



MARITAL FACT AND CLIENT INFORMATION SHEET

FOR OFFICE USE ONLY

Conference Date: _____ Consultation Fee: _____ Hourly Rate: _____

Fee Quoted: _____ Retainer: _____ PAYG: Yes or No

An appointment has been made for an initial conference with our firm. We need certain basic information about you and your marriage in order to be of assistance to you. Please fill in this form to the best of your knowledge. Much of the data being sought by the form relates to financial matters. We do not need totally accurate data. For initial purposes, all we need is your best estimate.

Do not be concerned if you are unable to answer some of the questions. We will follow up at a later time for any unknown and necessary data that is still required. Should you require additional space for information, please use the backside of the sheet and notate with an arrow or "over". Please be advised that all this information will be handled with the utmost confidentiality. Wiejaczka Law, P.C. takes privacy and security seriously.

A. YOU:

1. NAME: _____
First Middle Initial Last (Maiden Name, If Applicable)

2. HOME ADDRESS: _____
House Number Street Name

City State Zip Code

Is your home address a place where mail can be delivered to you confidentially? If no, please indicate here and if in care of another: _____

Name Address

City State Zip Code

3. TELEPHONE (Please check boxes of the phone numbers best to contact you at):

Home (_____) _____ Cell: (_____) _____
 Work: (_____) _____

4. E-MAIL ADDRESS: _____

5. DATE OF BIRTH: _____ AGE: _____ BIRTHPLACE: _____

6. SSN: _____ DRIVER'S LICENSE NUMBER: _____
Please present staff member with your license so we may make a copy for our records.

7. LENGTH OF RESIDENCY: ILLINOIS _____ COUNTY _____

B. YOUR EMPLOYMENT:

1. EMPLOYER: _____

2. EMPLOYER'S CONTACT INFORMATION: _____
Number Street Name

City State Zip Code

3. POSITION / OCCUPATION: _____

4. HOURS OF EMPLOYMENT: _____ LENGTH OF EMPLOYMENT: _____
5. HOW OFTEN ARE YOU PAID? Weekly Bi-weekly Twice a month Monthly
Please check the box that applies
6. GROSS¹ PER PAY PERIOD: \$ _____ NET² AMOUNT PER PAY PERIOD: \$ _____
7. OTHER INCOME: WHO IS IT RECEIVED FROM: _____
8. OTHER INCOME GROSS: \$ _____ OTHER INCOME NET \$ _____
9. IF YOU ARE NOT EMPLOYED, PLEASE STATE THE FOLLOWING:
- NAME OF LAST EMPLOYER: _____
 - OCCUPATION/POSITION: _____
 - INCOME RECEIVED: \$ _____ LAST DATE OF EMPLOYEMENT: _____

C. YOUR EDUCATION:

1. EDUCATION (Please select highest level of education achieved): 9-12 Some college, no degree
 Associate's Degree Bachelor's Degree Master's Degree Ph.D
- a. DO YOU HAVE ANY STUDENT LOANS? Yes No LOAN BALANCE: _____

D. YOUR HEALTH:

1. WHAT IS YOUR CURRENT HEALTH STATUS? IF HEALTH ISSUES MAY AFFECT YOUR EMPLOYMENT OR INSURABILITY, PLEASE STATE THE NATURE.
 Excellent Good Fair Poor
- Details: _____

E. YOUR SPOUSE:

1. NAME: _____
First Middle Initial Last (Maiden Name, If Applicable)
2. HOME ADDRESS: _____
House Number Street Name

City State Zip Code
- TELEPHONE (Please check boxes of the phone numbers best to contact your spouse at): Home: (_____) _____
 Cell: (_____) _____ Work: (_____) _____
3. E-MAIL ADDRESS: _____
4. DATE OF BIRTH: _____ AGE: _____ BIRTHPLACE: _____
5. SSN: _____ DRIVER'S LICENSE NUMBER: _____
6. LENGTH OF RESIDENCY: IN ILLINOIS _____ IN COUNTY _____

