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A T T O R N E Y S A T L A W

W W W . M A S S F I R M . C O M

INFORMATION AND MARITAL HISTORY FORM

Please take the time to fill out this form completely and accurately. It is important that we have this information for our file. Please use additional sheets if necessary.

Date: _____

A. PERSONAL INFORMATION

1. Full Name: _____

Maiden Name (if applicable): _____

Maiden or former name to be resumed: _____ Yes _____ No

Home Address: _____

Mailing Address (if different): _____

How long at present residence: _____

With whom residing: _____

Age at Marriage: _____

Present Age: _____

Date of Birth: _____

Home Telephone Number: _____

Work Telephone Number: _____

Email _____

Social Security Number: _____

Spouse's Full Name: _____

Maiden Name (if applicable): _____

Maiden or former name to be resumed: _____ Yes _____ No

Home Address: _____

Mailing Address (if different): _____

How long at present residence: _____

With whom residing: _____

Age at Marriage: _____

Present Age: _____

Date of Birth: _____

Home Telephone Number: _____

Work Telephone Number: _____

Email: _____

Social Security Number: _____

Name of Spouse's Attorney: _____

Address: _____

Telephone Number: _____

B. MARRIAGE INFORMATION

1. Date of Marriage: _____

Place of Marriage: _____

Date of Present Separation: _____

Address last lived together: _____

2. **Separations**

Have there been any previous separations? _____Yes _____No

If yes, please give brief details: _____

3. **Reconciliation**

Do you have any interest in reconciliation? _____Yes _____No

Does your spouse? _____Yes _____No

Have either of you had any marriage or other counseling? _____Yes _____No

Professional Capacity of Counselor: _____

Name of Counselor: _____

How many sessions and for how long: _____

Who attended: _____

Who suggested: _____

Is either or both presently attending: _____

Reason/Nature of Counseling: _____

4. **Previous Marriages**

Husband

Wife

Number of prior marriages: _____

How terminated: _____

When terminated: _____

Length of marriage: _____

Age of any children: _____

With whom children residing: _____

Cash or other support received: _____

Cash or other support paid: _____

5. **Original Families**

Please indicate briefly the status of you and your spouse's original families (i.e., parents, where living, financial status, etc.)

Your Family: _____

Spouse's Family: _____

Are either of you financially dependent on your original families? _____

What substantial financial contributions have either family made to your marriage? _____

What contributions (other than financial) has either family made to your marriage (i.e. babysitting, holiday celebrations, etc.): _____

What obligations have you or your spouse assumed with respect to your original families (i.e., care of parent in your home, holiday celebrations at your home, etc): _____

6. **Property**

Please list your places of residence throughout the marriage (include second homes if applicable): _____

If you made any geographic moves during the marriage, when and where to? _____

Who was primarily responsible for making arrangements for the move? _____

Were any financial contributions made by family members other than you, your spouse or children, to the purchase or maintenance of your property? _____

7. **Home Obligations**

Who was primarily responsible for such activities as cooking, cleaning, payment of bills during your marriage? _____

What contributions (other than financial) were made by you or your spouse to the acquisition, preservation or maintenance of property owned during the marriage (i.e., renovation, repair work, gardening)? _____

Did you retain outside help for any of these activities (i.e., housecleaner, gardener, laundress, cook, etc.)? Please explain briefly: _____

Did you employ someone to care for your children on a regular basis? _____ Yes _____ No

Did you own any pets? _____ Yes _____ No

8. **Community/Social Activity**

What, if any, community activities are or were you involved in during your marriage (i.e., volunteer work, parent's association, team coach, religious organizations etc.)? _____

Your Spouse: _____

Are you or your spouse a member of any social clubs? _____ Yes _____ No

If yes, please explain briefly? _____

How did you generally spend vacation time during your marriage (i.e., traveled, remained home with/without children)? _____

Do or did you have a vacation or summer home? _____ Yes _____ No

If so, where? _____

What other recreational activities did you engage in (i.e., theater, music, sports, etc.)? How frequently did you engage in these activities? _____

9. **Marital Difficulties**

Please describe briefly problems, if any, you had with your spouse regarding the following

a. Alcohol, drugs, gambling _____

b. Physical Violence _____

c. Finances _____

d. Sexual Relations: _____

e. Infidelity: _____

10. **Medical History**

Are you or your spouse suffering from a mental or physical disability, illness or condition which requires medical attention? _____ Yes _____ No

If yes, please indicate:

Nature of Condition: _____

Doctor: _____

Medication Prescribed: _____

Cost of Medication or Treatment: _____

Do you or your spouse have a past history of a mental or physical condition which may recur on its own or as a result of stress (i.e., high blood pressure, depression, etc.)? _____ Yes _____ No

If yes (and not previously indicated above) please list any treatment or medication which is required for this condition: _____

Do any of the conditions outlined above threaten your ability to work? _____ Yes _____ No

If so, in what way? _____

11. **Religious Affiliation**

What religion are you? _____

Your spouse: _____

Do you foresee any dispute with your spouse concerning religious instruction or affiliation of the children? _____ Yes _____ No

