

**Nick C. Thompson**  
**Attorney at Law**  
**105 Daventry Suite 200**  
**Louisville, Kentucky 40223**  
**(502) 429-0057**

**Divorce - Legal Separation – Child Custody**

<b>PERSONAL INFORMATION</b>	<b>CLIENT</b>	<b>SPOUSE</b>
Full Name		
SS#		
Current Address		
Mailing Address ( <i>if different</i> )		
Home telephone #		
Work telephone #		
Date of Birth		
Place of Birth ( <i>state</i> )		
Number of Previous Marriages		
Race		
Length of Residence in Kentucky		
Highest Level of Education		

<b>INFORMATION ON CURRENT MARRIAGE</b>	
Date of Marriage	
County and State Where Registered	
Date of Separation ( <i>date of last sexual intercourse with spouse</i> )	
Is Marriage Irretrievably Broken?	YES / NO
Wife's maiden name?	

Should Maiden Name Be Restored?	YES/NO
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<b>EMPLOYMENT INFORMATION</b>	<b>CLIENT</b>	<b>SPOUSE</b>
Currently Employed?	YES / NO	YES / NO
Name of Employer		
Employer's Address		
Length of Employment		
Job Title		
Gross Wages per month		
Deductions other than Social Security and Taxes (i.e. medical, dental, retirement, union dues, etc.)  List type of deduction and amount.		
No Cost benefits provided by employer (i.e. medical, dental, meals, lodging, etc.)  List type of benefit and approximate value.		
Do you have a 2 <sup>nd</sup> job?	YES / NO Employer: Salary:	YES / NO Employer: Salary:
If you do not work outside the home, are you:	<input type="checkbox"/> Full-time Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Other, please	<input type="checkbox"/> Full-time Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Other, please

<b>EMPLOYMENT INFORMATION</b>	<b>CLIENT</b>	<b>SPOUSE</b>
	explain:	explain:
Other jobs held during course of marriage.  Please provide name of employer, length of employment, reason for leaving, and highest salary earned.		
Do you receive income from any of these sources?  If so, please provide the amount. \$ _____	<input type="checkbox"/> Social Security <input type="checkbox"/> Retirement or pension <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Disability	<input type="checkbox"/> Social Security <input type="checkbox"/> Retirement or pension <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Disability

<b>FAMILY INFORMATION</b>	<b>Gender</b>	<b>Birth date</b>	<b>Lives With</b>
Children's Names			
1.			
2.			
3.			
4.			
5.			
Places children have lived during last 5 years			
Child(ren)	Duration	Address	

Do you want custody of the minor children?		YES / NO
Do you expect spouse to ask for custody?		YES / NO
Are you interested in joint custody?		YES / NO
Have you participated in any litigation involving the custody of these children?		YES / NO If "YES", explain:
Do any of your children have special needs?		YES / NO If "YES", explain:
Are you the victim of domestic violence?		YES / NO If "YES", explain:
Have any Domestic Violence Petitions or EPO's been taken out?		YES / NO If "YES", explain:

<b>INFORMATION ON ASSETS</b>				
<b>Life Insurance</b>				
<b>NAME OF INSURED</b>	<b>COMPANY</b>	<b>FACE AMOUNT</b>	<b>CASH VALUE LOANS?</b>	
		\$		
		\$		
		\$		
		\$		
<b>Accounts</b>				

<b>INSTITUTION</b>	<b>TYPE</b>	<b>NAME</b>	<b>SOURCE</b>	<b>BALANCE</b>
1.				\$
2.				\$
3.				\$
4.				\$
<b>Retirement Accounts</b>				
		<b>HUSBAND</b>		<b>WIFE</b>
Name of Company or Administrator				
Amount in Plan		\$	\$	
Marital, Non-marital, or Both				
<b>Motor Vehicles</b>				
<b>NAME TITLED</b>	<b>MAKE</b>	<b>MODEL</b>	<b>PURCHASE \$</b>	<b>\$ OWED</b>
1.				
2.				
3.				
4.				
		Purchase Price		\$
		Date of Purchase		
		Monthly Mortgage		\$
		Mortgage Holder		
		Remaining Principal		\$
		Original Down payment		\$
		Current Market Value		\$
		Source of funds for original down payment		

	Amount of 2 <sup>nd</sup> mortgage	\$
	Remaining principal	\$
	Amount of 3 <sup>rd</sup> mortgage	\$
	Remaining principal	\$



**SCHEDULE OF DEBTS**

(Credit cards, personal loans, student loans, etc.)

<b>Creditor</b>	<b>Whose name? H/W/Both</b>	<b>Purpose of Loan</b>	<b>Balance</b>
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$