

CLIENT INFORMATION SHEET

PLEASE PRINT ALL INFORMATION

Date _____

Name _____ Soc. Sec. # _____ Date of Birth: _____
(First) (MI) (Last)

Address: _____ Phone #: _____
(Street/P.O. Box) (City/State/Zip)

E-Mail Address: _____ Cell Phone#: _____

Place of Employment: _____ Phone #: _____

How did you hear about us?

Friend Family Radio Referred by _____

Other _____

On this date I received a copy of Maurizio & Sharpe Privacy Policy Notice _____

Signature

OFFICE USE ONLY

Case type _____ File No. _____

PRINT OUT AND BRING IN YOUR CREDIT REPORT TO YOUR APPOINTMENT

INCOME

| | <u>Husband</u> | <u>Wife</u> |
|---------------------------------------------|----------------|-------------|
| Gross monthly income (employment) | \$ _____ | \$ _____ |
| Disability or unemployment benefits | \$ _____ | \$ _____ |
| Public aid (ADC-Welfare) | \$ _____ | \$ _____ |
| Child support from prior marriage (alimony) | \$ _____ | \$ _____ |
| Rental income | \$ _____ | \$ _____ |
| Other Income (specify): | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| TOTAL GROSS MONTHLY INCOME | \$ _____ | \$ _____ |

ESTIMATED MONTHLY EXPENSES

| | |
|----------------------------------|----------|
| A. Rent | \$ _____ |
| B. Contract or mortgage payments | \$ _____ |
| C. Utilities | \$ _____ |
| (a) electric & gas | \$ _____ |
| (b) trash | \$ _____ |
| (c) water | \$ _____ |
| (d) phone | \$ _____ |
| (e) cable tv | \$ _____ |
| D. Food and Milk | \$ _____ |
| E. Clothing and shoes | \$ _____ |
| F. Laundry and cleaning | \$ _____ |
| G. Transportation | \$ _____ |
| H. Medical and dental expenses | \$ _____ |
| I. Medical insurance | \$ _____ |
| J. Renter's insurance | \$ _____ |
| K. Automobile insurance | \$ _____ |

L. Cell phone \$ _____

M. Church and charity contributions \$ _____

N. Car payments \$ _____

O. Cost of automobile operation \$ _____

P. Loan expenses:

 (a) Furniture and appliance loans \$ _____

 (b) Appliance store charge accounts \$ _____

 (c) Other \$ _____

Q. Recreation and entertainment \$ _____

R. Time payments:

 (a) Department store charge accounts \$ _____

 (b) Appliance store charge accounts \$ _____

 (c) Master Card or Visa accounts \$ _____

 (d) Miscellaneous charge accounts \$ _____

S. Books, magazines and newspapers \$ _____

T. Cigarettes and liquor/personal expenses \$ _____

U. Child Support paid to others for children not in your custody \$ _____

V. Maintenance or alimony \$ _____

W. Other expenses (itemize) \$ _____

TOTAL AVERAGE MONTHLY EXPENSES \$ _____

PROPERTY AND RELATED DEBTS
(Designate each non-marital asset as "NM")

REAL ESTATE

| Description (address, acres, etc.) | Yearly Property Taxes | How Title Held |
|---------------------------------------------------|-----------------------|----------------|
| _____ | _____ | _____ |
| Fair Market Value _____ Balance on Mortgage _____ | Mortgage Holder _____ | _____ |

| Description (address, acres, etc.) | Yearly Property Taxes | How Title Held |
|---------------------------------------------------|-----------------------|----------------|
| _____ | _____ | _____ |
| Fair Market Value _____ Balance on Mortgage _____ | Mortgage Holder _____ | _____ |

| | | |
|------------------------------------|---------------------------|-----------------------|
| Description (address, acres, etc.) | Yearly Property Taxes | How Title Held |
| Fair Market Value _____ | Balance on Mortgage _____ | Mortgage Holder _____ |

MOTOR VEHICLES

| | | |
|-------------------------------------|---------------------------|-------------------------|
| Description (year, make, and model) | Lien Holder | Amount of Original Lien |
| Present Value _____ | Monthly Payments _____ | Amount Owed _____ |
| Name(s) on Title _____ | In whose Possession _____ | |

| | | |
|-------------------------------------|---------------------------|-------------------------|
| Description (year, make, and model) | Lien Holder | Amount of Original Lien |
| Present Value _____ | Monthly Payments _____ | Amount Owed _____ |
| Name(s) on Title _____ | In whose Possession _____ | |

| | | |
|-------------------------------------|---------------------------|-------------------------|
| Description (year, make, and model) | Lien Holder | Amount of Original Lien |
| Present Value _____ | Monthly Payments _____ | Amount Owed _____ |
| Name(s) on Title _____ | In whose Possession _____ | |

HOUSEHOLD GOODS (Includes all appliances, furniture, silverware, antiques, televisions, etc. with a value of at least \$300.00)

| | | |
|---------------------------|------------------------|-------------------------|
| Description | Lien Holder | Amount of Original Lien |
| Present Value _____ | Monthly Payments _____ | Amount Owed _____ |
| In whose Possession _____ | | |

| | | |
|---------------------------|------------------------|-------------------------|
| Description | Lien Holder | Amount of Original Lien |
| Present Value _____ | Monthly Payments _____ | Amount Owed _____ |
| In whose Possession _____ | | |

| | | |
|---------------------------|------------------------|-------------------------|
| Description | Lien Holder | Amount of Original Lien |
| Present Value _____ | Monthly Payments _____ | Amount Owed _____ |
| In whose Possession _____ | | |