If yes, please explain briefly: _____

12. **Criminal History**

Do you have a criminal record? _____ Yes _____ No

If so, please explain: _____

Does your spouse have a criminal record? _____ Yes _____ No

If so, please explain: _____

Nature of any previous court actions: _____

How long ago action filed: _____

Results: _____

C. EMPLOYMENT/EDUCATIONAL HISTORY

1. Name of Employer: _____

Business Address _____

Occupation: _____

Length of Employment: _____

Average work hours/week: _____

Please list your employment history throughout the marriage (in five (5) year segments, if necessary): _____

Has your career been temporarily or permanently interrupted due to family obligations (i.e., childbearing, illness of family member, etc.)? _____ Yes _____ No

If yes, how long were you removed from your career? _____

Have you ever changed jobs due to a career move by your spouse? _____ Yes _____ No

If yes, please describe briefly: _____

Other than your occupation, do you have any vocational or other marketable skills which might provide a source of future income? _____

Other than salary, alimony or child support, do you foresee any other potential sources of future income? _____

2. **Education**

High School: _____

Year of Graduation: _____

College: _____

Degree: _____

Year of Graduation: _____

Postgraduate: _____

Degree: _____

Year of Graduation: _____

Did you at any point begin an educational program, but not complete it? _____ Yes _____ No

If yes, where and when? _____

Reason for not completing the program: _____

Have you completed or are you presently attending any other educational programs or courses? _____ Yes _____ No

If yes, please describe briefly: _____

If you received education during your marriage, how was that paid for? Who worked during that time? Please give details: _____

3. **Spouse's Employment:**

Name of Employer: _____

Business Address: _____

Occupation: _____

Length of Employment: _____

Average work hours/week: _____

Please list your spouse's employment history throughout the marriage (in five (5) year segments, if necessary): _____

Has your spouse's career been temporarily or permanently interrupted due to family obligations (i.e., childbearing, illness of family member, etc.)? _____ Yes _____ No

If yes, how long was your spouse removed from his/her career?: _____

Has your spouse ever changed jobs due to a career move by you? _____ Yes _____ No

If yes, please describe briefly: _____

Other than occupation, does your spouse have any vocational or other marketable skills which might provide a source of future income? : _____

Other than salary, alimony or child support, can you foresee any other potential sources of income for your spouse? _____ Yes _____ No

If yes, please describe briefly: _____

4. **Spouse's Education**

High School: _____

Year of Graduation: _____

College: _____

Degree: _____

Year of Graduation: _____

Postgraduate: _____

Degree: _____

Year of Graduation: _____

Did your spouse at any point begin an educational program, but not complete it?

_____ Yes _____ No

If so, where and when? _____

Reason for withdrawal _____

Has your spouse attended or is he/she presently attending any other educational programs or courses? _____ Yes _____ No

If yes, please describe briefly: _____

If your spouse received education during your marriage, how was that paid for? Who worked during that time? Please give details. _____

D. CHILDREN OF THIS MARRIAGE

1. Please list the following information for each of your children of this marriage:

<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Financially Dependent</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you expect a dispute over custody of the children? _____ Yes _____ No

If any of them are living at home, please indicate with whom (you or your spouse) they are currently living: _____

With whom did your children live during any previous separations? _____

Where are your children attending school and what is their expected degree and date of graduation? (If education is complete, please list school, degree and date for high school, college and postgraduate study): _____

If your children are not in school, what are their current occupations and where do they live? _____

How is your relationship with the children? _____

Your Spouse's _____

How will the children react to separation and divorce? _____

Is any childcare provided for the children? _____ Yes _____ No

If yes, what is the type of care provided (i.e., babysitting, pre-school, day care, after school care)? _____

Are your children participating in any extracurricular activities during the regular school year (i.e., sports, clubs, organizations, work, etc.)? _____ Yes _____ No

If yes, please describe briefly: _____

How is transportation for these activities provided? _____

Have either you or your spouse assumed extracurricular obligations with regard to your children (i.e., class parent, team coach, etc.)? _____ Yes _____ No

If yes, please describe briefly: _____

During the summer school vacations have the children participated in any activities (i.e., summer camp, school, sports, trips, etc.)? _____ Yes _____ No

If yes, please describe briefly: _____

Do you expect any of these activities to continue? _____

Are the children participating in any religious instruction? _____ Yes _____ No

If yes, in which religion and how frequently? _____

Have any of your children had a physical or mental condition which has required or continues to require special attention (i.e., serious illness, surgery, mental or physical disability, etc.)?
_____ Yes _____ No

If yes, please describe condition and cost of treatment: _____

Who assumed responsibility for tending to these special circumstances (i.e., transportation, visitation)? _____

Do you foresee any future medical needs for the children (dental work, surgery, etc.)?
_____ Yes _____ No

If yes, please describe: _____

Please list any children you have from previous marriages

<u>Name</u>	<u>Age</u>	<u>Where & With Whom Living</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. ADDITIONAL INFORMATION

Please feel free to make any additional comments you feel are necessary: _____
