

THE LAW OFFICE OF ERIC ALLMENDINGER

ERIC ALLMENDINGER

MEDIATOR AND ATTORNEY AT LAW

DOCUMENTS TO BE FILLED OUT AND RETURNED TO ATTORNEY

- ___ 1. General Information Sheet
- ___ 2. Property List
- ___ 3. Debt List
- ___ 4. Monthly Expenses
- ___ 5. Visitation Schedule (Please review and make any changes you desire. For each change please state your reason for such change)

DOCUMENTS TO BE PROVIDED TO ATTORNEY

(Please provide copies - we would prefer you keep your originals)

- ___ 1. Past three years tax returns, including W-2 forms
- ___ 2. Current pay stubs from January to present
- ___ 3. Past six months bank statements for all checking and savings accounts (upon receiving it, provide current months bank statement)
- ___ 4. Verification of debts (i.e., credit card statements, invoices, monthly statements, etc.)
- ___ 5. Verification of assets (i.e., monthly or quarterly statement of any asset listed above in General Information Sheet)
- ___ 6. Vehicle titles (including boats and motorcycles)
- ___ 7. NADA (blue book) value of automobiles (highlight car value - you may obtain this information from a bank, car dealership, etc.)
- ___ 8. Warranty Deed or Quit Claim Deed to all real estate, including residence and/or any and all land.
- ___ 9. Verification of medical insurance cost for children only
- ___ 10. Verification of monthly day care cost for children
- ___ 11. Costs of transportation for visitation
- ___ 12. Verification of other child support payments made either by you or your spouse for any children of a previous marriage or children prior to marriage
- ___ 13. Certificates of Deposit

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GENERAL INFORMATION SHEET

(To be completed by client)

CLIENT:

1. Full Legal Name: _____ S.S.#: _____
2. Date of Birth: _____ County: _____ State: _____
3. Age (Last Birthday): _____
4. Marital Address: _____ City: _____ State: _____
5. Years at Marital Address: _____
6. Current Address: _____ City: _____ State: _____
7. Years at Current Address: _____
8. How Long a Resident of Colorado: _____
9. Telephone Numbers: (H) _____ (W) _____ (C) _____
10. Email: _____
11. Preferred Method of Contact: _____
12. Occupation: _____
13. Employer's Name: _____
14. Employer's Address: _____
15. Length of Employment: _____
16. Wages: (Hour) _____ (Week) _____ (Year) _____
17. How Many Times Married: _____
18. Dates and Place of Previous Divorce if Applicable: _____
19. Name of Previous Attorney: _____

SPOUSE:

1. Full Legal Name: _____ S.S.#: _____
2. Date of Birth: _____ County: _____ State: _____
3. Age (Last Birthday): _____
4. Marital Address: _____ City: _____ State: _____
5. Years at Marital Address: _____
6. Current Address: _____ City: _____ State: _____
7. Years at Current Address: _____
8. How Long a Resident of Colorado: _____
9. Telephone Numbers: (H) _____ (W) _____ (C) _____
10. Occupation: _____
11. Employer's Name: _____
12. Employer's Address: _____
13. Length of Employment: _____
14. Wages: (Hour) _____ (Week) _____ (Year) _____
15. How Many Times Married: _____
16. Dates and Place of Previous Divorce if Applicable: _____
17. Attorney Representing Spouse: _____

PARTIES' MARRIAGE INFORMATION:

1. Place of Marriage: _____

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2. Date of Marriage: _____
3. Date of Separation or Last Conjugal Relation: _____
4. Wife Pregnant: _____
5. Does Wife Want Maiden Name Restored: _____
6. Wife Maiden Name: _____
7. Children:
 - a. Name: _____
 - b. Address: _____
 - c. Age: _____
 - d. Date of Birth: _____
 - e. Choice of Residence: _____
 - a. Name: _____
 - b. Address: _____
 - c. Age: _____
 - d. Date of Birth: _____
 - e. Choice of Residence: _____
 - a. Name: _____
 - b. Address: _____
 - c. Age: _____
 - d. Date of Birth: _____
 - e. Choice of Residence: _____
 - a. Name: _____
 - b. Address: _____
 - c. Age: _____
 - d. Date of Birth: _____
 - e. Choice of Residence: _____
8. Special Health or Handicap Problems of any Children or Family Members: _____

9. Client's Children of Prior Marriage:
 - a. Name: _____ DOB: _____ S.S.# _____
 - b. Name: _____ DOB: _____ S.S.# _____
 - c. Name: _____ DOB: _____ S.S.# _____
10. Child Support Paid: _____ Child Support Received: _____

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REAL ESTATE/PROPERTY

Residence

Address: _____

Type of Property: _____

Date Acquired: _____

Original Cost:\$ _____

Mortgage Balance:\$ _____

Market Value:\$ _____

Do you have a current market analysis or appraisal of real property: _____

(If so, please provide to attorney)

Legal Description: _____

(You will find the legal description on a Warranty Deed or Quit Claim Deed, or you can call the County Clerk's Office in the County in which the property is located)

Rental

Address: _____

Type of Property: _____

Date Acquired: _____

Original Cost:\$ _____

Mortgage Balance:\$ _____

Market Value:\$ _____

Do you have a current market analysis or appraisal of real property: _____

(If so, please provide to attorney)

Legal Description: _____

Other

Address: _____

Type of Property: _____

Date Acquired: _____

Original Cost:\$ _____

Mortgage Balance:\$ _____

Market Value:\$ _____

Do you have a current market analysis or appraisal of real property: _____

(If so, please provide to attorney)

Legal Description: _____

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ASSETS

Do you own any of the following:

____ **Securities**-stocks, bonds Value
\$ _____
Specify: _____

____ **Bank Accounts:** (Checking, Savings, Certificate of Deposit, etc.) Balance
\$ _____
Specify: _____

Banker: _____

____ **Life Insurance Policies:**

Name of Company	Insured	Policy No.	Face Amount	Cash Value
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

____ **Retirement or Profit Sharing Accounts:**
Name: Value
\$ _____

____ **Other Assets (Not listed above)** \$ _____

____ **Business Interests (Indicate name, share, type of business, present market value less indebtedness, name of creditor, balance due, equity value, name of other owners)**

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VEHICLES

Car (Client): _____

Payments: _____ Balance: _____

VIN #: _____

Insurance Co: _____ Coverage: _____

Mortgagee: _____

Car (Spouse): _____

Payments: _____ Balance: _____

VIN #: _____

Insurance Co: _____ Coverage: _____

Mortgagee: _____

Car (Child): _____

Payments: _____ Balance: _____

VIN #: _____

Insurance Co: _____ Coverage: _____

Mortgagee: _____

Car (other): _____

Payments: _____ Balance: _____

VIN #: _____

Insurance Co: _____ Coverage: _____

Mortgagee: _____

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DEBT LIST

(All current debts owed by you, your spouse, or jointly-including mortgages, credit cards, personal loans, etc.)

<u>Creditor's Name and Purpose for Debt</u>	<u>Debt Payable</u>	<u>Current Balance</u>	<u>Monthly Payment</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
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_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

MONTHLY EXPENSES

(Include expenses for yourself and any children, and remember these expenses are monthly- please divide accordingly by number of months if expense is for more than one month)

Housing:

Rent or Mortgage Payment \$ _____
Are real property taxes and insurance included in payment? Yes ___ No ___
If not please list as expenses \$ _____
House maintenance and repairs \$ _____
Total: \$ _____

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Utilities Bills:

Telephone:..... \$ _____
Electric:..... \$ _____
Gas:..... \$ _____
Water, trash, sewer:..... \$ _____
Cable:..... \$ _____
Internet:..... \$ _____
Cellular Phone:..... \$ _____

Household:

Food and Household Supplies \$ _____
Clothing, shoes, accessories for yourself \$ _____
Clothing, shoes, accessories for children \$ _____

Health Expenses:

Doctor..... \$ _____
Dentist..... \$ _____
Eyeglasses..... \$ _____
Prescription..... \$ _____
Special Medical Expenses.....
 Orthodontist..... \$ _____
 Psychiatrist..... \$ _____
 Other..... \$ _____

Insurances:

Health Insurance..... \$ _____
 Is Health Insurance deducted from salary? Yes__No__
Auto Insurance (monthly)..... \$ _____
Life Insurance..... \$ _____
Personal Liability..... \$ _____

Children's Expenses:

Day Care/Child Care..... \$ _____
Babysitter..... \$ _____
School Lunches..... \$ _____
School Supplies..... \$ _____
Tuition..... \$ _____

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Activities..... \$ _____
Dance Lessons..... \$ _____
Music Lessons..... \$ _____
Football/Cheerleading..... \$ _____
Band..... \$ _____
Clubs..... \$ _____
Other:_____ \$ _____

Automobile/Transportation:

Car Payment..... \$ _____
Gas and Oil..... \$ _____
Repairs/Maintenance..... \$ _____
Plates (divide by 12)..... \$ _____
RTD Pass..... \$ _____

Miscellaneous Expenses:

Entertainment..... \$ _____
Eating Out..... \$ _____
Laundry and Cleaning..... \$ _____
Barber/Salon..... \$ _____
Subscriptions..... \$ _____
Dues (gym, etc.)..... \$ _____
Donations..... \$ _____
Gifts..... \$ _____
Pet Care..... \$ _____

Other Expenses Not Listed:

Total Monthly Expenses: _____

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Reasons for Divorce:

Marriage Counseling Tried or Desired:

Did Either Contribute to the Education of the Other:
