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**KAJKO, WEISMAN, COLASANTI & STEIN, LLP**

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ATTORNEYS AT LAW

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**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 whereto? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.)? \_\_\_\_\_

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Your Spouse: \_\_\_\_\_

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

If yes, please explain briefly? \_\_\_\_\_

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

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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? \_\_\_\_\_

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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 &amp; With Whom Living</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