F. SPOUSE'S EMPLOYMENT:

1. SPOUSE'S EMPLOYER: _____
2. SPOUSE'S EMPLOYER'S CONTACT INFORMATION: _____
Building Number Street Name

City State Zip Code

3. SPOUSE'S POSITION / OCCUPATION: _____
4. HOURS OF EMPLOYMENT: _____ HOW LONG ON JOB: _____
5. HOW OFTEN SPOUSE IS PAID? Weekly Bi-weekly Twice a month Monthly
Please check the one box that applies
6. SPOUSE'S GROSS¹ PER PAY PERIOD: \$ _____
7. SPOUSE'S NET² AMOUNT PER PAY PERIOD: \$ _____
8. SPOUSE'S OTHER INCOME: WHO IS IT RECEIVED FROM: _____
9. SPOUSE'S OTHER INCOME GROSS: \$ _____
10. SPOUSE'S OTHER INCOME NET \$ _____
11. IF YOUR SPOUSE IS NOT EMPLOYED, PLEASE STATE THE FOLLOWING:
 - a. NAME OF LAST EMPLOYER: _____
 - b. OCCUPATION/POSITION: _____
 - c. INCOME RECEIVED: \$ _____ LAST DATE OF EMPLOYEMENT: _____

G. SPOUSE'S EDUCATION:

1. EDUCATION (Please select highest level of education achieved): 9-12 Some college, no degree
 Associate's Degree Bachelor's Degree Master's Degree Ph.D
2. DOES YOUR SPOUSE HAVE ANY STUDENT LOANS? Yes No
 - a. LOAN BALANCE: \$ _____

H. SPOUSE'S HEALTH:

1. WHAT IS YOUR SPOUSE'S CURRENT HEALTH STATUS? IF HEALTH ISSUES MAY AFFECT YOUR SPOUSE'S EMPLOYMENT OR INSURABILITY, PLEASE STATE THE NATURE.
 Excellent Good Fair Poor

Details: _____

I. DECRPTION OF SPOUSE FOR ORDER OF PROTECTION / SERVICE OF SUMMONS:

1. SEX: Male Female
2. RACE: _____
3. HAIR COLOR: _____
4. EYE COLOR: _____
5. HEIGHT: _____
6. WEIGHT: _____
7. DISTINGUISHING MARKS: _____

8. SPOUSE'S CAR DESCRIPTION: Make _____ Model _____ Color: _____
9. BEST PLACE FOR YOUR SPOUSE TO BE SERVED: Home Work Either
10. BEST DAY OR DATE AND TIME TO BE SERVED: _____
11. FULL NAME OF PERSON BEING SERVED: _____
12. ADDRESS / CITY / COUNTY: _____
13. TELEPHONE: _____ CELL: _____

J. SPOUSE'S ATTORNEY:

1. SPOUSE'S ATTORNEY/FIRM NAME: _____
2. ADDRESS: _____

Building Number
Street Name
Suite # or Floor

City
State
Zip Code
3. TELEPHONE: Work (_____) _____
4. HAS SPOUSE FILED? Yes No If yes, date of service: _____

K. MARRIAGE:

1. DATE OF MARRIAGE: _____
2. COUNTY OF MARRIAGE: _____
3. STATE OF MARRIAGE: _____
4. CITY OF MARRIAGE: _____
5. SEPARATION DATE: _____
6. TOTAL NUMBER OF MARRIAGES:
 YOU _____ YOUR SPOUSE _____

L. CHILDREN:

1. DO YOU HAVE CHILDREN OF **THIS** MARRIAGE? YES NO

If YES, please list below. Please select either M=Mother, F=Father, or J=Joint

Name	Age	Date of Birth	Current Custody	Future Custody	Social Security
		/ /	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> J	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> J	
		/ /	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> J	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> J	
		/ /	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> J	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> J	

