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DIVORCE INFORMATION SHEET

Address :				
Home Phone : _	Cell F	^D hone :	Bus.	Phone :
Birthdate :	Place of birth	ו : State	SS# :	
Email address : _				
Resident of :	County	How long	:	
Occupation :	Emj	oloyer :		
Employer's phone	e number :		Length of em	ployment :
Employer's addre	ess :			
	e-home pay: \$			
Receives : ADC	_ Unemployment	Social Sec	curity	Worker's Comp
Number of previo	us marriages :	How termina	ated :	
State your educa	tional background :			
Eye color	Hair color	Height	Weight	Race
		Otherne		

В.

C.

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR SPOUSE :

Name :						
Address :						
Home Phone :	Cell Pho	one :	Bus.	Phone :		
Birthdate :	_ Place of birth :	SS#	#:			
Email address:						
Resident of :	v	How long :				
Occupation :	,					
Employer's phone number	:		Length of er	mployment :		
Employer's address :						
Is spouse currently working? If not, why :						
State weekly take-home pay : \$ State weekly gross pay \$						
Receives : ADC Unemp	bloyment	_ Social Security	/	_Worker's Comp		
Number of previous marria	ges :	How terminated	:			
State your spouse's educa	tional background	l:				
Eye color Hair	color	Height	_ Weight _	Race		
Distinguishing marks		Other names	known by :			
Spouse's driver's license n	umber :					
Does your spouse have an	y arrests or convi	ctions, and if so, v	what and wh	ien?		
PLEASE PROVIDE THE F						
Date of marriage :		_ Place of marria	ge :	County	State	
Date of separation :						
Please state wife's former	name :					
Please state wife's maiden	name :					
Does wife want her former	or maiden name i	restored?	_ If yes, plea	ase spell complete	e name :	

Husband's former name(s) : ____

Is wife pregnant? _____ If yes, when is baby due? _____

If yes, is husband baby's father?

D. PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR CHILDREN :

State the names, social security numbers, birthdates, and ages of children born or adopted by you and your spouse :

Full Name	SS#	Birthdate	Age

State the names, social security numbers, and ages of children either spouse has which are \underline{NOT} a product of this marriage :

Full Name	SS#	Birthdate	Age

Are you or your spouse paying child support for children outside this marriage?

If yes, state amount paid : _____

Do any children have special needs?

If so, what are they?

Address of children during the last five years :

Address	Person in charge of children	Years

If yes, please state the case number : _____

If yes, please state amount ordered to be paid : _____

If yes, please state if payor is behind in child support : _____

If yes, state amount :

Have you participated in any child custody litigation regarding the minor children of this marriage?

If yes, is it pending?

If yes, name of the court and case number : _____

Do you know of any past or present court case concerning the custody of your children?

If yes, state where : _____

Has Child Protective Services (CPS) been involved with any complaints concerning any of your children, and if yes, state the person who investigated the charges, what was the concern or charges alleged by CPS, and the outcome of any proceeding or services provided by CPS : _____

Is there anyone (grandparent, etc.) who is not a party (your or your spouse) to this litigation who has physical custody of any of the children, or who claims a right to visitation or custodial rights?

If yes, please name person, give address, relationship, and explain : _____

Who will receive IRS child dependency exemption :

Child	Age	Person to receive exemption

Have you and your spouse agreed who will receive custody of children?

Are	/011	interested	in	ioint	custody	/?
	you	11110103100		joint	Gualou	/:

Please state what your agreement is regarding custody : _____

Please state whether you are anticipating any problem with visitation and what visitation is anticipated :

E. INSURANCE

Are the children involved in this case covered by medical insurance? _____ If yes, state the provider, policy number, group number and member name : ______

Are the children involved in this case covered by dental insurance? _____ If yes, state the provider, policy number, group number and member name : ______

Are the children involved in this case covered by life insurance? _____ If yes, state the provider, policy number, member name and amount of coverage : ______

Are either/both spouses covered by health insurance? _____ If yes, state the provider, policy number, group number and member name : Husband:______ Wife:

F. <u>PROPERTY</u>

1. <u>REAL ESTATE</u>. Please provide the following information regarding any real property whether owned by you or your spouse: (Attach the most recent tax statement for each piece of real estate)

Address	Name of Owner	Approximate value	Amount still owed

State the date of purchase of the property :_____

State the amount and source of the down payment : \$ Source:

Please state monthly mortgage payment : _____

Does the mortgage payment include taxes and insurance?

Who makes payments?

Is the home where you are living rented? _____ If yes, who pays : _____

If yes, amount of rent? _____

Have you and your spouse agreed how the property will be divided?

Please state agreement : _____

2. <u>VEHICLES</u>. Please provide the following information regarding any automobiles, motorcycles, vans, motor homes, boats or other vehicles owned by you and your spouse :

Type and year of vehicle	Name of Owner	Value of vehicle	Amount owed and monthly payment	VIN

3. <u>BANK ACCOUNTS</u>. Please provide the following information regarding bank accounts, CDs, money market accounts, or other such assets held by you or your spouse :

Bank or credit union	Names on account	Amount in account	Account number

4. <u>STOCKS</u>. Please provide the following information regarding any stocks owned by you or your spouse :

Stock Name	Number	Shares	Approximate value

5. <u>PENSIONS</u>. Do you or your spouse have a pension, IRA or 401k plan, etc.? Please provide copies of the most recent statement of each plan and the following information :

Name of the Plan/Account	Amount in Plan/Account	Name of Coordinator	Address

6. <u>OTHER ASSETS</u>. Please describe any other assets owned by you or your spouse and estimate their value :

Asset	Value

- 7. <u>EXTRAORDINARY ASSETS</u>. Have either you or your spouse received any money through a lawsuit, inheritance, lottery or any other means? If yes, please describe : _____

G. <u>DEBTS</u>

Please provide the following information regarding your debts :

Creditor	Amount owed	Names on account	Monthly payment	Responsible party
1				
2				
3				
4				
5				
6				
7				
8				

Please provide copies of the following information :

- 1. Copies of all the bills referenced under the Debts section above.
- 2. Copies of your tax returns for the past two years.
- 3. Copies of the last four pay stubs for both you and your spouse.

4. Copies of any deeds or land contracts along with tax statements for any real estate owned by you or your spouse.

5. Copies of insurance cards and policies, both with regard to health insurance, dental insurance, and life insurance.

- 6. Copies of all statements for pensions, 401(k)s, IRAs, etc.
- 7. Copies of all vehicle titles.
- 8. Any other documentation showing the value or existence of assets.
- 9. A list of personal property.

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