



BACKGROUND INFORMATION:

Today's Date: _____ How long have you lived in Indiana? _____

Name: _____ Cell Phone: _____

Mailing Address: _____ Social Security #: _____

_____ Home Phone: _____

Date of Birth: _____ Fax Number: _____

Email address: _____ Military Service: _____

May we mail correspondence to you at the above mailing address? _____

If no, mailing address: _____

Highest Level of education: _____ When completed: _____

Describe your general health: Excellent, Good, Fair, Poor

If not excellent, why? _____

Maiden Name (if applicable): _____ Do you wish to return to maiden name? YES NO

Date of Marriage: _____ Place of marriage (County & State): _____

Are you still residing with your spouse? YES NO If no, date of separation: _____

Did you and your spouse enter into a pre-nuptial agreement? YES NO

IF EMPLOYED, PLEASE COMPLETE THE FOLLOWING INFORMATION:

Employer: _____

Position: _____ When Started: _____

Address: _____ Phone Number: _____

_____ Salary: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION ABOUT YOUR SPOUSE:

Spouse's Name: _____ Date of Birth: _____

Address: _____ Social Security #: _____

_____ Military Service: _____

Highest level of education: _____ When Completed: _____

Describe spouse's general health: Excellent, Good, Fair, Poor

If not excellent, why? _____

Employer: _____

Position: _____ When Started: _____

Address: _____ Salary: _____

Is spouse represented by counsel: YES NO Counsel's Name: _____

IF YOU HAVE CHILDREN PLEASE COMPLETE ALL OF THE FOLLOWING:

Number of children born/adopted during your marriage: _____

Are you currently expecting a baby? YES NO

Please complete the following about each child under the age of 18 and/or currently enrolled in school:

Child's Name	Date of Birth	Lives with whom	Social Security No.
_____	_____	<input type="checkbox"/> Father <input type="checkbox"/> Mother	_____
_____	_____	<input type="checkbox"/> Father <input type="checkbox"/> Mother	_____
_____	_____	<input type="checkbox"/> Father <input type="checkbox"/> Mother	_____
_____	_____	<input type="checkbox"/> Father <input type="checkbox"/> Mother	_____

How may overnights should Mother have with child(ren)? _____

How many overnights should Father have with child(ren)? _____

What should the weekly time-sharing schedule be for each parent?

Mother: _____

Father: _____

Are child(ren) in day care? YES NO If so, what is the weekly cost per child? _____

PLEASE COMPLETE THE FOLLOWING ABOUT YOUR ASSETS:

1. Assets you currently have owned by you prior to your marriage:

Real Property _____ Retirement Plan _____ Bank Accounts _____ Vehicle _____

Other: _____

2. Assets your spouse currently has owned by him/her prior to your marriage:

Real Property _____ Retirement Plan _____ Bank Accounts _____ Vehicle _____

Other: _____

3. Assets purchased by either party during the marriage:

House: YES NO When purchased: _____ Approximate fair market value: _____

PLEASE COMPLETE THE FOLLOWING:

Health Insurance:

Do you currently have health insurance: YES NO

If yes, who is the policy holder: Husband Wife

If there are any children, are they insured: YES NO

Who covers the children: Father Mother

Do you cover your spouse on your insurance: YES NO

Dental Insurance:

Do you have dental insurance: YES NO

If yes, who is the policy holder: Husband Wife

If there are children, are they insured: YES NO

Who covers the children: Father Mother

Do you cover your spouse on your insurance: YES NO

Life Insurance:

Do you have life insurance: YES NO

Who is the beneficiary: _____

Policy Amount: _____ Term or Whole: _____

Does your spouse have life insurance: YES NO

Who is the beneficiary: _____

Policy Amount: _____ Term or Whole: _____

Will:

Do you have a will: YES NO

Will it need to be updated pursuant to your divorce: YES NO

Who can we thank for the referral of you to our office: _____

I understand that there is a fee of \$200.00 for this consultation, and that I am responsible for paying this fee before speaking with the attorney.

Please keep in mind that merely having an initial consultation with Rebecca W. Geyer & Associates, PC does not establish an attorney-client relationship with our firm. Rebecca W. Geyer & Associates, PC cannot represent you until the firm determines that it is able to accept the engagement as memorialized in the firm's standard representation agreement signed by you and the attorney. Therefore, unless and until a representation agreement is signed, I understand that Rebecca W. Geyer & Associates, PC has no obligation to take any actions on my behalf to protect or assert my legal interests or rights.

Signature _____ Date _____