

**THE ROSING LAW FIRM**

**Attorneys at Law**

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**PERSONAL & CONFIDENTIAL**

**Name:** \_\_\_\_\_ Maiden name: \_\_\_\_\_

Last 4 digits SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street number) (Street name) (Town) (State) (Zip code)

Email: \_\_\_\_\_

Preferred phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ State of birth: \_\_\_\_\_

Length of residence in Illinois: \_\_\_\_\_ Education/highest grade completed: \_\_\_\_\_

Current Employer name/address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Income: \_\_\_\_\_ How often are you paid: \_\_\_\_\_

**Other party name:** \_\_\_\_\_ Maiden name: \_\_\_\_\_

Last 4 digits SSN: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Date of birth: \_\_\_\_\_ State of birth: \_\_\_\_\_

Length of residence in Illinois: \_\_\_\_\_ Education/highest grade completed: \_\_\_\_\_

Current Employer name/address: \_\_\_\_\_

Income: \_\_\_\_\_ Occupation: \_\_\_\_\_ How often are they paid: \_\_\_\_\_

**Information** (if applicable):

Reason for consultation: Dissolution  Paternity  Custody  Child Support  Other

Opposing party's attorney's name: \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Date of Separation: \_\_\_\_\_ Date of Dissolution (if applicable:) \_\_\_\_\_

**Children:**

Child Name:    Date of birth:            Residing with:            Is this a child from this relationship/marriage?

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**Marital Residence & Other Real Estate (if applicable):**

Location: \_\_\_\_\_ Estimated value: \_\_\_\_\_

Outstanding loan balance: \_\_\_\_\_ Name(s) on loan: \_\_\_\_\_

Monthly payment: \_\_\_\_\_ Name(s) on deed: \_\_\_\_\_

Location: \_\_\_\_\_ Market value: \_\_\_\_\_

Outstanding loan balance: \_\_\_\_\_ Name(s) on loan: \_\_\_\_\_

Monthly payment: \_\_\_\_\_ Name(s) on deed: \_\_\_\_\_

**Vehicles (if applicable):**

Make/model: \_\_\_\_\_ Primary driver: \_\_\_\_\_

Estimated value: \_\_\_\_\_ Debt: \_\_\_\_\_

Make/model: \_\_\_\_\_ Primary driver: \_\_\_\_\_

Estimated value: \_\_\_\_\_ Debt: \_\_\_\_\_

**Bank /Investment Accounts (if applicable):**

Bank/Institution: \_\_\_\_\_ Type: \_\_\_\_\_

Name on account: \_\_\_\_\_ Current balance: \_\_\_\_\_

Bank/Institution: \_\_\_\_\_ Type: \_\_\_\_\_

Name on account: \_\_\_\_\_ Current balance: \_\_\_\_\_

**Retirement plans:**

Bank/Institution: \_\_\_\_\_ Type: \_\_\_\_\_

Owner of account: \_\_\_\_\_ Estimated Value: \_\_\_\_\_

Bank/Institution: \_\_\_\_\_ Type: \_\_\_\_\_

Owner of account: \_\_\_\_\_ Estimated Value: \_\_\_\_\_

**Business Interests** (if applicable):

Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Owner: \_\_\_\_\_

Date interest acquired: \_\_\_\_\_

Value: \_\_\_\_\_

Debt: \_\_\_\_\_

**Debt - credit cards, medical bills, loans, etc.** (if applicable):

Creditor:

Person named on debt:

Balance due:

Payment for:

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