				
Patents/Trademarks				
Copyrights				
Social Security				
Pending Litigation				
Retirement: 401K, including name of Employer/Plan				
IRA's				

12. Custody/Support of Minor children:

Present Custody: _____

Desired Custody: _____

Terms of visitation (proposed) (times, weekdays, holidays, vacations, birthdays)

13. Division of community assets and liabilities:

Asset / (Debt) Description	Net Value	Husband	Wife	Separate or Community Property
