

# Chris Mahre & Associates, Attorneys at Law – Dissolution Information Sheet

Although not all paragraphs below apply to all cases, please study the instructions carefully and follow them as closely as possible. In addition to this completed form we will need the following:

- Complete copies of your Tax returns from the past two years.
- Several recent pay stubs.
- Legal Descriptions and/or Deeds of all property(s), homes, etc.
- Community Property Agreement and/or Prenuptial Agreement (if applicable).
- Copies of all documents from any prior court proceedings between you and your spouse.

*Who referred you to Chris Mahre & Associates, Attorneys at Law? If not referred by someone in particular, how did you find out about our services?*

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## CLIENT INFORMATION

- Are you currently or have you been represented by an Attorney? Yes \_\_\_\_ No \_\_\_\_  
If so, please state who: \_\_\_\_\_

## PERSONAL INFORMATION

|                         |                    |
|-------------------------|--------------------|
| Name:                   | Maiden Name:       |
| Address:                | Home Telephone #:  |
|                         | Work Telephone #:  |
| Social Security Number: | Drivers License #: |
| Date of Birth:          | Place of Birth:    |

**List all real or personal property and/or cash you had at the time of marriage:**

|  |
|--|
|  |
|  |
|  |
|  |

## EMPLOYMENT INFORMATION

|             |                      |
|-------------|----------------------|
| Employer:   | Years Employed Here: |
| Address:    |                      |
|             |                      |
| Occupation: |                      |

## MARRIAGE STATISTICS

|  |                    |
|--|--------------------|
| Date of Marriage:                                  | State of Marriage: |
| County of Marriage:                                | City of Marriage:  |
| Is wife pregnant?                                  |                    |
| List dates and durations of any prior separations: |                    |
|  |                    |
|  |                    |
|  |                    |

**SPOUSE'S INFORMATION**

- Is your spouse currently or in the past been represented by an Attorney? Yes \_\_\_\_ No \_\_\_\_  
If so, please state who: \_\_\_\_\_

**PERSONAL INFORMATION**

|                         |                    |
|-------------------------|--------------------|
| Name:                   | Maiden Name:       |
| Address:                | Home Telephone #:  |
|                         | Work Telephone #:  |
| Social Security Number: | Drivers License #: |
| Date of Birth:          | Place of Birth:    |

**List all real or personal property and/or cash you had at the time of marriage:**

|  |
|--|
|  |
|  |
|  |

**EMPLOYMENT INFORMATION**

|             |                      |
|-------------|----------------------|
| Employer:   | Years Employed Here: |
| Address:    |                      |
|             |                      |
| Occupation: |                      |



**REAL PROPERTY**

Homes, Recreational Property and Business Property

| <b>Property:</b>                        | <b>Value:</b> | <b>Amount Owed:</b> | <b>Purchase Price:</b> | <b>Date of Acquisition:</b> | <b>Payment:</b> | <b>Awarded To:</b> |
|---|---------------|---------------------|------------------------|-----------------------------|-----------------|--------------------|
| <i>For Example:</i><br>100 First Street | \$100,000.00  | \$50,000.00         | \$75,000.000           | 1/01/1980                   | \$250.00        | Husband            |
|   |               |                     |                        |                             |                 |                    |
|   |               |                     |                        |                             |                 |                    |
|   |               |                     |                        |                             |                 |                    |
|   |               |                     |                        |                             |                 |                    |
|   |               |                     |                        |                             |                 |                    |

**BANK ACCOUNTS**

| <b>Bank and Address:</b>   | <b>Account Number:</b> | <b>Amount:</b> | <b>Names(s) on Account:</b> | <b>Awarded To:</b> |
|--|------------------------|----------------|-----------------------------|--------------------|
| <i>For Example:</i><br>1 <sup>st</sup> Bank<br>111 First Street<br>Smalltown, CO 12345 | 123-45678-91011        | \$1,500.00     | Pam and Peter Smith         | Wife               |
|  |                        |                |                             |                    |
|  |                        |                |                             |                    |
|  |                        |                |                             |                    |
|  |                        |                |                             |                    |
|  |                        |                |                             |                    |







## INCOME INFORMATION

### List your gross monthly income

- If you are paid weekly, multiply your weekly income by 4.3 to determine monthly wages
- If you are paid twice monthly, multiply your income by 2.15 to determine your monthly wages

| <b>Income</b>                   | <b>You</b> | <b>Spouse</b> |
|---------------------------------|------------|---------------|
| A) Wages and Salaries           | \$         | \$            |
| B) Interest and Dividend Income | \$         | \$            |
| C) Business Income              | \$         | \$            |
| D) Spousal Maintenance          | \$         | \$            |
| E) Child Support Received       | \$         | \$            |
| F) Other Income                 | \$         | \$            |
| G) Other Income                 | \$         | \$            |
| <b>H) Total</b>                 | <b>\$</b>  | <b>\$</b>     |

| <b>Deductions</b>                     |           |           |
|---------------------------------------|-----------|-----------|
| I) Income Taxes                       | \$        | \$        |
| J) FICA/Self-Employment Tax           | \$        | \$        |
| K) State Industrial                   | \$        | \$        |
| L) Mandatory Union Dues               | \$        | \$        |
| M) Pension Plan Payments              | \$        | \$        |
| N) Spousal Maintenance Paid           | \$        | \$        |
| O) Normal Business Expenses           | \$        | \$        |
| <b>P) Total</b>                       | <b>\$</b> | <b>\$</b> |
| <b>Monthly Net Income (H minus P)</b> | <b>\$</b> | <b>\$</b> |

**MONTHLY EXPENSES INFORMATION**

**Expenses should be calculated for the future, after separation, based on the anticipated residential schedule for the children.**

| <b>RENT / HOUSE</b>  |    |
|----------------------|----|
| Rent / House Payment | \$ |
| Taxes                | \$ |
| Insurance            | \$ |
| Improvements         | \$ |
| Assessments          | \$ |
| Domestic Help        | \$ |
| Other                | \$ |
| Other                | \$ |
| <b>TOTAL</b>         | \$ |

| <b>UTILITIES</b>   |    |
|--------------------|----|
| Electricity        | \$ |
| Heating            | \$ |
| Water              | \$ |
| TV / Cable         | \$ |
| Garbage Collection | \$ |
| Telephone          | \$ |
| Repairs            | \$ |
| Cleaning / Laundry | \$ |
| Other              | \$ |
| Other              | \$ |
| <b>TOTAL</b>       | \$ |

| <b>CHILDREN</b>           |    |
|---------------------------|----|
| Clothing                  | \$ |
| School Lunches            | \$ |
| School Expenses           | \$ |
| Tuition                   | \$ |
| Allowance                 | \$ |
| Medical/Dental/Medication | \$ |
| Childcare                 | \$ |
| Activity / Lessons        | \$ |
| Recreation                | \$ |
| Hair Cuts                 | \$ |
| Other                     | \$ |
| <b>TOTAL</b>              | \$ |

| <b>PERSONAL</b>           |    |
|---------------------------|----|
| Clothing                  | \$ |
| Medical/Dental/Medication | \$ |
| Cosmetics                 | \$ |
| Recreational              | \$ |
| Union and Club Dues       | \$ |
| Hair Care                 | \$ |
| Travel                    | \$ |
| Education                 | \$ |
| Other                     | \$ |
| <b>TOTAL</b>              | \$ |

|                       |    |
|-----------------------|----|
| <b>FOOD</b>           |    |
| Food for _____ People | \$ |
| Meals Eaten Out       | \$ |
| Other                 | \$ |
| <b>TOTAL</b>          | \$ |

|                       |    |
|-----------------------|----|
| <b>TRANSPORTATION</b> |    |
| Vehicle Payment       | \$ |
| Gasoline              | \$ |
| Repair / Maintenance  | \$ |
| License               | \$ |
| Insurance             | \$ |
| Parking Expense       | \$ |
| Public Transportation | \$ |
| Other                 | \$ |
| <b>TOTAL</b>          | \$ |

|                      |    |
|----------------------|----|
| <b>MISCELLANEOUS</b> |    |
| Personal Loans       | \$ |
| Contributions        | \$ |
| Pets                 | \$ |
| Subscriptions        | \$ |
| Other                | \$ |
| <b>TOTAL</b>         | \$ |

**TOTAL OF ALL EXPENSES \$** \_\_\_\_\_

**CHILDREN**

**List all children from this marriage:**

| <b>Name</b> | <b>Address</b> | <b>Birth Date</b> | <b>Social Security Number</b> |
|-------------|----------------|-------------------|-------------------------------|
|             |                |                   |                               |
|             |                |                   |                               |
|             |                |                   |                               |
|             |                |                   |                               |

1. Is there any person, other than your spouse, who has physical custody or visitation rights of the children listed above?

\_\_\_\_\_

2. Have you participated as a party, witness or any capacity in other litigation concerning the custody of the children listed above?

\_\_\_\_\_

3. Do you have any information of any paternity, dependency, or custody proceeding concerning the children listed above?

\_\_\_\_\_

**List all children from any other relationships:**

| <b>Name</b> | <b>Address</b> | <b>Birth Date</b> | <b>Social Security Number</b> |
|-------------|----------------|-------------------|-------------------------------|
|             |                |                   |                               |
|             |                |                   |                               |
|             |                |                   |                               |
|             |                |                   |                               |

1. List the amount of child support you receive for any of the children that are not of this marriage:

\_\_\_\_\_

2. List the amount of child support you pay for any children that are not of this marriage:

\_\_\_\_\_