

15. Expense Account: _____
16. Stocks, bonds: _____
17. Other benefits: _____
18. Indicate whether you receive or have received:
- Food Stamps: _____
- Welfare: _____
- Unemployment: _____
- Social Security: _____
- Disability: _____
19. Other income: (i.e., rental, interest, pension, inheritance)
- _____
- _____

CHILDREN

1. How many children do you and your spouse have from this marriage: _____
 2. How many children do you have from prior marriages: _____
 3. How many children does your spouse have from prior marriages: _____
 4. Please list the names, ages and birth dates of all children living with you and/or your spouse: _____
- _____

MARRIAGE

1. Are up separated at this time? _____
 2. Date of separation: _____
 3. If so, how are you supporting yourself and/or your children: _____
- _____
- _____
4. Date of marriage: _____ Place of marriage: _____
 5. Religious ceremony? _____ Yes _____ No
 6. Any prior separations or divorce actions between you and your spouse? _____
- _____
7. Are you considering divorce? _____ Yes _____ No
 8. If so, will your spouse contest your action? _____ Yes _____ No _____ Not sure
 9. Is your spouse considering divorce? _____ Yes _____ No _____ Not sure
 10. Do you think your spouse will be agreeable as to the custody of the children?
 _____ Yes _____ No _____ Not sure
 11. Has your spouse ever threatened to seek custody of the children? _____
- _____

12. Have you sought personal or marital counseling as a result of marital problems? If so, please state the counselors, number of visits, whether you attended with your spouse and status: _____

13. Do you anticipate any particular problems in this matter with your spouse?
_____ Yes _____ No If so, please explain: _____

14. Check any that apply to your case:
- | | | |
|---|--|--|
| <input type="checkbox"/> Finances | <input type="checkbox"/> No Communication | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Raising Children | <input type="checkbox"/> Excessive Absence | <input type="checkbox"/> Another Man |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> In-Laws | <input type="checkbox"/> Another Woman |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Drinking | |
| <input type="checkbox"/> Mental Abuse | <input type="checkbox"/> Drugs | |
| <input type="checkbox"/> Personality Change in Spouse | | |
| <input type="checkbox"/> Personality Change in Yourself | | |
| <input type="checkbox"/> Other _____ | | |

15. Is there any danger of extreme violence? _____ Yes _____ No
If so, please explain: _____

16. Have you been to Court with your spouse before? _____ Yes _____ No
If so, please describe these proceedings and provide dates: _____

17. Is there an Order currently in effect? _____ Yes _____ No
If so, please explain what the Order provides: _____

18. Are you covered by medical insurance? _____ Yes _____ No
If so, what is the name of your insurer? _____

19. Who pays the premiums? _____

20. What type of insurance is this? _____

21. What credit cards are held by you or your spouse? _____

22. Does your spouse have authority to charge in your name? _____ Yes _____ No

23. Who has possession of the above cards? _____

24. Do you have a Will? _____ Yes _____ No

Does your spouse have a Will? _____ Yes _____ No

25. Do you and your spouse have a Pre-Nuptial or Pre-Marital Agreement?
_____ Yes _____ No

26. Do you and your spouse have an Interspousal or Property Settlement Agreement?
_____ Yes _____ No

27. Do you think your spouse has hidden property from you or may hide property in the future? _____ Yes _____ No

PROPERTY

1. Who has the best financial information?
_____ Me _____ Spouse _____ About equal

2. Please provide current value or estimates for the following:
- Present value of home _____
 - Present value of mortgage or other liens _____
 - Who hold the mortgage(s) _____
 - Property in the home _____
 - Jewelry, Collections _____
 - Antiques _____
 - Your Car _____
 - Spouse's Car _____
 - Cash on Hand _____
 - Cash in Savings _____
 - Trust Funds for Children _____
 - Stocks _____
 - Land _____
 - Current Debts _____
 - Bank Debts _____
 - Charge Card Debts _____

Do you have life insurance?
_____ Yes _____ No

Does your spouse have life insurance?
_____ Yes _____ No

Do you have a pension, retirement or profit sharing plan?
_____ Yes _____ No

Does your spouse have a pension, retirement or profit sharing plan?
_____ Yes _____ No

Other assets or liabilities _____

Please number the following in order of importance to you: (1-4)

- _____ Revenge against spouse
- _____ Fair resolution of all issues
- _____ Getting all of this over as quickly as possible
- _____ Financial security for yourself and children

**Please take this home and complete the following information
and return same to our office within one week**

LIFE INSURANCE

Name of Company: _____ Address: _____
Policy Number: _____ Beneficiary: _____
Face Amount: _____ Name of Insured: _____
Policy Owner: _____ Policy Term (if applicable): _____

HEALTH INSURANCE

Name of Insured: _____ Name of Company: _____
Address: _____
ID No.: _____ Group No.: _____
Coverage Type:
 Single Parent/Child Family
 Optical Hospital Major Medical
 Dental Drug Diagnostic

AUTOMOBILE INSURANCE

Name of Company: _____
Address of Company: _____
Policy No.: _____ Policy Expiration: _____
Make & Model of Vehicle _____ Year of Vehicle: _____
Coverage Limits: _____
Lawsuit Threshold? _____ Yes _____ No
Umbrella Coverage: _____ Yes _____ No Umbrella Coverage: \$ _____
Driver(s) of Vehicles: _____
Lien Holder/Lessor (if applicable): _____
Address of Lien Holder/Lessor: _____
Use of Vehicle: _____ Personal _____ Business _____ Personal/Business

HOMEOWNERS INSURANCE

Name of Company: _____
Address of Company: _____
Policy No.: _____ Policy Expiration: _____
Address of Covered Residence: _____
Coverage Limits: _____
Umbrella Coverage: _____ Yes _____ No Umbrella Coverage: \$ _____
Mortgage (if applicable): _____
Address of Mortgage: _____
Rider: _____ Jewelry _____ Furs _____ Artwork _____ Other

DISABILITY INSURANCE

Name of Insured: _____ Name of Company: _____
Address of Company: _____
ID No.: _____ Group No.: _____

Date: _____

For Professional Services Rendered:

NAME: _____

CONSULTATION FEE AMOUNT \$ _____

This receipt is given to acknowledge payment by you for an INITIAL CONSULTATION. There is no ongoing attorney-client relationship created by this payment and no further services by this Law Firm or any of its attorneys are expected or anticipated by you, nor due from this law firm to you, UNLESS and UNTIL, a Retainer Agreement specifying the exact services to be rendered and the cost for such services, is signed by you and the Law Firm and a Retainer Fee is paid by you.

<p>I acknowledge that I do not have an ongoing relationship with Lomurro, Munson, Comer, Brown & Schottland, LLC.</p> <p>Signature: _____</p> <p>Dated: _____</p>

Receipt of payment is hereby acknowledged on behalf of Lomurro, Munson, Comer, Brown & Schottland, LLC.

X _____