2. DO YOU HAVE ANY CHILDREN FROM A **PRIOR** MARRIAGE: YES NO

If YES, please list below. Please select either M=Mother, F=Father, or J=Joint

Name	Age	Date of Birth	Current Custody	Future Custody	Social Security
		/ /	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> J	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> J	
		/ /	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> J	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> J	
		/ /	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> J	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> J	

3. WHAT SUPPORT PROVISIONS ARE IN PLACE FOR YOUR CHILDREN: _____

4. DOES YOUR SPOUSE HAVE ANY CHILDREN FROM A **PRIOR** MARRIAGE: YES NO

If YES, please list below. Please select either M=Mother, F=Father, or J=Joint

Name	Age	Date of Birth	Current Custody	Future Custody	Social Security
		/ /	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> J	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> J	
		/ /	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> J	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> J	
		/ /	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> J	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> J	

5. WHAT SUPPORT PROVISIONS ARE IN PLACE FOR YOUR SPOUSE'S CHILDREN: _____

6. PROBLEMS OR DISABILITIES REGARDING ANY CHILDREN: _____

M. RELIEF SOUGHT:

- Maintenance
- Child Support
- Attorney's Fees
- Retain Marital Residence
- Resume Former/Maiden Name
- Other: _____

N. REAL ESTATE:

a. MARITAL RESIDENCE:

ADDRESS: _____ COUNTY: _____

IS TITLE HELD JOINTLY WITH YOUR SPOUSE? YES NO

If no, who holds the title: _____

DATE OF PURCHASE: _____ PURCHASE PRICE: \$ _____

CURRENT VALUE: \$ _____ MORTGAGE BALANCE: \$ _____

MORTGAGOR(S)³: _____

MORTGAGEE(S)⁴: _____

DOWN PAYMENT AND SOURCE OF FUNDS: _____

MONTHLY PAYMENT: \$ _____ TAXES: \$ _____ INSURANCE: \$ _____

SECOND MORTGAGE: LOAN AMOUNT: \$ _____ MONTHLY PAYMENT: \$ _____

IMPROVEMENTS (Date, Type, Source of Funds, Loan, 2nd Mortgage, Etc.): _____

OTHER CONTRIBUTIONS (Gifts, Inheritance, Etc.): _____

b. OTHER REAL ESTATE (If there is additional real estate, please describe on the back of this sheet):

ADDRESS: _____ COUNTY: _____

IS TITLE HELD JOINTLY WITH YOUR SPOUSE? YES NO

If no, who holds the title: _____

DATE OF PURCHASE: _____ PURCHASE PRICE: \$ _____
 CURRENT VALUE: \$ _____ MORTGAGE BALANCE: \$ _____
 MORTGAGOR³(S): _____
 MORTGAGEE⁴(S): _____
 DOWN PAYMENT AND SOURCE OF FUNDS: _____
 MONTHLY PAYMENT: \$ _____ TAXES: \$ _____ INSURANCE: \$ _____
 SECOND MORTGAGE: LOAN AMOUNT: \$ _____ MONTHLY PAYMENT: \$ _____
 IMPROVEMENTS (Date, Type, Source of Funds, Loan, 2nd Mortgage, Etc.): _____

 OTHER CONTRIBUTIONS (Gifts, Inheritance, Etc.): _____

O. BANK ACCOUNTS:

(Please list additional accounts on back of this sheet; Account Types: checking, savings, money market, CD, or other.)

Name on Account	Institution	Account Type	Marital or Non-Marital	Account Ownership	Balance
			<input type="checkbox"/> Marital <input type="checkbox"/> Non-Marital	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
			<input type="checkbox"/> Marital <input type="checkbox"/> Non-Marital	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	
			<input type="checkbox"/> Marital <input type="checkbox"/> Non-Marital	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	

P. STOCKS and BONDS:

Owner of Shares	Name of Corporation	Number of Shares	Per Share Value	Total Value
<input type="checkbox"/> You <input type="checkbox"/> Spouse				
<input type="checkbox"/> You <input type="checkbox"/> Spouse				
<input type="checkbox"/> You <input type="checkbox"/> Spouse				

Q. RETIREMENT PLANS:

(Please list any additional vehicles on back of this sheet; Plan Types: IRAs, 401(k), Annuity, etc.)

