(DOMESTIC)

PROFILE AND CASE INFORMATION SHEET

CLIENT NAME:_				
	LAST		FIRST	MIDDLE
ADVERSE PART				
	LAST		FIRST	MIDDLE
DATE OF FIRST	CONTACT:		DATE OPENED:	
CASE TYPE: (Cir	cle All That Apply) CUS (Cus	DIV (Divorce); SEP (Separated tody); CS (Child separated tody);		
CLASS TYPE: CN	NT (Contested); UN	IC (Uncontested); PST (Po	st Judgment); RJT (Reject	cted)
CLIENT FILE NO). :			
REFERRED BY:_				<u> </u>
SYNOPSIS				
ASSIGNED TO: (1)	(2)	(3)	(4)
1100101122 10. ((PROCESSING ATTORNEY)			Y) (PARALEGAL)
DATES : HEARI		RIAL CONFERENCE)	T	RIAL DATE
<u>FEE</u> :				
HOURLY RATE:		_		
RETAINER AMO	OUNT:	FI	EE AGREEMENT SIGN	ED:
COUNSEL INFO				
COUNSEL INFO	<u>RMATION</u> .			
1) (ATTY)				
, ,				
2) (OPPOSI	NG COUNSEL) (A	ADDRESS)	(TELEPI	HONE NO.)(FAX NO.)
3)				/
	COUNSEL)	(ADDRESS)		(TELEPHONE NO.)(FAX NO.)
4)				/
	COUNSEL)	(ADDRESS)		(TELEPHONE NO.)(FAX NO.)

FAMILY INFORMATION WORKSHEET

A. Client

Type of Case Date of first meeting				
Full name	Maiden name (if applicable)			
Address				(OK?)_
County				
Mailing Address (if different from above)				
Telephone No. (Home)	(OK?)	(Work)	((OK?)
(Fax)		(Pager/Beeper)		
(Cell)		(E-mail)		
Social Security No		Date of Birth		
Prior Residence	Leng	th of Continuous Resider	nce in Maryland	
Place of Birth		_Length of residence (Cu	rrent)	
Nationality:	Hispa	anic/Latino		
Educational Background - HS		College	Graduate Degree	
Military Service				
Criminal Record				
Name of Employer				
Address of Employer				
Job Title				
Length of Employment (when start)				
Pay Period (weekly, every two weeks, etc.)				
Description of Employment Duties				
Work Days and Hours:				

Number of Exemptions Cla	imed Number of I	Number of Exemptions Entitled To			
Gross Pay	Net Pay	Bonuses			
Deductions:					
Federal	FICA	State			
Retirement	Other				
Other sources of income, w	hether taxable or non-taxable:				
Source	Period	Gross	Net		
Source	Period	Gross	Net		
Source	Period	Gross	Net		
Personal Gross Income for	2014				
Personal Gross Income for	2013				
Personal Gross Income for	2012				
Personal Gross Income for	2011				
Personal Gross Income for	2010				
Present Marriage:					
Date1	Place (Town, County, State)	Type (F	Religious/Civil)		
Previous Marriage:					
Name	Date Ended		_ How		
Name	Date Ended		_ How		
Other Support Responsibili	ties (Other children - not of this marria	age/relationship)			
Name	Relationship	Birth	Nature		
Name	Relationship	Birth	Nature		

B. Spouse/Former Spouse (Adverse Party)

Full name Maiden name (if applicable)			
Address			
County	Length of Residence		
Telephone No. (Home)	(Work)		
(Fax)	(Cell Phone)		
(Email)			
Social Security No	Date of Birth		
Prior Residence	Length of Continuous Reside	ence in Maryland	
Place of Birth			
Nationality:	Hispanic/Latino		
Educational Background - HS	College	Graduate Degree	
Military Service			
Criminal Record			
Name of Employer			
Address of Employer			
Job Title			
Length of Employment (when start)			
Pay Period (weekly, every two weeks, etc	c.)		
Description of Employment Duties			
Work days and hours:			

Number of Exemptions Claimed	Number of Exemptions Entitled To			
Gross Pay	_ Net Pay	Bonuses		
Deductions:				
Federal	FICA	State		
Retirement	Other			
Other sources of income, whether	taxable or non-taxable:			
Source	Period	Gross	Net	
Source	Period	Gross	Net	
Source	Period	Gross	Net	
Personal Gross Income for 2014_				
Personal Gross Income for 2013_				
Personal Gross Income for 2012_				
Personal Gross Income for 2011_				
Personal Gross Income for 2010_				
Present Marriage:				
<u> </u>	ce (Town, County, State)	Tyne (Re	ligious/Civil)	
Previous Marriage:	(10,111, 20,111), 2,1110,	1 ypo (xto	<u> </u>	
<u> </u>	Date Ended	Но	XV	
	Date Ended			
			**	
Other Support Responsibilities (C		•		
Name F	Relationship	Birth	Nature	
Name F	Relationship	Birth	Nature	

