

Preliminary Information Relating to Dissolution for Keffer Barnhart LLP

Contact Information:

Full Legal Name: _____

Current Address: _____

County of Current Residence: _____

Marital Address: _____

Telephone Numbers: (Cell) _____
(Home) _____
(Work) _____

Identifiers:

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

Education and Employment History:

Educational History: _____

Current Position: _____

Current Employer: _____

Address: _____

Length of time with Employer: _____

Extra Employment: _____

Prior Employment, if higher pay: _____

Receiving Benefits: Yes ___ No ___

Medical History:

Health Status: _____

Current Conditions, if any: _____

Medications, if any: _____

Medical History: _____

Personal History:

Date of Marriage: _____

Date of Separation: _____

Criminal History: _____

Adverse Driving History: _____

Prior Marriages: _____

Names of any Children: _____

Ages of any Children: _____

Financial History:

Current Gross Income: _____

Current Net Income: _____

Cost of Health Care: _____

Pensions: _____

IRA/401(k): _____

Joint/Personal Banking: _____

Inheritance: _____

Spouse's Employment History:

Current Position: _____

Current Employer: _____

Address: _____

Length of time with Employer: _____

Extra Employment: _____

Prior Employment, if higher pay: _____

Receiving Benefits: Yes ___ No ___

Current Gross Income: _____

Current Net Income: _____

Cost of Benefits: _____

Pension: _____

IRA/401(k): _____

Medical Conditions: _____

Criminal History: _____

Adverse Driving History: _____

Other: _____
