

Jupiter Creek Professional Center  
1102 W. Indiantown Road - Suite 7  
Jupiter, Florida 33458-6813



(561) 744 – 4600 Tele  
(561) 744 – 4601 Fax  
www.jupiterlawcenter.com

DATE: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

**CONFIDENTIAL FAMILY LAW CLIENT INFORMATION FORM**

Please complete the following Form with as much detail as possible  
so that we can properly advise you during your initial consultation and thereafter.

**TYPE OF MATTER:**

Divorce/Paternity  Child Custody/Timesharing  Child Support  Alimony  Modification  Other \_\_\_\_\_

**CLIENT'S INFORMATION**

FULL LEGAL NAME \_\_\_\_\_ a/k/a \_\_\_\_\_  
*FIRST M.I. LAST*

PRESENT RESIDENT ADDRESS \_\_\_\_\_  
*STREET ADDRESS CITY STATE ZIP CODE*

COUNTY \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

TELEPHONE # HOME  ( \_\_\_\_\_ )  
(check box as to BUSINESS  ( \_\_\_\_\_ )  
where you prefer CELLULAR  ( \_\_\_\_\_ )  
to be called)

DATE YOU FIRST CAME TO FLORIDA TO RESIDE (month & year) \_\_\_\_\_

IF WITHIN SIX MONTHS, WHERE DID YOU PREVIOUS LIVE? \_\_\_\_\_

D/O/B \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ TAG # \_\_\_\_\_ STATE/DATE ISSUED \_\_\_\_\_

Please attach a copy of your Driver's License.

EMPLOYER (if any) \_\_\_\_\_ STATE DATE: \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_  
*STREET ADDRESS CITY COUNTY STATE ZIP CODE*

JOB TITLE/DESCRIPTION \_\_\_\_\_ TELEPHONE # \_\_\_\_\_ HOURS PER WEEK \_\_\_\_\_

YEARLY SALARY \_\_\_\_\_ + PERKS (health insurance, car allowance, etc.) \_\_\_\_\_

IF YOU ARE NOT PRESENTLY EMPLOYED, PLEASE STATE THE REASON FOR YOUR UNEMPLOYMENT:  
\_\_\_\_\_

Please attach a copy of your most recent Pay Stub.

**SPOUSE'S INFORMATION**

FULL LEGAL NAME \_\_\_\_\_ a/k/a \_\_\_\_\_  
  FIRST                                  MIDDLE                                  LAST

PRESENT RESIDENT ADDRESS \_\_\_\_\_  
  STREET ADDRESS                                  CITY                                  COUNTY                                  STATE                                  ZIP CODE

TELEPHONE # HOME ( \_\_\_\_\_ ) \_\_\_\_\_  
BUSINESS ( \_\_\_\_\_ ) \_\_\_\_\_  
CELLULAR ( \_\_\_\_\_ ) \_\_\_\_\_

DATE HE/SHE RESIDED IN FLORIDA \_\_\_\_\_

IF WITHIN SIX MONTHS, WHERE DID HE/SHE PREVIOUSLY LIVE \_\_\_\_\_

Age \_\_\_\_\_ D/O/B \_\_\_\_\_ Place of Birth \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ TAG # \_\_\_\_\_ STATE/DATE ISSUED \_\_\_\_\_

- If possible, please attach a copy of his/her Driver's License.

EMPLOYER (if any) \_\_\_\_\_ START DATE \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_  
  STREET ADDRESS                                  CITY                                  COUNTY                                  STATE                                  ZIP CODE

JOB TITLE/DESCRIPTION \_\_\_\_\_ TELEPHONE # \_\_\_\_\_ HOURS PER WEEK \_\_\_\_\_

YEARLY SALARY \_\_\_\_\_ + PERKS (health insurance, car allowance, etc.) \_\_\_\_\_

IF NOT PRESENTLY EMPLOYED, PLEASE STATE THE REASON FOR UNEMPLOYMENT:

\_\_\_\_\_

Please attach a copy of your most recent Pay Stub.

**MARRIAGE INFORMATION**

DATE OF MARRIAGE \_\_\_\_\_

PLACE OF MARRIAGE \_\_\_\_\_

DATE OF SEPERATION (if any) \_\_\_\_\_

SPOUSE'S CURRENT RESIDENCE \_\_\_\_\_

WAS THERE A PRE-NUPTIAL OR POST-NUPTIAL AGREEMENT? YES / NO

If so, please attach a copy.

ARE THERE ANY OTHER PENDING LEGAL ACTIONS INVOLVING YOU AND YOUR SPOUSE? YES / NO

If so, please attach a copy.

DO YOU DESIRE TO CHANGE YOUR NAME? YES / NO

If so, state the full name by which you prefer to be known: \_\_\_\_\_

**CLIENT'S EDUCATION**

HIGH SCHOOL Name/Location of School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

COLLEGE Name/Location of School \_\_\_\_\_

Degree Awarded \_\_\_\_\_ Date of Graduation \_\_\_\_\_

POST-GRADUATE Name/Location of School \_\_\_\_\_

Degree Awarded \_\_\_\_\_ Date of Graduation \_\_\_\_\_

SPECIALIZED TRAINING Name/Location of School \_\_\_\_\_

Degree Awarded \_\_\_\_\_ Date of Graduation \_\_\_\_\_

List all Professional or Occupational Licenses, Certificates or Qualifying papers YOU hold

Did YOUR SPOUSE contribute in any way, monetarily or by supporting the family, to your education?

YES / NO

If so, describe in full \_\_\_\_\_

Do YOU need any vocational training to rehabilitate yourself? If yes, describe what you need and the time and expense involved in the training.

**SPOUSE'S EDUCATION**

HIGH SCHOOL Name/Location of School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

COLLEGE Name/Location of School \_\_\_\_\_

Degree Awarded \_\_\_\_\_ Date of Graduation \_\_\_\_\_

POST-GRADUATE Name/Location of School \_\_\_\_\_

Degree Awarded \_\_\_\_\_ Date of Graduation \_\_\_\_\_

SPECIALIZED TRAINING Name/Location of School \_\_\_\_\_

Degree Awarded \_\_\_\_\_ Date of Graduation \_\_\_\_\_

List all Professional or Occupational Licenses, Certificates or Qualifying papers YOU hold

Did YOU contribute in any way, monetarily or by supporting the family, to your spouse's education?

YES / NO

If so, describe in full \_\_\_\_\_

Does YOUR SPOUSE need any vocational training for rehabilitation? If yes, describe what is needed and the time and expense involved in the training.

**CHILDREN**

**(Please fill in the information for each of your children)**

**CHILD 1**

Full Legal Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
*FIRST MIDDLE LAST*

Age \_\_\_\_\_ D/O/B \_\_\_\_\_ Place of Birth \_\_\_\_\_

Present Residence Address \_\_\_\_\_  
*STREET ADDRESS CITY COUNTY STATE ZIP CODE*

Name of the person(s) with whom the child resides \_\_\_\_\_

**Child's Residence for the past 5 years**

Dates (From/To)	Address (including city and state) where child lived	Name of person with whom child lived	Relation to child
____ - present			
____ - ____			
____ - ____			
____ - ____			

**CHILD 2**

Full Legal Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
*FIRST MIDDLE LAST*

Age \_\_\_\_\_ D/O/B \_\_\_\_\_ Place of Birth \_\_\_\_\_

Present Residence Address \_\_\_\_\_  
*STREET ADDRESS CITY COUNTY STATE ZIP CODE*

Name of the person(s) with whom the child resides \_\_\_\_\_

**Child's Residence for the past 5 years**

Dates (From/To)	Address (including city and state) where child lived	Name of person with whom child lived	Relation to child
____ - present			
____ - ____			
____ - ____			
____ - ____			

**CHILD 3**

Full Legal Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
*FIRST MIDDLE LAST*

Age \_\_\_\_\_ D/O/B \_\_\_\_\_ Place of Birth \_\_\_\_\_

Present Residence Address \_\_\_\_\_  
*STREET ADDRESS CITY COUNTY STATE ZIP CODE*

Name of the person(s) with whom the child resides \_\_\_\_\_

**Child's Residence for the past 5 years**

Dates (From/To)	Address (including city and state) where child lived	Name of person with whom child lived	Relation to child
____ - present			
____ - ____			
____ - ____			
____ - ____			

Please describe any special needs your child(ren) may have  
Medical? Private Schooling? Tutoring? College Education? Support beyond the age of 18 or 21?

\_\_\_\_\_  
\_\_\_\_\_

Are the children currently enrolled in daycare or aftercare? \_\_\_\_\_

If yes, who attends daycare & what is the cost? \_\_\_\_\_

Who currently provides Health Insurance for children? \_\_\_\_\_ Dental? \_\_\_\_\_  
Vision? \_\_\_\_\_

What is the monthly cost of the Health Insurance for you? \_\_\_\_\_ Your child(ren)? \_\_\_\_\_ Spouse? \_\_\_\_\_  
(you may need to contact your HR Department to obtain the breakdown of the above figures)

If you have participated as a party, witness or in any other capacity in any litigation concerning the custody of the children, describe that litigation in full:

City and State where the Litigation took place \_\_\_\_\_

Name of Court \_\_\_\_\_ Case File # \_\_\_\_\_

Date Litigation instituted \_\_\_\_\_

Date and description of any Orders entered \_\_\_\_\_

**BANK ACCOUNTS**  
**(including Checking, Savings, Money Market, CD's)**

Name of Financial Institution _____	Date Account Opened _____
How titled _____	Current Balance _____
Name of Financial Institution _____	Date Account Opened _____
How titled _____	Current Balance _____
Name of Financial Institution _____	Date Account Opened _____
How titled _____	Current Balance _____
Name of Financial Institution _____	Date Account Opened _____
How titled _____	Current Balance _____
Name of Financial Institution _____	Date Account Opened _____
How titled _____	Current Balance _____
Name of Financial Institution _____	Date Account Opened _____
How titled _____	Current Balance _____
Name of Financial Institution _____	Date Account Opened _____
How titled _____	Current Balance _____

**RETIREMENT/PENSION ACCOUNTS**  
**(including 401(k) Plans, IRAs)**

Name of Plan Administrator _____	Date Account Opened _____
How titled _____	Current Balance _____
Name of Plan Administrator _____	Date Account Opened _____
How titled _____	Current Balance _____
Name of Plan Administrator _____	Date Account Opened _____
How titled _____	Current Balance _____
Name of Plan Administrator _____	Date Account Opened _____
How titled _____	Current Balance _____
Name of Plan Administrator _____	Date Account Opened _____
How titled _____	Current Balance _____
Name of Plan Administrator _____	Date Account Opened _____
How titled _____	Current Balance _____

**REAL PROPERTY**

**(including any vacant land and/or out-of-town property)**

Address/Description of Marital Residence \_\_\_\_\_

Date of Purchase \_\_\_\_\_ How titled \_\_\_\_\_

Financing Institution \_\_\_\_\_ Current Market Value \_\_\_\_\_

Homesteaded? \_\_\_\_\_ Since when? \_\_\_\_\_ 1<sup>ST</sup> Mortgage Balance \_\_\_\_\_

Do you have a HELOC or 2<sup>ND</sup> Mortgage? If yes, what bank & balance? \_\_\_\_\_

Address/Description of Additional Real Estate \_\_\_\_\_

Date of Purchase \_\_\_\_\_ How titled \_\_\_\_\_

Financing Institution \_\_\_\_\_ Current Market Value \_\_\_\_\_

Current Loan Balance \_\_\_\_\_

Address/Description of Additional Real Estate \_\_\_\_\_

Date of Purchase \_\_\_\_\_ How titled \_\_\_\_\_

Financing Institution \_\_\_\_\_ Current Market Value \_\_\_\_\_

Current Loan Balance \_\_\_\_\_

**PERSONAL PROPERTY**

**(including furniture, electronic equipment, jewelry, artwork)**

Description of Property \_\_\_\_\_

Date of Purchase \_\_\_\_\_ How titled \_\_\_\_\_

Financing Institution \_\_\_\_\_ Current Market Value \_\_\_\_\_

Current Loan Balance \_\_\_\_\_

Description of Property \_\_\_\_\_

Date of Purchase \_\_\_\_\_ How titled \_\_\_\_\_

Financing Institution \_\_\_\_\_ Current Market Value \_\_\_\_\_

Current Loan Balance \_\_\_\_\_

Description of Property \_\_\_\_\_

Date of Purchase \_\_\_\_\_ How titled \_\_\_\_\_

Financing Institution \_\_\_\_\_ Current Market Value \_\_\_\_\_

Current Loan Balance \_\_\_\_\_

Describe in detail any contribution by way of money or services that YOU may have made to any assets that are owned in either your spouse or jointly with your spouse:

\_\_\_\_\_  
\_\_\_\_\_

**REAL AND PERSONAL PROPERTY OWNED BY YOU BEFORE THE MARRIAGE**  
**(or acquired during the marriage by Gift or Inheritance)**

Description of Property \_\_\_\_\_

Date of Purchase \_\_\_\_\_ How titled \_\_\_\_\_

Financing Institution \_\_\_\_\_ Current Market Value \_\_\_\_\_

Current Loan Balance \_\_\_\_\_

Description of Property \_\_\_\_\_

Date of Purchase \_\_\_\_\_ How titled \_\_\_\_\_

Financing Institution \_\_\_\_\_ Current Market Value \_\_\_\_\_

Current Loan Balance \_\_\_\_\_

Describe in detail any contribution by way of money or services that may have made to any assets that are solely in your name:

\_\_\_\_\_

**REAL AND PERSONAL PROPERTY OWNED BY YOUR SPOUSE BEFORE THE MARRIAGE**  
**(or acquired during the marriage by Gift or Inheritance)**

Description of Property \_\_\_\_\_

Date of Purchase \_\_\_\_\_ How titled \_\_\_\_\_

Financing Institution \_\_\_\_\_ Current Market Value \_\_\_\_\_

Current Loan Balance \_\_\_\_\_

Description of Property \_\_\_\_\_

Date of Purchase \_\_\_\_\_ How titled: \_\_\_\_\_

Financing Institution \_\_\_\_\_ Current Market Value \_\_\_\_\_

Current Loan Balance \_\_\_\_\_

**AUTOMOBILES / MOTORCYCLES / BOATS, ETC.**

Describe the type of vehicle YOU drive, YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

Date of Purchase \_\_\_\_\_ How titled \_\_\_\_\_

Financing Institution \_\_\_\_\_ Current Market Value \_\_\_\_\_

Current Loan Balance \_\_\_\_\_

Describe the type of vehicle YOUR SPOUSE drives, YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

Date of Purchase \_\_\_\_\_ How titled \_\_\_\_\_

Financing Institution \_\_\_\_\_ Current Market Value \_\_\_\_\_

Current Loan Balance \_\_\_\_\_



**YOUR CREDIT CARDS**  
**(those titled in YOUR name only)**

Name of Creditor \_\_\_\_\_

Who is responsible for Payment \_\_\_\_\_ Account # \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Current Loan Balance \_\_\_\_\_

Name of Creditor \_\_\_\_\_

Who is responsible for Payment \_\_\_\_\_ Account # \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Current Loan Balance \_\_\_\_\_

Name of Creditor \_\_\_\_\_

Who is responsible for Payment \_\_\_\_\_ Account # \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Current Loan Balance \_\_\_\_\_

Name of Creditor \_\_\_\_\_

Who is responsible for Payment \_\_\_\_\_ Account # \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Current Loan Balance \_\_\_\_\_

**YOUR SPOUSE's CREDIT CARDS**  
**(those titled in your SPOUSE's name only)**

Name of Creditor \_\_\_\_\_

Who is responsible for Payment \_\_\_\_\_ Account # \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Current Loan Balance \_\_\_\_\_

Name of Creditor \_\_\_\_\_

Who is responsible for Payment \_\_\_\_\_ Account # \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Current Loan Balance \_\_\_\_\_

Name of Creditor \_\_\_\_\_

Who is responsible for Payment \_\_\_\_\_ Account # \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Current Loan Balance \_\_\_\_\_

Name of Creditor \_\_\_\_\_

Who is responsible for Payment \_\_\_\_\_ Account # \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Current Loan Balance \_\_\_\_\_

**JOINT CREDIT CARDS**  
**(those titled in YOUR AND YOUR SPOUSE's names)**

Name of Creditor \_\_\_\_\_

Who is responsible for Payment \_\_\_\_\_ Account # \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Current Loan Balance \_\_\_\_\_

Name of Creditor \_\_\_\_\_

Who is responsible for Payment \_\_\_\_\_ Account # \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Current Loan Balance \_\_\_\_\_

Name of Creditor \_\_\_\_\_

Who is responsible for Payment \_\_\_\_\_ Account # \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Current Loan Balance \_\_\_\_\_

Name of Creditor \_\_\_\_\_

Who is responsible for Payment \_\_\_\_\_ Account # \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Current Loan Balance \_\_\_\_\_

Name of Creditor \_\_\_\_\_

Who is responsible for Payment \_\_\_\_\_ Account # \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Current Loan Balance \_\_\_\_\_

Name of Creditor \_\_\_\_\_

Who is responsible for Payment \_\_\_\_\_ Account # \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Current Loan Balance \_\_\_\_\_

Other Debts NOT specified above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Although Florida is a No-Fault state, you or your spouse's romantic involvement with someone else may be relevant if certain marital assets are used to purchase gifts, clothes and/or meals or pay for someone else's expenses. Kindly advise if this is an issue in your case.

---

If you and your spouse have reached any tentative agreements, on any issue, please describe them below in detail:

---

---

Please state to the best of your ability what you want and expect as a result of any dissolution litigation:  
Timeshares? Child Support? Alimony? Property (Real Estate and/or Personal Property) Other?

---

---

Please state whether there are any other facts not referenced above which are relevant and important for us to know:

---

---

---

If you have been a resident of Florida for at least six (6) months but your Driver's License does not reflect that, list the name, address and telephone number of a witness who can verify your residency.

Full Legal Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
*FIRST MIDDLE LAST*

Telephone Number: \_\_\_\_\_ How long have you known this person \_\_\_\_\_

Residence Address: \_\_\_\_\_  
*STREET ADDRESS CITY COUNTY STATE ZIP CODE*