PERSONAL GOODS (Includes all jewelry, furs, guns, cameras, stamp & coin collections, sporting equipment, etc. with a value of at least \$300.00)

| | | |
|-------------|-------------|-------------------------|
| Description | Lien Holder | Amount of Original Lien |
| | | |

Present Value _____ Monthly Payments _____ Amount Owed _____
In whose Possession _____

Description _____ Lien Holder _____ Amount of Original Lien _____
Present Value _____ Monthly Payments _____ Amount Owed _____
In whose Possession _____

Description _____ Lien Holder _____ Amount of Original Lien _____
Present Value _____ Monthly Payments _____ Amount Owed _____
In whose Possession _____

AMOUNTS OWED TO YOU (If evidenced by writing, provide a copy)

| | | | |
|----------------------|---------------------------|-------------------|-----------------|
| Name of Debtor _____ | Relationship to You _____ | Amount Owed _____ | Due Dates _____ |
| Name of Debtor _____ | Relationship to You _____ | Amount Owed _____ | Due Dates _____ |
| Name of Debtor _____ | Relationship to You _____ | Amount Owed _____ | Due Dates _____ |

INVESTMENTS (Stocks, bonds and trusts)

| | |
|---------------------------------------------------------|---------------------|
| Name of Company, Trustee or Financial Institution _____ | Account No. _____ |
| Fair Market Value _____ | In Whose Name _____ |
| Name of Company, Trustee or Financial Institution _____ | Account No. _____ |
| Fair Market Value _____ | In Whose Name _____ |
| Name of Company, Trustee or Financial Institution _____ | Account No. _____ |
| Fair Market Value _____ | In Whose Name _____ |

LIFE INSURANCE (Include policies furnished by your employer or union)

| | | | |
|-----------------------|-------------------|------------------|---------------------|
| Name of Company _____ | Beneficiary _____ | Owner _____ | In Whose Name _____ |
| Policy No. _____ | Face Value _____ | Cash Value _____ | |
| Name of Company _____ | Beneficiary _____ | Owner _____ | In Whose Name _____ |
| Policy No. _____ | Face Value _____ | Cash Value _____ | |
| Name of Company _____ | Beneficiary _____ | Owner _____ | In Whose Name _____ |
| Policy No. _____ | Face Value _____ | Cash Value _____ | |

RETIREMENT ACCOUNTS

(Pension and/or profit sharing plan, IRA – “SELF”)

| | | | |
|---------------------------------------------------------------------|---------------------|-------------------------------------------|------------------------|
| Name of Company _____ | Date Vests _____ | Contributory or Non-contributory _____ | Present Value _____ |
| Number of months married during accrual vs. months of accrual _____ | | | |

| | | | |
|---------------------------------------------------------------------|---------------------|-------------------------------------------|------------------------|
| Name of Company _____ | Date Vests _____ | Contributory or Non-contributory _____ | Present Value _____ |
| Number of months married during accrual vs. months of accrual _____ | | | |

| | | | |
|---------------------------------------------------------------------|---------------------|-------------------------------------------|------------------------|
| Name of Company _____ | Date Vests _____ | Contributory or Non-contributory _____ | Present Value _____ |
| Number of months married during accrual vs. months of accrual _____ | | | |

(Pension and/or profit sharing plan, IRA – “SPOUSE”)

| | | | |
|---------------------------------------------------------------------|---------------------|-------------------------------------------|------------------------|
| Name of Company _____ | Date Vests _____ | Contributory or Non-contributory _____ | Present Value _____ |
| Number of months married during accrual vs. months of accrual _____ | | | |

| | | | |
|---------------------------------------------------------------------|---------------------|-------------------------------------------|------------------------|
| Name of Company _____ | Date Vests _____ | Contributory or Non-contributory _____ | Present Value _____ |
| Number of months married during accrual vs. months of accrual _____ | | | |

| | | | |
|---------------------------------------------------------------------|---------------------|-------------------------------------------|------------------------|
| Name of Company _____ | Date Vests _____ | Contributory or Non-contributory _____ | Present Value _____ |
| Number of months married during accrual vs. months of accrual _____ | | | |

CASH AND FIANANCIAL ACCOUNTS (Banks, savings, loan, and credit unions on which your name appears or in which you had an interest in the last five (5) years)

| | |
|--------------------------------------------|--------------------------|
| Name of Institution _____ | Account No. _____ |
| Type of Account _____ | Name(s) on Account _____ |
| How Account Held (ie. Joint Tenancy) _____ | Current Balances _____ |

Name of Institution _____ Account No. _____
Type of Account _____ Name(s) on Account _____
How Account Held (ie. Joint Tenancy) _____ Current Balances _____

Name of Institution _____ Account No. _____
Type of Account _____ Name(s) on Account _____
How Account Held (ie. Joint Tenancy) _____ Current Balances _____

Do you have a safe deposit box? () YES () NO
If yes, name the institution and box number _____

Cash in your possession or control _____

INTEREST IN PENDING OR YET TO BE FILED LAWSUITS

Name of Opposing Party and if Plaintiff or Defendant _____ Case No. _____ County & State Filed _____
Type of Action _____ Amount Sued For _____

Name of Opposing Party and if Plaintiff or Defendant _____ Case No. _____ County & State Filed _____
Type of Action _____ Amount Sued For _____

Miscellaneous information not previously listed that you feel your attorney should know.

*****When you come in for your appointment please bring the following documents:**

1. Most recent Federal and State Income Tax Returns, including all Schedules, W-2s, 1099s, and all other supporting documents.
2. Most recent pay stub from each employer, along with proof of any other income you receive.