

THE LAW OFFICES OF BRIAN D. PERSKIN - (718) 875-7584 - (212) 355-0887

105 COURT STREET, SUITE 402, BROOKLYN, NY 11201 - 41 MADISON AVENUE, 41ST FLOOR, NEW YORK, NY 10010

DIVORCE INFORMATION SHEET

CLIENT'S COMPLETE LEGAL NAME:

Are you the Husband _____ or Wife _____

Former/maiden names, if any: _____

Current Address: _____

City: _____, State: _____

Zip: _____ County: _____

How long have you resided in New York State? _____

Home Number _____ Cell Phone _____

E-mail _____ E-mail 2 _____

Date of Birth _____ State/Country of Birth _____

Social Security Number _____

Attorney's Notes Re: Service

Retainer Fee & Payments:

SPOUSE'S COMPLETE LEGAL NAME:

Former/maiden names, if any _____

Spouse's Current Address: _____

City: _____, State: _____ Zip _____

Spouse's County _____

How long has your spouse resided in New York State? _____

Spouse's Home Phone Number _____

Spouse's Cell Phone Number _____

Spouse's E-mail _____

Spouse's Date of Birth _____ State/Country of Birth _____

Spouse's Social Security Number _____

Date of marriage _____

City, State, County of marriage _____

Were you married in a religious or civil ceremony? _____

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Are you presently separated? _____

If so approx. date of separation _____

Who will be Plaintiff (initiating divorce)?

What are the grounds for divorce?

Is the wife pregnant? no _____ yes _____

If so when is the child due _____

Is spouse the father of the expected child? _____

How many children have been born to this marriage? _____

Does either party wish to return to use of a former/maiden name?

If so which? _____

Please supply the children's information:

| NAME: | DATE OF BIRTH: | SS # |
|-------|----------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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_____ SS # _____

Will one parent have sole custody of the children? _____, or

Will the parents share custody (joint) or split custody of the children?

If so, who shall the children reside with primarily (custodial parent)?

_____ or

Which children with which parent

(this must be agreeable by both parents).

If you do not have a written agreement, regarding visitation, what is the visitation arrangement?

(please be specific with times, days of week/weekends, holidays and birthdays.)

Which holidays will the children spend with the non-custodial parent?

Who will pay deductibles and uninsured costs? Father____ Mother____
Both_____

Who will maintain life insurance with the child as beneficiary?
Father____ Mother____ Both_____

IF THERE ARE CHILDREN, A CHILD SUPPORT WORKSHEET SHOULD BE FILLED OUT AND
A COPY OF THE MOST RECENT W-2 FORM SUPPLIED FOR BOTH PARTIES

DOES YOUR SPOUSE AGREE TO SIGN THE DIVORCE PAPERS? Yes_____ No_____

Property Division: Please list all property that each person shall take
from the marriage:

(PLEASE LIST ADDRESSES FOR REAL ESTATE AND MAKE OF CARS).

The Husband should be awarded the following
property:_____

The Wife should be awarded the following property:

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OUTSTANDING DEBTS TO BE PAID BY EACH SPOUSE (include account numbers and balances):

The Husband shall be responsible for the following bills:

The Wife shall be responsible for the following bills:

IMPORTANT INFORMATION REQUIRED IF CHILDREN ARE INVOLVED:

Does either party receive spousal support from a previous marriage? If so, who _____

How much per month? \$ _____.

Does either party receive child support from a previous marriage or relationship?

If so, who? _____ How much per month? \$ _____.

Does either party pay child support from a previous marriage or relationship?

If so, who? _____ How much per month? \$ _____.

Are there any day care costs relating to the children of this marriage for a spouse to maintain employment?

If so, how much?: \$ _____ Which spouse need day care so they can work? _____ Who pays? _____

Does either spouse receive social services or welfare? If so, who?

Father _____ Mother _____

How much per month? \$ _____.

I/We are unable to afford the Court filing fees and would like to apply for Poor Person Status _____

Where did you hear about our service? Internet _____ Referral _____ Printed Ad _____ Other _____

Upon completion of this form, please mail the signed document to:

Law Office of Brian Perskin
105 Court Street, Suite 402

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Brooklyn, NY 11201

PLEASE CALL US IF YOU HAVE QUESTIONS

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