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**CLIENT INFORMATION SHEET**

**DISSOLUTION OF MARRIAGE**

Date: \_\_\_\_\_

**1. Your Personal Information**

Full Name: \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_

Aliases/Prior Names: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this the address where you would like us to contact you?  Yes  No

If no, please provide a contact address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Secure E-mail address: \_\_\_\_\_

Is it Ok to contact you regarding your case at the above e-mail address?  Yes  No

Does anyone else have access to this e-mail address?  Yes  No

Emergency Contact Name and Relation to you: \_\_\_\_\_

Emergency Contact phone number: \_\_\_\_\_

Emergency Contact e-mail address: \_\_\_\_\_

Are you a resident of the State of Florida?  Yes  No If yes, how long? \_\_\_\_\_

Do you have a Florida Driver's License?  Yes  No If yes, Date of Issue: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment? \_\_\_\_\_

Annual Salary: \_\_\_\_\_ Do you have any other sources of income? If so, from where, how often, and how much? \_\_\_\_\_

Are you participating in Counseling? \_\_\_\_ Yes \_\_\_\_ No

If yes, with whom? \_\_\_\_\_

Do you have a drug or alcohol problem? \_\_\_\_ Yes \_\_\_\_ No

If yes, are you participating in Alcoholics Anonymous or Narcotics anonymous? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No If yes, when? \_\_\_\_\_

Type(s) of Crime(s) [Circle applicable]:            Felony    Misdemeanor

Please explain: \_\_\_\_\_

\_\_\_\_\_

## 2. **Opposing Party Information**

Full Name: \_\_\_\_\_

Aliases/Prior Names: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Is the opposing party a resident of the State of Florida? \_\_\_\_ Yes \_\_\_\_ No

Does the opposing party have a Florida Driver's License? \_\_\_\_ Yes \_\_\_\_ No

If no, in which state is the opposing party a resident? \_\_\_\_\_

Employer Name: \_\_\_\_\_

Annual Salary: \_\_\_\_\_ Any other sources of income? If so, from where, how often, and how much? \_\_\_\_\_

Was the opposing party continuously employed during the marriage? \_\_\_\_ Yes \_\_\_\_ No

If no, please explain: \_\_\_\_\_

Is the opposing party participating in counseling? \_\_\_\_ Yes \_\_\_\_ No

If yes, with whom? \_\_\_\_\_

Does the opposing party have a drug or alcohol problem? \_\_\_\_ Yes \_\_\_\_ No

If yes, is he/she participating in Alcoholics Anonymous or Narcotics anonymous? \_\_\_\_ Yes \_\_\_\_ No

Has the opposing party ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No If yes, when? \_\_\_\_\_

Type(s) of Crime(s) [Circle applicable]:            Felony    Misdemeanor

Please explain: \_\_\_\_\_

\_\_\_\_\_

Has the opposing party retained an attorney in this matter? \_\_\_\_ Yes \_\_\_\_ No

If yes, attorney's name: \_\_\_\_\_

**3. Service and Case Status**

Has a Dissolution of Marriage already been filed? \_\_\_\_ Yes \_\_\_\_ No

If yes, in what county and state: \_\_\_\_\_

Have you been served any papers regarding this matter? \_\_\_\_ If yes, date served \_\_\_\_\_

Have you retained a previous attorney in this matter? \_\_\_\_ Yes \_\_\_\_ No

If yes, attorney's name(s): \_\_\_\_\_

**4. Priorities**

What do you see as the issues to be resolved in this matter, and how would you like to see them settled?:

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

Do you believe that this case can be settled amicably? \_\_\_\_ Yes \_\_\_\_ No

Please explain: \_\_\_\_\_

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

**5. Information Regarding the Marriage**

Date of Marriage: \_\_\_\_\_ Place of Marriage (city/state): \_\_\_\_\_

Date of Separation (if any): \_\_\_\_\_ Place of Separation (city/state): \_\_\_\_\_

County and State where you and the opposing party last lived together as Husband and Wife:

\_\_\_\_\_

Please provide a detailed account of the reason for separation, a history of marital difficulty, and any specific acts of your spouse giving rise to your seeking legal assistance:

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If you are the Wife, do you wish to have your maiden name restored?  Yes  No

If yes, what is your full maiden name? \_\_\_\_\_

**6. Safety Assessment**

Has your spouse ever physically or mentally abused you?  Yes  No

If yes, please explain: \_\_\_\_\_

Has your spouse ever accused you of physical or mental abuse?  Yes  No

If yes, please explain: \_\_\_\_\_

Has either party ever sought an injunction for protection against domestic violence?  Yes  No

If yes, when, and was it granted?: \_\_\_\_\_

**7. Children** (please complete for each child born, adopted, or from any previous relationship)

Is the Wife currently pregnant:  Yes  No      If yes, due date: \_\_\_\_\_

Child #1

Child's Full Legal name: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Born of the marriage  Adopted  Previous relationship  (circle) Wife / Husband