C. <u>Children</u>

Children of the Marriage/Relationship:

Name			
	Birth	Health	Education
	Current School		Grade
	Day Care Location:		Cost
Name			
			Education
	Current School		Grade
	Day Care Location:		Cost
Name			
	Birth	Health	Education
	Current School		Grade
	Day Care Location:		Cost
Name			
	Birth	Health	Education
	Current School		Grade
	Day Care Location:		Cost
Currer	at Pregnancy	Expec	eted Date of Birth
Childr	en's Residence (Current Cus	tody/Visitation – attach schedule	e if needed)
Prior S	Schools Attended		
Notes	(prior custody schedule, pare	enting schedule, etc)	

D. <u>Facts</u>

Other Attorney	Pre-Nup/Date		
Written Separation Agreement		Date	
Verbal Separation Agreement		Date	-
Provisions (Provide copy if exists)			_
Factual Background Causing Separation			

	nds and alternatives					
	of last sexual intercourse w					
Date	of Separation – last date las	st spent with spouse u	nder same roof, had se	exual relations, etc.		
Expla	ain:					
Misco	ellaneous comments					
	diction					
	ne					
E.	<u>Assets</u>					
-	oved Realty, including the i	•				
Addr	ess					
	Date Acquired		Purchase Pr	rice		
	Down Payment		Source of Fu	unds		
	Mortgage with Whom _	·	1	Balance		
	How Titled	How Acc	quired – Purchase/gift	??		
	Value	Monthly Payme	ent	Taxes	Ins	
	Appraisal?	Date:	By Whom?		_Why?	
	Other - (Second Mortga	ge Info) Lender:		Bala	ince owed:	
	Monthly payment:					

Addre	ess					
	Date Acquired		Purchase Price	e		
	Down Payment		Source of Fund	ds		
	Mortgage with Wh	om	Ba	alance		
	How Titled	How A	cquired – Purchase/gift??			
	Value	Monthly Payı	ment	Taxes	Ins	
	Appraisal?	Date:	By Whom?		_Why?	
	Other - (Second M	ortgage Info) Lender:		Bala	nce owed:	
	Monthly payment:					
Vehic	les: cars, trucks, moto	orcycles, boats-all waterc	craft, planes, snowmobiles	s, etc.		
1.	Year, Make & Mod	lel	When, Where and I	Purchase amount?		
	Title: H/W/J	_Who Drives/uses?	Where vehicle	located?		
	Lien-where and am	ount	Monthly pmt:		Value	
2.	Year, Make & Mod	lel	When, Where and I	Purchase amount?		
	Title: H/W/J	Who Drives/uses?	Where vehicle	located?		
	Lien-where and am	ount	Monthly pmt:		Value	
3.	Year, Make & Mod	lel	When, Where and I	Purchase amount?		
	Title: H/W/J	_ Who Drives/uses?	Where vehicle	located?		
	Lien-where and am	ount	Monthly pmt:		Value	
4.	Year, Make & Mod	lel	When, Where and I	Purchase amount?	2	
	Title: H/W/J	_Who Drives/uses?	Where vehicle	located?		
	Lien-where and ame	ount	Monthly pmt:		Value	

Bank Accounts (H = Husband; W = Wife; J = Joint)

1.	Where							
	a.	Title: H/W/J						
	b.	Type of account: checking	amount	as of				
	c.	Savings	amount	as of				
2.	When	re						
	a.	Title: H/W/J						
	b.	Type of account: checking	amount	as of				
	c.	Savings	amount	as of				
3.	When	re						
	a.	Title: H/W/J						
	b.	Type of account: checking	amount	as of				
	c.	Savings	amount	as of				
4.	When	re						
	a.	Title: H/W/J						
	b.	Type of account: checking	amount	as of				
	c.	Savings	amount	as of				
5.	When	re						
	a.	Title: H/W/J						
	b.	Type of account: checking	amount	as of				
	c.	Savings	amount	as of				

	6.	Where				
		a.	Title: H/W/J			
		b.	Type of account:	checking	_amount	_as of
		c.	Savings		_amount	as of
Life Ins	urance					
Insurer				Account Number _		
	Type _			Owner/insured	Cash Surrender	
	Face Va	alue		Beneficiary	Loans Against	
Insurer				Account Number _		
	Type _			Owner/insured	Cash Surrender	
	Face Va	alue		Beneficiary	Loans Against	
Insurer				Account Number _		
	Туре			Owner/insured	Cash Surrender	
	Face Va	alue		Beneficiary	Loans Against	
Insurer				Account Number _		
	Туре			Owner/insured	Cash Surrender	
	Face Va	alue		Beneficiary	Loans Against	

