



**CONFIDENTIAL CLIENT HISTORY**

CONFIDENTIALITY NOTE: As with all attorney-client communications, please note that any and all information you disclose to this office orally or in writing will be held in the strictest possible confidence and released to no one without your consent. Complete honesty in answering these questions will be of assistance to your attorney in providing you with the best possible legal services.

Date: \_\_\_\_\_

1. Full Name of Spouse #1 \_\_\_\_\_ (Referred to as "S1")  
Name Before Marriage, 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. Full Name of Spouse #2 \_\_\_\_\_ (Referred to as "S2")  
Name Before Marriage, if Applicable: \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Attorney \_\_\_\_\_

Address and Telephone \_\_\_\_\_

3. Marriage: Date \_\_\_\_\_ Place \_\_\_\_\_  
Date of Birth: S1 \_\_\_\_\_ S2 \_\_\_\_\_  
Social Security Number: S1 \_\_\_\_\_ S2 \_\_\_\_\_

4. Children of This Marriage:

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

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. Do you have an interest in reconciliation? \_\_\_\_\_ Does your spouse (as far as you know)? \_\_\_\_\_



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.

S1:

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S2:

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

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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	
	S1	S2	S1	S2

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

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

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16. Who referred you to us? \_\_\_\_\_

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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 you and how much by your spouse or, where noted, joint (J).

Bank Accounts (savings & checking) Item	In Whose Name	% Contributed by Each		Present Value	Location of Article
		S1	S2		

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Stocks & Bonds (include number of shares) Item	In Whose Name	% Contributed by Each		Present Value	Location of Article
		S1	S2		

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

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Significant Personal Effects: automobiles, jewelry, art, antiques, boats, aircraft, collections, furs and tangible personal property

Item	In Whose Name	% Contributed by Each		Present Value	Location of Article
		S1	S2		

Real Estate:

Location	Purchase Date	Purchase Price	Present Value	Mortgage Balance	Owner SA/SB/J	Contributed by

Business Interests: Including sole proprietorship, corporations, partnerships, etc.

Item	Owned by S1/S2/J	Value

Money owed to you or your spouse:

Reason	Amount	By Whom	When Due

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

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Insurance:

1. Life Insurance for you and your spouse:

a. Individually acquired

Insured S1 or S2	Company	Value	Face Type	Owner	Beneficiary
Policy 1.					
Policy 2.					

Who Pays Existing Loan	Premium & Value	Cash Surrender
Policy 1.		
cont'd		
Policy 2.		
cont'd		

b. Employment-Related

	Insured S1 or S2	Company	Value	Face Type	Owner	Beneficiary
Policy 1.	_____	_____	_____	_____	_____	_____
Policy 2.	_____	_____	_____	_____	_____	_____
Policy 3.	_____	_____	_____	_____	_____	_____

	Who Pays Existing Loan	Premium & Value	Cash Surrender
Policy 1.	_____	_____	_____
cont'd	_____	_____	_____
Policy 2.	_____	_____	_____
cont'd	_____	_____	_____
Policy 3.	_____	_____	_____
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 by S1/S2/J	Present Amount	When Due
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Notes or Loans Owed to Banks and Others

Item	Owned by S1/S2/J	Present Amount	When Due

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

Item	Owned by S1/S2/J	Present Amount	When Due

D. Special Medical and Educational Needs:

Item	Owned by S1/S2/J	Present Amount	When Due

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

	Spouse #1	Spouse #2	Joint
Gross Salary			
Dividend Income			
Interest Income			
Income from Trusts			
Rental Income			
Other Income			
<b>TOTAL ANNUAL INCOME (sum of above)</b>			

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

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21. Monthly Expenses

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

	Monthly Total	Remarks
<b>A. MORTGAGE</b>		
i. Principal	\$	
ii. Interests	\$	
iii. Real Estate Taxes	\$	
iv. Special Assessments	\$	

	Monthly Total	Remarks
<b>B. APARTMENT RENT</b>		
i. Rent	\$	
ii. Parking Fees/Other	\$	

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

	Monthly Total	Remarks
<b>C. UTILITIES</b>		
i. Electricity	\$	
ii. Gas-Household	\$	
iii. Water	\$	
iv. Telephone	\$	

	Monthly Total	Remarks
<b>D. FUEL COSTS</b> (Specify type, i.e., Gas, oil, electric) – do not include elsewhere	\$	

	Monthly Total	Remarks
<b>E. ALLOWANCE FOR MAJOR HOUSEHOLD REPAIRS AND MAINTENANCE</b> (interior and exterior)	\$	

