

CONFIDENTIAL CLIENT HISTORY

Date: _____

Information provided by a client or potential client to an attorney for the purpose of obtaining legal advice or legal services or inquiring about a possible attorney-client relationship is confidential and cannot be revealed by an attorney or his or her staff, except in certain narrow legally recognized situations. Complete honesty in answering these questions will be of assistance to your attorney in providing you with the best possible legal services.

1. Full Name _____
(maiden name, if applicable)

Home Address

Mailing Address

Home Telephone

Business Telephone

Lived at present address since

All home addresses for past two years:
_____ From _____ To

_____ From _____ To

2. Spouse's Full Name _____
(maiden name, if applicable)

Spouse's Home Address

Home Telephone _____

Spouse's Business Telephone

Attorney _____

Address and Telephone

3. Marriage: Date _____ Place _____

A. Date of Birth: Self _____ Spouse _____

B. Social Security Number: Self _____
Spouse _____

4. Children of This Marriage:

Full Name	Date of Birth	Grade in School	Living With
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Are you and your spouse living together now? _____ If not, state date of separation _____, and where you were living at the time of separation _____.

If separated and if all of your addresses since separation are not listed in #1, please list other here.

_____	From _____	To _____
_____	From _____	To _____

6. Have you an interest in reconciliation? _____ Does your spouse (as far as you know)? _____

7. Please give dates and names of any personal or marital counselors seen by you or your spouse.

Date	Name
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_____	_____
_____	_____
_____	_____

8. Do you anticipate a dispute about custody of the children?

9. Employment Self Spouse

Employer

Address and Telephone

Job Title _____

Employed since _____

Nature of job _____

Salary:
Base (monthly) _____

Gross monthly _____

Net monthly _____

Deductions (monthly):
FICA _____

State _____

Federal _____

Other _____

Overtime and Bonus:
Gross _____

Net _____

Previous Employment and Dates:
Self _____

Spouse _____

10. Educational Background

Self _____

Spouse _____

11. List all prior marriages of yourself and of your present spouse. Include names of all prior spouses of each, how, when and where prior marriages terminated, and provide copies of relevant court orders and separation agreements.

Self

Spouse

12. List names of any children of yourself or your spouse other than those listed in #4, state with whom such children live, who has their legal custody and whether they have been adopted.

Self

Spouse

13. Please list any joint bank accounts to which you or your spouse have access.

14. Please list credit cards and charge accounts, who can use them and who is responsible for the bill.

Account	May Be Used By	Responsible Party
	H W	H W

15. Please indicate names and addresses of your living parents and siblings.

Can you look to any of these people for financial or other assistance if necessary?

16. Who referred you to us?

17. Assets (of you and your spouse)

Estimate the value of each of the following items of property. If any item is located outside of Massachusetts, indicate where such item is located and, if necessary, give details on a separate sheet. Indicate how much of each asset was contributed by husband (H) and how much by wife (W) or, where noted, joint (J).

Bank Accounts (savings & checking) Item	In Whose Name	% Contributed by Each	Present Value	Location of Article
		H W		

Stocks & Bonds (include number of shares) Item	In Whose Name	% Contributed by Each	Present Value	Location of Article
		H W		

Miscellaneous Property: patents, trademarks, copyrights, royalties, limited partnership interests, proprietary interests and other investments.

Significant Personal Effects: automobiles, jewelry, art, antiques, boats, aircraft, collections, furs and tangible personal property In Whose Name % Contributed by Each Present Value Location of Article Item H W

Real Estate:

Location	Purchase Date	Purchase Price	Present Value	Mortgage Balance	Owner H/W/J	Contributed by
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Business Interests: including sole proprietorship, corporations, partnerships, etc.

Item	Owned by H/W/J	Value
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Money owed to you or your spouse:

Reason	Amount	By Whom	When Due
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Employee Benefits: pension; retirement; profit-sharing plans, regardless of whether presently vested or by whom contributed; company car; expense account; etc.

Insurance:

1. Life Insurance for you and your spouse:

a. Individually acquired

Insured H or W	Company	Face Value	Type	Owner	Beneficiary
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Policy 1. _____

Policy 2. _____

Policy 3. _____

Policy 4. _____

Existing Loan Premium & Cash Surrender Who Pays Value

Policy 1. _____

cont'd

Policy 2. _____

cont'd

Policy 3. _____

cont'd

Policy 4. _____

cont'd

b. Employment-Related

Insured H or W	Company	Face Value	Type	Owner	Beneficiary
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Policy 1. _____

Policy 2. _____

Policy 3. _____

Policy 4. _____

Existing Loan Who Pays	Premium & Value	Cash Surrender
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Policy 1. _____

cont'd

Policy 2. _____

cont'd

Policy 3. _____

cont'd

Policy 4. _____

cont'd

Other Insurance: Include insurer, persons covered, nature and extent of coverage and whether group or individual, by whom paid and how much, and whether both spouses can remain covered after divorce is final.

a. Medical:

(i) Hospital:

Insurer (i.e., Blue Cross/Blue Shield)

Policy # _____

(ii) Dental:

(iii) Other Insurance:

b. Disability:

c. Legal Insurance:

d. Other: _____

Children's Assets and Income:

Expected gifts or inheritance (you, your spouse and children): when, by whom, from whom and in what amount (if known).