F.	<u>Debts</u> (M	= marital; N =	non-marital) List Credit Cards,	Loans, etc. <u>other than listed above for car loans and mortgages</u>
Credite	or			Account #:
	H/W/J	M/N	When and how debt created	d
	Paid by		Balance	_ Installment terms: Min pmt
Credite	or			Account #:
	H/W/J	M/N	When and how debt created	d
	Paid by		Balance	_ Installment terms: Min pmt
Credite	or			Account #:
	H/W/J	M/N	When and how debt created	d
	Paid by		Balance	_ Installment terms: min pmt
Credite	or			Account #:
	H/W/J	M/N	When and how debt created	d
	Paid by		Balance	_ Installment terms: min pmt
Credite	or			Account #:
	H/W/J	M/N	When and how debt created	d
	Paid by		Balance	_ Installment terms: min pmt
Credite	or			Account #:
	H/W/J	M/N	When and how debt created	d
	Paid by		Balance	_ Installment terms: min pmt
Credite	or			Account #:
	H/W/J	M/N	When and how debt created	d
	Paid by		Balance	Installment terms: min pmt

Name/where______Account #:____ Title: H/W/J _____ Value _____ as of _____ How & When Acquired Name/where Account #: Title:H/W/J_____ Value _____as of_____ How & When Acquired _____ Name/where _____Account #:____ Title: H/W/J _____ Value ____ as of_____ How & When Acquired _____ Name/where Account #: Title:H/W/J _____ Value _____ as of_____ How & When Acquired Name/where _____Account #:____ Title: H/W/J _____ Value ____as of____ How & When Acquired _____ **Business Interests:** Name Nature of Business _____ Number of other investors _____ Type _____

Securities (stocks, incl. options, bonds, debentures, etc.) NOT RETIREMENT

Address			
Nature of Busine	ess		
Value		H/W/J	Spouse's %
Number of other	r investors	Type	
n, Retirement and	Profit Sharing Plans:		
From whom – E	Employer & Plan Administrator		
Title: H/W	Vested or Not		Value:
Matured or Not		When Distributab	ole
Type of plan: Do	efined Benefit/Contributory/II	RA/401K/Profit Sha	ring/TSP/TDA/Options:
Beneficiary			
•			
From whom – Er	mployer & Plan Administrator_		
From whom – En	mployer & Plan Administrator Vested or Not		
From whom – En Title: H/W Matured or Not	mployer & Plan Administrator Vested or Not	When Distributab	Value:
From whom – En Title: H/W Matured or Not Type of plan: De	mployer & Plan Administrator Vested or Not efined Benefit/Contributory/II	When Distributab	Value:
From whom – En Title: H/W Matured or Not Type of plan: Do	mployer & Plan Administrator Vested or Not efined Benefit/Contributory/II	When Distributab	Value: ble ring/TSP/TDA/Options:
From whom – En Title: H/W Matured or Not Type of plan: Do Beneficiary	mployer & Plan Administrator Vested or Not efined Benefit/Contributory/II	When Distributab	Value: ble ring/TSP/TDA/Options:
From whom – En Title: H/W Matured or Not Type of plan: Do Beneficiary From whom – En	mployer & Plan Administrator Vested or Not efined Benefit/Contributory/II mployer & Plan Administrator_	When Distributab	Value: ple ring/TSP/TDA/Options:
From whom – En Title: H/W Matured or Not Type of plan: Do Beneficiary From whom – En Title: H/W	mployer & Plan Administrator Vested or Not efined Benefit/Contributory/II mployer & Plan Administrator Vested or Not	When Distributab	Value: ple ring/TSP/TDA/Options:

Disa	bility Benefits:				
1.	From Whom				
	Type of Benefit				
	Amount	How Paid			
2.	From Whom				
	Type of Benefit				
	Amount	How Paid			
3.	From Whom				
	Type of Benefit				
	Amount	How Paid			

Witnesses:
Name and Occupation
Address
Telephone Number
What witness has personal knowledge of or can testify to – dates/times/locations, etc.
Name and Occupation
Address
Telephone Number
What witness has personal knowledge of or can testify to – dates/times/locations, etc.
Name and Occupation
Address
Telephone Number
What witness has personal knowledge of or can testify to – dates/times/locations, etc.
Name and Occupation
Address
Telephone Number
What witness has personal knowledge of or can testify to – dates/times/locations, etc.

Private Investigative Information

Phone	Fax	
Date(s) of investigation	Target of Investigation	
Date of Report:		
Results of Investigation		
Name		
Address		
Phone	Fax	
Date(s) of investigation	Target of Investigation	
Date of Report:		
Results of Investigation		
Name		
Phone	Fax	
Date(s) of investigation	Target of Investigation	
Date of Report:		
Decults of Investigation		