

### CONFIDENTIAL CLIENT INFORMATION WORKSHEET

Please complete to the best of your abilities and return to [Riah@wassermanlawoffice.com](mailto:Riah@wassermanlawoffice.com) prior to your consultation.

| <u>YOUR INFORMATION</u>                                                       |  |
|-------------------------------------------------------------------------------|--|
| Legal name (First, Middle, Last)                                              |  |
| Nickname (if applicable)                                                      |  |
| Preferred pronouns                                                            |  |
| Date of Consult                                                               |  |
| Maiden name (if applicable)                                                   |  |
| Current address                                                               |  |
| Do you own or rent?                                                           |  |
| Phone Number (where we can leave a message)                                   |  |
| E-mail address (where we can send information from our office confidentially) |  |
| Mailing address                                                               |  |
| Length of time at current residence                                           |  |
| Who else lives at current residence with you?                                 |  |
| Your date of birth                                                            |  |
| Last 4 digits of social security number                                       |  |
| Employer (current)                                                            |  |
| Job title                                                                     |  |
| Work address                                                                  |  |
| Work schedule                                                                 |  |
| Number of years at job                                                        |  |
| Current salary                                                                |  |
| Bonus?                                                                        |  |

|                                                                                                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Chronic medical issues?                                                                                                                                                       |  |
| Highest level of education                                                                                                                                                    |  |
| <b><u>OPPOSING PARTY'S INFORMATION</u></b>                                                                                                                                    |  |
| Legal name (first, middle, last)                                                                                                                                              |  |
| Nickname/Maiden name?                                                                                                                                                         |  |
| Current address                                                                                                                                                               |  |
| Preferred pronouns                                                                                                                                                            |  |
| Email address                                                                                                                                                                 |  |
| Date of birth                                                                                                                                                                 |  |
| Last 4 digits of social security number                                                                                                                                       |  |
| Employer (current)                                                                                                                                                            |  |
| Job title                                                                                                                                                                     |  |
| Work address                                                                                                                                                                  |  |
| Work schedule                                                                                                                                                                 |  |
| Number of years at job                                                                                                                                                        |  |
| Current salary                                                                                                                                                                |  |
| Bonus?                                                                                                                                                                        |  |
| Chronic medical issues?                                                                                                                                                       |  |
| <b><u>CHILDREN</u></b>                                                                                                                                                        |  |
| Children:<br>-names, ages, grade/school, any health or learning issues?                                                                                                       |  |
| Costs for School/Childcare                                                                                                                                                    |  |
| Health Insurance – Name of Plan                                                                                                                                               |  |
| Health Insurance – Who covers you?                                                                                                                                            |  |
| Health Insurance – Who covers the child/ren?                                                                                                                                  |  |
| Any orders/agreements in place addressing custody or support? What is the current access schedule?<br><i>-if in writing, email a copy to our office prior to consultation</i> |  |
| Any history of:                                                                                                                                                               |  |

|                                                                                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| • Domestic violence?                                                                                                                                                     |  |
| • Substance abuse?                                                                                                                                                       |  |
| • Protective orders?                                                                                                                                                     |  |
| • Criminal history?                                                                                                                                                      |  |
| <b><u>FOR DIVORCE CASE</u></b>                                                                                                                                           |  |
| Date of marriage                                                                                                                                                         |  |
| Religious or civil marriage ceremony?                                                                                                                                    |  |
| County/state where marriage took place                                                                                                                                   |  |
| Prior marriages/divorce                                                                                                                                                  |  |
| Children from other relationships?<br>-Names, ages, custody arrangement?                                                                                                 |  |
| Date you and spouse began living in separate households (if applicable)                                                                                                  |  |
| <b><u>ASSETS:</u></b>                                                                                                                                                    |  |
| <u>Vehicles/motorcycles/boats</u><br>-Owner<br>-Value<br>-Loan                                                                                                           |  |
| <u>Real property</u><br>-Owner<br>-Date of purchase<br>-Non-marital funds used to acquire?<br>Amount?<br>-Est. value today<br>-Mortgage/line of credit?<br>-Amount owed? |  |
| <u>Bank accounts</u><br>-Owner<br>-Type of account<br>-Where held<br>-Est. Balance                                                                                       |  |

|                                                                                             |  |
|---------------------------------------------------------------------------------------------|--|
| <u>Investment accounts</u><br>-Owner<br>-Type of account<br>-Where held<br>-Amount          |  |
| <u>Retirement accounts</u><br>-Owner<br>-Type of account<br>-Where held<br>-Amount          |  |
| <u>Pensions</u><br>-Owner<br>-Where held<br>-Vested?                                        |  |
| <u>Personal property of value</u><br>(furniture/furnishings, jewelry, collections, crystal) |  |
| <u>Either or spouse own a business?</u>                                                     |  |
| <u>Non-marital assets</u> (gifts, inheritance, pre-marital, excluded by agreement)          |  |
| <u>529/college savings</u>                                                                  |  |
| <u>Other assets?</u>                                                                        |  |
| <b><u>DEBTS:</u></b>                                                                        |  |
| Debts (other than car or house):                                                            |  |
| • Credit cards                                                                              |  |
| • Loans (personal or bank)                                                                  |  |
| • Prior bankruptcy?                                                                         |  |
| <b><u>OTHER:</u></b>                                                                        |  |
| Do you have a prenuptial or postnuptial agreement?                                          |  |

|                                                             |  |
|-------------------------------------------------------------|--|
| What else is important for us to know about your situation? |  |
| What are your goals for the consultation?                   |  |

4825-6059-5185, v. 1

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