

Matrimonial Case Information Sheet

DATE OF INTAKE: Dated _____, 20__.

CLIENT INFORMATION

Name:
If Wife
Status (check one): Plaintiff/Defendant
Home Address:
E-mail Address:

Length of residence in NYS _____ County _____
Employer:
Position:
Work Address:

Phone Numbers: w:
h:
c:
f:

SS#:
DOB:
Cty/State of Birth:
Highest Education:

SPOUSE INFORMATION

Name:
Status (check one): Plaintiff/Defendant
Home Address:

Employer:
Position:
Work Address:

Gross Earnings (get K1, W-2 and Tax Returns):
Earnings from other sources:
Total Income:

Deductions for NYC Income Tax (if applicable):
Deductions for SS:
Deductions for Medicare:
Total Deductions:
Net Income for Child Support Purposes (Leave Blank):
Child Support Percentage Paid (Leave Blank):

Phone Number: H: (Required for divorce packet)
SS#:
DOB:
Cty/State of Birth:
Highest Education:

ATTORNEY FOR SPOUSE

Firm Name:
Address:

Asst/Para/Sec:
Phone Numbers: W:
Fax:
C:

Email:

INFO ABOUT MARRIAGE

Place of marriage:
Date of marriage:
Age of client at time of marriage:
Age of spouse at time of marriage:
Performed by clergy or not?:
Date of separation:
Grounds for Divorce:

1. **Cruelty (DRL 170()):** provide details as to events, time and place:

2. **Abandonment:** dates of abandonment:

3. **Constructive Abandonment:** date sexual advances refused:

4. **Adultery:** submit details and proof:

5. **Irretrievable Breakdown of Marriage:** detail reasons:

6. **Living Sep./Apart Under Sep. Agreement:**
 - a. Date of separation agreement:

- b. Date filed with court:
- c. County where filed:

INFO ABOUT CHILDREN

Number of Total Children:

Number under 21:

Info for Children under 21:

<u>Name:</u>	<u>SS#</u>	<u>DOB</u>	<u>Resides w/</u>	<u>Emancipated?</u>	*
					*

** List all other addresses for children within last five (5) years and persons w/ whom they resided

Client

Spouse

Group Health Plan:

Group Health Plan:

Address:

Address:

Identification Number:

Identification Number:

Plan Administrator:

Plan Administrator:

Type of Coverage:

Type of Coverage:

Info for Children over 21:

<u>Name:</u>	<u>SS#</u>	<u>DOB</u>
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