	Monthly Total	Remarks
<b>F. ALLOWANCE FOR REPAIR AND REPLACEMENT OF HOUSEHOLD FURNISHINGS</b>	\$	

	Monthly Total	Remarks
<b>G. MAJOR HOUSECLEANING, INCLUDING RUGS, CURTAINS, ETC.</b>		

	Monthly Total	Remarks
<b>H. DOMESTIC HELP</b>		
i. Maid	\$	
ii. Handyman	\$	
iii. Other (Specify)	\$	
iv. Social Security and Workers' Comp Payments	\$	

	Monthly Total	Remarks
<b>I. LAUNDRY</b>	\$	

	Monthly Total	Remarks
<b>J. GROUNDS MAINTENANCE</b>		
i. Gardener	\$	
ii. Supplies	\$	
iii. Equipment	\$	
iv. Tree and Shrub Care	\$	
v. Snow Removal	\$	
vi. Rubbish Removal	\$	
vii. Cesspool	\$	
viii. Other (Specify)	\$	

	Monthly Total	Remarks
<b>K. FOOD, HOUSEHOLD SUPPLIES</b>	\$	

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

	Monthly Total	
<b>L. INSURANCE</b> (do not include car insurance)		
i. Homeowners	\$	
ii. Medical	\$	
iii. Life	\$	
iv. Disability	\$	
v. Other (Specify)	\$	

	Monthly Total	Remarks
<b>M. MEDICAL EXPENSES</b> (not covered by insurance)		
i. General Practitioner	\$	
ii. Psychiatrist/Psychologist	\$	
iii. Gynecologist	\$	
iv. Dentist	\$	
v. Eye Doctor	\$	
vi. Related Travel	\$	
vii. Other (Specify)	\$	

	Monthly Total	Remarks
<b>N. TRANSPORTATION</b>		
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)	\$	

	Monthly Total	Remarks
<b>O. CLOTHING</b>		
i. Spouse #1	\$	
ii. Child, Age	\$	
iii. Child, Age	\$	
iv. Child, Age	\$	
v. Child, Age	\$	

	Monthly Total	Remarks
<b>P. PERSONAL MAINTENANCE AND GROOMING</b>		
i. Dry Cleaning	\$	
ii. Barber, Hairdresser	\$	
(a) Spouse #1	\$	
(b) Children	\$	
iii. Tailor or Cobbler	\$	

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

	Monthly Total	Remarks
<b>Q. CHILDCARE</b> (if not included under domestic help)	\$	

	Monthly Total	Remarks
<b>R. EDUCATION</b>		
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	\$	

	Monthly Total	Remarks
<b>S. SUMMER CAMP</b> (including transportation and equipment)		
i. Spouse #1	\$	
ii. Children	\$	

	Monthly Total	Remarks
<b>T. LESSONS</b> (including sports, music, arts, dance, practical skills)		
i. Spouse #1	\$	
ii. Children	\$	

	Monthly Total	Remarks
<b>U. ALLOWANCES</b>		
i. Spouse #1	\$	
ii. Children	\$	

	Monthly Total	Remarks
<b>V. ENTERTAINMENT AND RECREATION</b> (including sports, sports equipment, equipment repairs, outings, sports events, theaters, restaurants, entertaining, etc.)	\$	

	Monthly Total	Remarks
<b>W. VACATIONS</b>		
i. Winter	\$	
ii. Spring	\$	
iii. Summer	\$	
iv. Fall	\$	

	Monthly Total	Remarks
<b>X. MEMBERSHIP DUES</b>		
i. Country Club	\$	
ii. Health Club	\$	
iii. Other (Specify)	\$	

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

	Monthly Total	Remarks
<b>Y. GIFTS</b>		
i. Birthdays	\$	
ii. Weddings	\$	
iii. Anniversaries	\$	
iv. Religious Holidays	\$	
v. Other (Specify)	\$	

	Monthly Total	Remarks
<b>Z. MISCELLANEOUS</b>		
i. Household Pets	\$	
ii. Newspapers/Magazines	\$	
iii. Professional Books/Periodicals	\$	

	Monthly Total	Remarks
<b>AA. ALLOWANCE FOR SAVINGS</b>	\$	

	Monthly Total	Remarks
<b>BB. CONSUMER DEBTS</b> (does not include costs already listed under clothing, furniture, gas, etc.)		
i. Department Store Installment Payments		
(a)	\$	
(b)	\$	
(c)	\$	
ii. Credit Card Payments		
(a)	\$	
(b)	\$	
(c)	\$	

22. Name and address of accountant, if any

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23. Anything else you wish me to know, or which may be important to your pending separation or divorce: \_\_\_\_\_

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*Thank you for your time and preparation.*