Plan Name	Owner of Plan	Plan Type	Plan Value
	<input type="checkbox"/> You <input type="checkbox"/> Spouse		
	<input type="checkbox"/> You <input type="checkbox"/> Spouse		

R. VEHICLES:

Please list any additional vehicles on back of this sheet (include boats, campers, motorcycles, etc.).

Vehicle Used by	Make	Year	Loan Institution	Balance Owed	Monthly Payment	Fair Market Value

S. ASSETS OVER \$500.00:

Assets acquired during the marriage, but are not gifts or inheritance, and excluding household goods, which have a minimum value \$500.00.

Item / Description (such as furniture, art, jewelry, collectibles, etc.)	Owner / Possessor	Value
	<input type="checkbox"/> You <input type="checkbox"/> Spouse	
	<input type="checkbox"/> You <input type="checkbox"/> Spouse	
	<input type="checkbox"/> You <input type="checkbox"/> Spouse	

T. GIFTS, INHERITANCE, AND PROPERTY OWNED PRIOR TO OR DURING THE MARRIAGE:

Assets acquired during the marriage, but are gifts, inheritance, and you or your spouse purchased prior to or during the marriage that ***have not been*** put into joint ownership between you and your spouse.

Item / Description	Owner / Possessor	Date Received	Value
	<input type="checkbox"/> You <input type="checkbox"/> Spouse		
	<input type="checkbox"/> You <input type="checkbox"/> Spouse		
	<input type="checkbox"/> You <input type="checkbox"/> Spouse		

U. GIFTS, INHERITANCE, AND PROPERTY OWNED PRIOR TO OR DURING THE MARRIAGE:

Assets acquired during the marriage, but are gifts, inheritance, and your or your spouse purchased prior to or during the marriage that *have been* put into joint ownership between you and your spouse.

Item / Description	Current Owner / Possessor	Date Received	Value
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint		
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint		
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint		

V. HEALTH INSURANCE

1. Do you have a health insurance policy? YES NO If yes, please indicate below:
 - a. Employer OR Private Plan
 - b. Individual OR Family
 - c. Plan Name: _____
 - d. Monthly Premium \$_____
2. Does your spouse have a health insurance policy? YES NO If yes, please indicate below:
 - a. Employer OR Private Plan
 - b. Individual OR Family
 - c. Plan Name: _____
 - d. Monthly Premium \$_____

W. LIFE INSURANCE

1. Do you have a life insurance policy? YES NO If yes, please indicate below:
 - a. Employer OR Private Plan
 - b. Term OR Whole Life
 - c. Death Benefit Amount \$_____
 - d. Beneficiary: _____
2. Does your spouse have a life insurance policy? YES NO If yes, please indicate below:
 - a. Employer OR Private Plan
 - b. Term OR Whole Life
 - c. Death Benefit Amount \$_____
 - d. Beneficiary: _____

X. DEBTS / LIABILITIES

Please list any additional debts/liabilities on back of this sheet.

Creditor / Description of Purchase	Current Owner / Possessor	Approximate Balance	Monthly Payment
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint		
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint		
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint		
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint		
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint		

Y. AGREEMENT BETWEEN YOU AND YOUR SPOUSE:

If you and your spouse have made agreements regarding parenting time or how major decisions regarding the children would be allocated, parental responsibilities, financial matters or disposition of property, please state below:

If you and your spouse have a premarital (pre-nuptial) agreement, please attach a copy to this form.

Is there any other information you believe the attorney should know, please state below:

Z. REFERRAL:

How did you come to hear about our firm? If from a person, please give their name so that we may thank them!

¹ “Gross” Amount before deductions

² “Net” Amount after deductions

³ “Mortgagor” The person(s) who wants to borrow money

⁴ “Mortgagee” The institution lending money