
INITIAL INFORMATION FORM

Your Information

Name _____ Date of Birth _____ Home Phone _____

Home Address _____ Cell Phone _____

_____ Work Phone _____

I prefer to be phoned at home ____ work ____ either ____ . OK to fax? Y/N Checked often? Y/N

E-Mail _____ OK to e-mail? Y/N Checked often? Y/N

Who (other than children) lives at this address? Give names and relationship. Can a message be left with them?

Second employer _____ Occupation _____

Business Address (1) _____ (2) _____

Work Hours (1) _____ (2) _____

Education (highest level completed) _____ Are you studying now? Y/N What? _____

Degree? _____

Spouse Information

Name _____ Date of Birth _____ Home Phone _____

Home Address _____ Cell Phone _____

_____ Work Phone _____

I prefer to be phoned at home ____ work ____ either ____ . OK to fax? Y/N Checked often? Y/N

E-Mail _____ OK to e-mail? Y/N Checked often? Y/N

Source of Referral

How did you hear about Collaborative Divorce? _____

How did you hear about us? _____

Marriage Information

Date of Marriage _____ Civil Ceremony? Y/N Place of Marriage _____

City _____ State _____ Country _____

Did you live together before marriage? Y/N How long? _____

Any unusual reasons or circumstances relevant to this marriage? _____

Any prenuptial agreement for this marriage? _____

For other marriages? _____

Are you living separately? Y/N As of when? _____

Do you have a formal separation agreement? Y/N Date of Agreement _____

Has a divorce motion been filed at any time in this marriage? Y/N By whom? _____

Date of filing _____

Number of times previously married:

You Dates of Prior Marriage _____

Spouse Dates of Prior Marriage _____

Prior Marriages ended due to (circle one): 1. death divorce annulled

2. death divorce annulled

Information About Children

Number of children of this marriage _____

1. Name of Child _____ M/F Date of Birth _____ Age _____

Soc. Sec. No. _____ Grade Level _____ School _____

Resides with _____

2. Name of Child _____ M/F Date of Birth _____ Age _____

Soc. Sec. No. _____ Grade Level _____ School _____

Resides with _____

3. Name of Child _____ M/F Date of Birth _____ Age _____

Soc. Sec. No. _____ Grade Level _____ School _____

Resides with _____

4. Name of Child _____ M/F Date of Birth _____ Age _____

Soc. Sec. No. _____ Grade Level _____ School _____

Resides with _____

If there are additional children, please put information on the back.

Number of children from previous marriages (1) _____

(2) _____

1. Name of Child _____ M/F Age _____

Resides with _____

Do you or your spouse have financial responsibility for this child? Y/N Amount of contribution _____

2. Name of Child _____ M/F Age _____ Resides with _____

3. Name of Child _____ M/F Age _____ Resides with _____

Are there any specific health/educational/mental health requirements for any of these children? Y/N

Who? _____

What is the specific condition? _____ What is required? _____

Personal History

Have you ever had any physical or mental illness, significant health problem or serious accidents that have affected you for an extended period of time? If so, please list and indicate current status.

Your health in childhood was generally: Good _____ Fair _____ Poor _____

At present your health is generally: Good _____ Fair _____ Poor _____

How long ago was your last physical? _____

Are you concerned about your own drug/alcohol use or that of your spouse? Y/N If yes, please explain

List all drugs you are taking (including vitamins, aspirin, sleeping pills, etc.)

Are you currently in any type of therapy or counseling? Y/N If so, what?

With whom? _____ Since when? _____

During this marriage, have you previously been in couple's, family or individual counseling? Y/N

If yes, what type? _____

With whom? _____ For how long? _____

Financial Information

What is your approximate total gross income? _____ Net income? _____

What is your spouse's approximate total gross income? _____ Net income? _____

What is the approximate total monthly expense if living together? _____

If living apart? _____

Have there been any changes in income in the last two years? Y/N Please explain

Please check all that you or your spouse own individually (I) or jointly (J):

- | | | | |
|--------------------|-----|--------------------|-----|
| ___ House | I/J | ___ Savings | I/J |
| ___ Other Property | I/J | ___ Stocks | I/J |
| ___ Pension | I/J | ___ Bonds | I/J |
| ___ TDSP/Annuity | I/J | ___ Life Insurance | I/J |
| ___ IRA | I/J | ___ Business | I/J |
| ___ 401 K | I/J | ___ Checking | I/J |
| ___ Cars | I/J | ___ Boats | I/J |
| ___ Planes | I/J | ___ Other | I/J |

Collaborative Divorce

What fears do you have for you and your children about the divorce?

What fears do you have about the collaborative divorce process as a way to reach the divorce?

Major Life Events or Changes

within the last two years or expected in the next two years. Check all that apply:

- | | |
|--|---|
| Started school or training program _____ | Pregnancy, wanted/not wanted _____ |
| Graduated from school/program _____ | Miscarriage _____ |
| Changed job _____ | Fertility problems _____ |
| Lost job _____ | Changes in childcare, what? _____ |
| Moved residence _____ | Children had trouble in school, what? _____ |

Financial troubles _____	Onset of menopause _____
Increase in financial responsibilities _____	Midlife crisis, what? _____
Legal problems _____	Victim of a crime _____
Separation/divorce of friend/relative _____	Undertaken a major new expense _____
Health problem (self, spouse, child) _____	Natural disaster _____
Death of a close friend. who? _____	Child left for college _____
Death of family member, who? _____	Child marrying _____
Began treatment for drug/drink problem _____	
Grandchild born _____	
Began psychotherapy _____	Other, please explain _____
Began new medication _____	Significant weight gain/loss _____
Nanny or someone joined household, who? _____	
Death of household pet _____	

Brief Statement of Marital History and Difficulties: