

PLEASE FILL OUT, PRINT AND BRING THE DAY OF YOUR CONSULTATION ALONG WITH \$100.00 CONSULTATION FEE.

CHRISTINA R.
Jenkins
L.L.C.
ATTORNEY AT LAW

DIVORCE WORKSHEET

Representing: Husband _____ Wife _____

DATE: _____

HUSBAND:

Full Name: _____

Address: _____ Phone #: _____

City/State/Zip: _____ County: _____

Address Now Living: _____

E-Mail Address _____

Referred By: _____

Age _____ Birthdate _____ Race _____ S/S #: _____

Birthplace: _____ # Of Previous Marriages: _____

Parents' Names: _____

Address _____

City/State/Zip: _____ Phone #: _____

WIFE:

Full Name: _____ (Maiden) _____

Would you like a name change after the divorce: _____

Address: _____ Phone #: _____

City/State/Zip: _____ County: _____

Address Now Living: _____

E-Mail Address _____

Age _____ Birthdate _____ Race _____ S/S #: _____

Birthplace: _____ #Of Previous Marriages: _____

Parents' Names: _____

Address _____

City/State/Zip: _____ Phone #: _____

_____ Consultation Paid

_____ Retained

MARITAL INFORMATION: (COMMON LAW) (LICENSED)

Date Of Present Marriage _____ City/County/State _____

Of Previous Separations _____ Date Of Separation _____

Last Date Of Cohabitation _____ Living Apart Now: Yes No

Will Be Living Apart: Yes No

HAVE YOU BEEN A RESIDENT OF GEORGIA FOR MORE THAN SIX MONTHS? YES NO

CHILDREN OF MARRIAGE:

<u>Names Of Children</u>	<u>Birth/Adopted</u>	<u>Sex</u>	<u>Age</u>	<u>Birthdate</u>	<u>Who Has Custody</u>	<u>Who Wants Custody</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Prior Litigation/Third Party Claim To Child/Where Lived: _____

Do You/Your Spouse Have Any Children By A Previous Marriage? _____

Yes No How Many _____

Do You/Your Spouse Receive Child Support For These Children?

Yes No Amt: \$ _____ Ages Of Children _____

HUSBAND:

Employer: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Occupation: _____ Length Of Employment _____

Prior Employment: _____

Gross Salary: Weekly Monthly Yearly \$ _____

Net Salary: Weekly Monthly Yearly \$ _____

Investment Income _____ \$ _____

Other Income _____ \$ _____

Total Income \$ _____

Education Of Husband _____

WIFE:

Employer: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Occupation: _____ Length Of Employment _____

Prior Employment: _____

Gross Salary: Weekly Monthly Yearly \$ _____

Net Salary: Weekly Monthly Yearly \$ _____

Investment Income _____ \$ _____

Other Income _____ \$ _____

Total Income \$ _____

Education Of Wife _____

_____ Consultation Paid

_____ Retained

**REASONS FOR WANTING A DIVORCE LIST ALL OF THE CAUSES OF SEPARATION
WHICH YOU BELIEVE YOUR SPOUSE WOULD GIVE:**

Has your spouse had an affair with a member of the opposite sex? _____
 Do you suspect that this has occurred? _____
 Have you had an affair with a member of the opposite sex? _____
 If so, is this suspected by your spouse? _____
 Do you keep a diary? _____
 Does your spouse keep a diary? _____
 Has your spouse had sexual intercourse with any other person since marriage? _____
 Since separation? _____ With whom? _____
 Name and result of any counselor (clergyman, psychologist, etc): _____
 Are you seeing this counselor now? _____
 How does the counselor feel about you? _____
 How does the counselor feel about your spouse? _____
 How does the counselor feel about your marriage? _____
 Your health: _____ Spouse's health: _____

FAMILY RESIDENCE: PURCHASING HOME TITLE VESTED IN: HUSBAND/WIFE/BOTH
 RENTAL UNIT LEASE IN: HUSBAND/WIFE/BOTH

DESCRIPTION:

1st Mortgage Holder _____ \$ _____

Address _____

2nd Mortgage Holder _____ \$ _____

Address _____

Lis Pendens: Yes No Value Today \$ _____

Who Currently Has Possession? Wife Husband Equity \$ _____

VEHICLES:

I.	(A)	DESCRIPTION _____	ORIG COST \$ _____
	(B)	TITLE VESTED IN _____	VALUE NOW \$ _____
	(C)	MORTGAGE HOLDER _____	MO. PMT \$ _____
	(D)	DATE PAID OFF _____	BAL OWED \$ _____
II.	(A)	DESCRIPTION _____	ORIG COST \$ _____
	(B)	TITLE VESTED IN _____	VALUE NOW \$ _____
	(C)	MORTGAGE HOLDER _____	MO. PMT \$ _____

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(D) DATE PAID OFF _____ BAL OWED \$ _____
 III. (A) DESCRIPTION _____ ORIG COST \$ _____
 (B) TITLE VESTED IN _____ VALUE NOW \$ _____
 (C) MORTGAGE HOLDER _____ MO. PMT \$ _____
 (D) DATE PAID OFF _____ BAL OWED \$ _____

Which Vehicle Do You Desire? _____

Who Will Pay Remaining Payments? _____

BOATS/TRAILERS/AIRPLANES:

I. (A) DESCRIPTION _____ ORIG COST \$ _
 (B) TITLE VESTED IN _____ VALUE NOW \$ _
 (C) MORTGAGE HOLDER _____ MO. PMT \$ _
 (D) DATE PAID OFF _____ BAL OWED \$ _
 II. (A) DESCRIPTION _____ ORIG COST \$ _
 (B) TITLE VESTED IN _____ VALUE NOW \$ _
 (C) MORTGAGE HOLDER _____ MO. PMT \$ _
 (D) DATE PAID OFF _____ BAL OWED \$ _

WHICH VEHICLE DO YOU DESIRE? _

WHO WILL PAY REMAINING PAYMENTS? _

FURNITURE AND FURNISHINGS: (LIST ITEMS YOU DESIRE)

<u>DESCRIPTION</u>	<u>PRESENT VALUE</u>	<u>DESCRIPTION</u>	<u>PRESENT VALUE</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

FURNITURE AND FURNISHINGS: (LIST ITEMS YOU ARE WILLING TO GIVE TO SPOUSE)

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

_____ Consultation Paid

_____ Retained

_____ \$ _____ \$

DEBTS OF MARRIAGE:

<u>NAME ON</u>	<u>WHAT WAS</u>		
<u>ACCOUNT</u>	<u>NAME OF COMPANY PURCHASED</u>	<u>ACCOUNT #</u>	<u>AMOUNT OWED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIFE INSURANCE:

<u>POLICY NAME</u>	<u>HUSBAND/</u>		<u>CASH VALUE</u>		<u>BENEFICIARY</u>
	<u>WIFE</u>	<u>FACE AMT</u>	<u>AMT</u>		
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

MEDICAL INSURANCE

<u>COMPANY NAME</u>	<u>WHERE</u>	<u>HUSBAND/</u>		<u>PAYROLL DED'S</u>
		<u>WIFE</u>	<u>PMT AMT</u>	
_____	_____	_____	_____	
_____	_____	_____	_____	

HEALTH OF PARTIES AND CHILDREN: _
PSYCHOLOGICAL TREATMENT: _

CHECKING ACCOUNTS:

<u>NAME ON</u>	<u>NAME OF INSTITUTION</u>	<u>ACCOUNT #</u>	<u>BALANCE</u>
<u>ACCOUNT</u>			\$
_____	_____	_____	

Address

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_____ Retained

_____ \$
Address

SAVINGS ACCOUNTS/CERTIFICATES OF DEPOSIT/MONEY MARKET FUNDS:

NAME ON
ACCOUNT NAME OF INSTITUTION ACCOUNT # BALANCE
_____ \$

Address
_____ \$

Address

JEWELRY AND COLLECTIBLES OF VALUE:

<u>DESCRIPTION</u>	<u>WHERE HELD</u>	<u>ESTIMATED VALUE</u>
_____	_____	\$_
_____	_____	\$_
_____	_____	\$_

IRA'S/RETIREMENT PLANS/PROFIT SHARING PLANS:

NAME ON
ACCOUNT NAME OF INSTITUTION ACCOUNT # BALANCE
_____ \$

Address
_____ \$

Address

_____ Consultation Paid

_____ Retained

STOCKS/BONDS/MUTUAL FUNDS/MORTGAGES RECEIVABLE:

NAME ON

ACCOUNT NAME OF INSTITUTION ACCOUNT # BALANCE

_____ \$

Address

_____ \$

Address

REAL PROPERTY OTHER THAN MARITAL RESIDENCE:

DESCRIPTION: _____ TITLE VESTED IN: _____ 1ST

MORTGAGE HOLDER: _____ \$

ADDRESS: _

2ND MORTGAGE HOLDER: _____ \$

ADDRESS: _____ VALUE TODAY \$

LIS PENDENS YES NO EQUITY \$

DESCRIPTION: _____ TITLE VESTED IN: _____ 1ST

MORTGAGE HOLDER: _____ \$

ADDRESS: _

2ND MORTGAGE HOLDER: _____ \$

ADDRESS: _____ VALUE TODAY \$

LIS PENDENS YES NO EQUITY \$

PLEASE LIST ANY ADDITIONAL PERSONAL OR REAL PROPERTY WHICH HAS NOT PREVIOUSLY BEEN LISTED IN THIS SPACE OR ON THE REVERSE SIDE:

-

ASSETS PRIOR TO MARRIAGE

Inherited or received as a gift from someone other than spouse.

In each instance indicate if a gift or inherited and from whom.

_____ Consultation Paid

_____ Retained

YOUR ASSETS PRIOR TO MARRIAGE

YOUR SPOUSE'S ASSETS PRIOR TO MARRIAGE

Amount in savings account:

Amount in savings account:

Amount in checking account:

Amount in checking account:

Stocks:

Stocks:

Bonds:

Bonds:

Automobiles:

Automobiles:

Other vehicles:

Other vehicles:

Boats:

Boats:

Real Estate (home, lake house, etc.)

Real Estate (home, lake house, etc.)

Amount in pension plan, if any:

Amount in pension plan, if any:

Other:

Other:

LIST THE ADDRESSES WHERE THE MINOR CHILD OR CHILDREN HAVE LIVED AND WITH WHO DURING THE PAST FIVE (5) YEARS, AND IF YOU OR YOUR SPOUSE HAVE BEEN A WITNESS OR PARTY TO ANY PREVIOUS CUSTODY SUITS. NAME ANY PERSON OTHER THAN YOU AND YOUR SPOUSE WHO HAS OR MAY HAVE A CLAIM TO VISITATION RIGHTS OR CUSTODY.

PLEASE LIST ANY INFORMATION WHICH YOU THINK WILL BE USEFUL TO THE ATTORNEY REPRESENTING YOU REGARDING THIS DIVORCE.

_____ Consultation Paid

_____ Retained