18. Liabilities (of you and your spouse)

A. Mortgages on Real Estate

Item	Owned	Present	When
	by	Amount	Due
	H/W/J		

B. Notes or Loans Owed to Banks and Others

Item	Owned	Present	When
	by	Amount	Due
	H/W/J		

C. Other Debts: i.e., car and tuition loans, consumer credit or alimony obligations

Item	Owned	Present	When
	by	Amount	Due
	H/W/J		

D. Special Medical and Educational Needs:

Item	Owned	Present	When
	by	Amount	Due
	H/W/J		

If any of your children has special educational needs, please explain on a separate

sheet.

If you or your spouse or your children are presently receiving medical (including psychological or psychiatric) care, please provide full details on a separate sheet, including names and addresses of doctors' term, frequency and cost.

19. Annual Income

Self Spouse Joint

Gross Salary

Dividend Income

Interest Income

Income from Trusts

Rental Income

Other Income

TOTAL ANNUAL INCOME (Sum of Above)

Existing arrangements, including court orders, as to support, visitation, family finances.

20. Monthly Expenses

Please mark "X" on any line that does not apply to you.

	Monthly Total	Remarks
A. Mortgage		
i. Principal		
ii. Interests		
iii. Real Estate Taxes		
iv. Special Assessments		
B. Apartment Rent		
i. Parking Fees		
ii. Swimming Pool Fees		
iii. Other (Specify)		
C. Utilities		
i. Electricity		

- ii. Gas—household
- iii. Water
- iv. Telephone
- D. Fuel Costs (specify type, i.e., gas, oil, electric) Do not include elsewhere.
- E. Allowance for Major House-hold Repairs and Maintenance (interior and exterior)
- F. Allowance for Repair and Replacement of Household Furnishings
- G. Major Housecleaning, including rugs, curtains, etc.
- H. Domestic Help
 - i. Maid
 - ii. Handyman
 - iii. Laundress
 - iv. Heavy Cleaner
 - v. Other (Specify)
 - vi. Social Security and Workers' Compensation Payments
- I. Laundry
- J. Grounds Maintenance
 - i. Gardener
 - ii. Supplies
 - iii. Equipment
 - iv. Tree and Shrub Care
 - v. Snow Removal
 - vi. Rubbish Removal
 - vii. Cesspool
 - viii. Other (Specify)
- K. Food, Household Supplies
- L. Insurance
(do not include car insurance)
 - i. Homeowners or Floater
 - ii. Medical
 - iii. Life
 - iv. Disability

- v. Other (Specify)
- M. Medical Expenses
(not covered by insurance)
 - i. General Practitioner
 - ii. Psychiatrist/Psychologist
 - iii. Gynecologist
 - iv. Other (Specify)
 - v. Dentist
 - a. General
 - b. Orthodontist
 - c. Other (Specify)
 - vi. Eye Doctor
 - a. Glasses
 - b. Prescriptions
 - vii. Related Travel
- N. Transportation
 - i. Automobile Operation
 - (a) Loan Payment
 - (b) Insurance
 - (c) Excise Tax
 - (d) Registration, Inspection, License
 - (e) AAA or ALA dues
 - (f) Amortization
 - (g) Gasoline
 - (h) Grease and Oil
 - (i) Repair Allowance
 - ii. Other Transportation Expenses (Specify)
- O. Clothing
 - i. Self
 - ii. Child, Age
 - iii. Child, Age
 - iv. Child, Age
 - v. Child, Age
- P. Personal Maintenance and Grooming
 - i. Dry Cleaning
 - ii. Barber, Hairdresser
 - (a) Self

(b) Child

iii. Tailor, Cobbler, and Notions

Q. Childcare (if not included under domestic help)

R. Education

i. Tuition

ii. Board and Room

iii. Transportation

iv. Books and Records

v. Activities Fees

vi. Lab Fees

vii. Insurance

viii. Supplies

ix. Lunches

x. Miscellaneous

S. Summer Camp, including transportation and equipment

i. Self

ii. Child, Age

iii. Child, Age

iv. Child, Age

v. Child, Age

T. Lessons (including sports, music, arts, dance, practical skills)

i. Self

ii. Child, Age

iii. Child, Age

iv. Child, Age

v. Child, Age

U. Allowances

i. Self

ii. Child, Age

iii. Child, Age

iv. Child, Age

v. Child, Age

V. Entertainment and Recreation (including sports; sports equipment and equipment repairs;

outings; sports events;
theaters, restaurants,
etc.; entertaining)

W. VACATIONS

- i. Winter
- ii. Spring
- iii. Summer
- iv. Fall

X. Membership Dues

- i. Country Club
- ii. Health Club
- iii. Other

Y. Gifts

- i. Birthdays
- ii. Weddings
- iii. Anniversaries
- iv. Christmas/Chanukkah
- v. Other

Z. Miscellaneous

- i. Household Pets
- ii. Newspapers/Magazines
- iii. Professional Books and Periodicals

AA. Allowance for Savings

BB. Consumer Debts
(do not include costs
already listed under
clothing, furniture,
gasoline, etc.)

i. Department Store
Installment Payments

- (a)
- (b)
- (c)
- (d)
- (e)

ii. Credit Card Payments

- (a)
- (b)
- (c)
- (d)

(e)

CC. Miscellaneous
Expenses

Total

i.

ii.

iii.

iv.

v.

Total Monthly Living
Expenses

21. Name and address of accountant, if any