Is the child currently living with you or the opposing party? \_\_\_\_\_

What school and grade? \_\_\_\_\_

Do you desire custody?  Yes  No

Special Needs or Concerns: \_\_\_\_\_

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Child #2

Child's Full Legal name: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Born of the marriage \_\_\_ Adopted \_\_\_ Previous relationship \_\_\_ (circle) Wife / Husband

Is the child currently living with you or the opposing party? \_\_\_\_\_

What school and grade? \_\_\_\_\_

Do you desire custody? \_\_\_\_\_ Yes \_\_\_\_\_ No

Special Needs or Concerns: \_\_\_\_\_

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

Child #3

Child's Full Legal name: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Born of the marriage \_\_\_ Adopted \_\_\_ Previous relationship \_\_\_ (circle) Wife / Husband

Is the child currently living with you or the opposing party? \_\_\_\_\_

What school and grade? \_\_\_\_\_

Do you desire custody? \_\_\_\_\_ Yes \_\_\_\_\_ No

Special Needs or Concerns: \_\_\_\_\_

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

Where and with whom have the child(ren) resided in the *past five (5) years*?

Dates (from/to)	Address (including city and state) where the child lived	Name and present address of the person child lived with	Relationship to child

Are you aware of any other cases, orders or petitions regarding custody or child support for the child(ren) in Florida or any other state? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, case number and brief description: \_\_\_\_\_

\_\_\_\_\_

Has there ever been a report to the Department of Children and Families (DCF) about you, your spouse, or your children? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has any party physically or mentally abused the children? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you desire shared parental responsibility (decision making)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the current custody and visitation arrangement? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you and your spouse come to any agreements regarding custody/visitation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What custody and visitation schedule would you like to see implemented? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you expect custody to be contested? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you expect visitation to be a problem? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Under whose health insurance policy is the child(ren) covered? (Circle one) Husband Wife

Monthly amount for health insurance for *the child(ren) only*: \_\_\_\_\_

Are the child(ren) participating in counseling? \_\_\_\_ Yes \_\_\_\_ No

If yes, with whom: \_\_\_\_\_

Do you have any day care expenses for the child(ren)? \_\_\_\_ Yes \_\_\_\_ No Amount? \_\_\_\_\_

Where do your children attend school/daycare? \_\_\_\_\_

Are you ordered/paying Child Support for children from another relationship? \_\_\_\_ Yes \_\_\_\_ No

If yes, how much per month? \_\_\_\_\_

Are you receiving Child Support for children from another relationship? \_\_\_\_ Yes \_\_\_\_ No

If yes, how much per month? \_\_\_\_\_

**8. Assets and Liabilities:**

Have the parties arrived at a property settlement agreement, either oral or written? \_\_\_\_ Yes \_\_\_\_ No

Was a pre-nuptial agreement executed by the parties? \_\_\_\_ Yes \_\_\_\_ No (*Provide copy if applicable*)

Was a post-nuptial agreement executed by the parties? \_\_\_\_ Yes \_\_\_\_ No (*Provide copy if applicable*)

Do you fear the opposing party will dispose of or attempt to hide marital assets? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

For each piece of *real property* owned by you or your spouse:

Address: \_\_\_\_\_ Date purchased: \_\_\_\_\_

Is the property titled jointly? \_\_\_\_ Yes \_\_\_\_ No

Are you both on the mortgage? \_\_\_\_ Yes \_\_\_\_ No

Do you desire to have this property sold in the dissolution? \_\_\_\_ Yes \_\_\_\_ No

Address: \_\_\_\_\_ Date purchased: \_\_\_\_\_

Is the property titled jointly? \_\_\_\_ Yes \_\_\_\_ No

Are you both on the mortgage? \_\_\_\_ Yes \_\_\_\_ No

Do you desire to have this property sold in the dissolution? \_\_\_\_ Yes \_\_\_\_ No

For each *business interest* owned by you or your spouse:

Name: \_\_\_\_\_

Percentage you own: \_\_\_\_\_ % Percentage owned by other party: \_\_\_\_\_ %

For each *vehicle* owned by you or your spouse:

Year/Make/Model: \_\_\_\_\_ Who drives this car? \_\_\_\_\_

Is the vehicle titled jointly? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there an outstanding loan on the vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you both on the loan? \_\_\_\_\_ Yes \_\_\_\_\_ No

Year/Make/Model: \_\_\_\_\_ Who drives this car? \_\_\_\_\_

Is the vehicle titled jointly? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there an outstanding loan on the vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you both on the loan? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever filed Bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_

**9. How did you hear about our firm?**

Referred by: \_\_\_\_\_

\_\_\_\_\_ Internet \_\_\_\_\_ Driving by \_\_\_\_\_ Newspaper \_\_\_\_\_ Other: \_\_\_\_\_

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***I understand that the attorney has agreed to meet with me for the purpose of an initial consultation and that the attorney has not undertaken representation of me in this matter and will not do so until I sign a Retainer Agreement for Legal Services with attorney and pay the required retainer.***

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date