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Jupiter, Florida 33458-6813



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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:

- Dissolution of Marriage
 Modification

- Child Custody/Timesharing
 Child Support

- Alimony
 Other: _____

CLIENT'S INFORMATION

Full Legal Name _____ a/k/a _____
FIRST MIDDLE LAST

Present Residence 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 one year, where did you previously live _____

Date and Place of Birth _____ Age _____

Social Security # _____

Driver's License # _____ Tag # _____ State/Date Issued _____

Please attach a copy of your 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 you are not presently employed, please state the reason for your unemployment: _____

Please attach a copy of your most recent Pay Stub.

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

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 reside: _____

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

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

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? College Education? Support beyond the age of 18 or 21?

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 is account titled _____

Current Balance _____

Name of Financial Institution _____

Date Account Opened _____

How is account titled _____

Current Balance _____

Name of Financial Institution _____

Date Account Opened _____

How is account titled _____

Current Balance _____

Name of Financial Institution _____

Date Account Opened _____

How is account titled _____

Current Balance _____

Name of Financial Institution _____

Date Account Opened _____

How is account titled _____

Current Balance _____

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

Name of Plan Administrator _____

Date Account Opened _____

How is account titled _____

Current Balance _____

Name of Plan Administrator _____

Date Account Opened _____

How is account titled _____

Current Balance _____

Name of Plan Administrator _____

Date Account Opened _____

How is account titled _____

Current Balance _____

Name of Plan Administrator _____

Date Account Opened _____

How is account titled _____

Current Balance _____

Name of Plan Administrator _____

Date Account Opened _____

How is account titled _____

Current Balance _____

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

Address/Description of Marital Residence _____

Date of Purchase _____ How is it titled _____

Financing Institution _____ Current Market Value _____

Current Loan Balance _____

Address/Description of Additional Real Estate _____

Date of Purchase _____ How is it titled _____

Financing Institution _____ Current Market Value _____

Current Loan Balance _____

Address/Description of Additional Real Estate _____

Date of Purchase _____ How is it titled _____

Financing Institution _____ Current Market Value _____

Current Loan Balance _____

PERSONAL PROPERTY
(including furniture, electronic equipment, jewelry, artwork)

Description of Property _____

Date of Purchase _____ How is it titled _____

Financing Institution _____ Current Market Value _____

Current Loan Balance _____

Description of Property _____

Date of Purchase _____ How is it titled _____

Financing Institution _____ Current Market Value _____

Current Loan Balance _____

Description of Property _____

Date of Purchase _____ How is it 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 is it titled _____

Financing Institution: _____

Current Market Value _____

Current Loan Balance _____

Description of Property _____

Date of Purchase _____

How is it 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 is it titled _____

Financing Institution _____

Current Market Value _____

Current Loan Balance _____

Description of Property _____

Date of Purchase _____

How is it 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 is it titled _____

Financing Institution _____

Current Market Value _____

Current Loan Balance _____

Describe the type of vehicle **YOUR SPOUSE** drives YEAR _____ MAKE _____ MODEL _____

Date of Purchase _____

How is it 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, your or your spouse's romantic involvement with someone else may be relevant if certain marital assets are used to purchase gifts, clothes and meals or pay for others' 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
Custody? 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