

CLIENT INFORMATION FORM

DATE COMPLETED _____

THIS DOCUMENT IS PREPARED AT THE REQUEST OF COUNSEL FOR THE INDIVIDUAL COMPLETING THIS FORM AND IS THEREFORE SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE AND THE WORK PRODUCT PRIVILEGE.

INSTRUCTIONS: PLEASE COMPLETE THIS FORM PROVIDING AS MUCH DETAIL AS POSSIBLE. IF AN ITEM DOES NOT APPLY, SO INDICATE (N/A). ATTACH ADDITIONAL SHEETS IF NECESSARY.

GENERAL INFORMATION

WIFE'S INFORMATION

HUSBAND'S INFORMATION

_____ FULL LEGAL NAME _____

_____ ADDRESS _____

_____ / _____ CITY/ COUNTY _____ / _____

(CITY) _____ (COUNTY) _____ HOW LONG A RESIDENT (CITY) _____ (COUNTY) _____

_____ / _____ STATE / ZIP _____ / _____

PHONE NUMBERS

_____ WORK _____

_____ HOME _____

_____ CELL _____

_____ OTHER _____

_____ FAX _____

_____ EMAIL _____

_____ SOCIAL SECURITY NUMBER _____

_____ FORMER (LEGAL/MAIDEN)NAME _____

_____ MOTHER'S NAME _____

_____ FATHER'S NAME _____

_____ / _____ DATE OF BIRTH /AGE _____ / _____

_____ PLACE OF BIRTH _____

_____ RACE _____

_____ RELIGIOUS AFFILIATION _____

_____ NUMBER OF PRIOR MARRIAGES _____

_____ OTHER MARRIAGES ENDED BY _____

(DEATH, DIVORCE, ANNULMENT)

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EMPLOYMENT INFORMATION

**WIFE'S INFORMATION
INFORMATION**

HUSBAND'S

_____ CURRENT EMPLOYER _____

_____ IF UNEMPLOYED-LAST EMPLOYER _____

_____ REASON FOR LEAVING _____

_____ EMPLOYER'S ADDRESS _____

_____ To _____ FROM _____ DATES OF EMPLOYMENT _____ To _____ FROM _____

_____ POSITION/TITLE _____

_____ INDICATE HOW OFTEN PAID _____

_____ / _____ GROSS PAY/NET PAY _____ / _____

_____ Yes _____ No _____ OVERTIME / BONUS/ COMMISSIONS _____ YES _____ NO _____

_____ AVERAGE # HRS MONTH _____

_____ AVERAGE \$ PER YEAR _____

_____ CHILD SUPPORT RECEIVED / PAID _____

_____ SPOUSAL SUPPORT RECEIVED / PAID _____

_____ OTHER EARNED INCOME- DETAILS /SOURCE/ AMOUNT /FREQUENCY _____

EDUCATION

**WIFE'S INFORMATION
INFORMATION**

HUSBAND'S

_____ HIGH SCHOOL ATTENDED _____

_____ GRADUATED?/NUMBER OF YEARS ATTENDED? _____

_____ COLLEGE/PROFESSIONAL SCHOOLS/TRAINING PROGRAMS ATTENDED-DEGREE _____

_____ DID EITHER CONTRIBUTE /FINANCE EDUCATION OF OTHER? _____

_____ IF SO HOW? _____

_____ IF EDUCATION NOT COMPLETED STATE WHY _____

MISCELLANEOUS

**WIFE'S INFORMATION
INFORMATION**

HUSBAND'S

_____ ANY CLAIMS AGAINST ANOTHER PERSON? _____

_____ ANY CLAIMS AGAINST EITHER PARTY? _____

_____ ARE EITHER A PARTY TO ANY LAWSUIT? _____

_____ EVER FILED BANKRUPTCY? IF SO WHEN? _____

_____ DISABILITY OR ONGOING MEDICAL CONDITION _____

_____ CONDITION _____

_____ NAME OF DOCTOR _____

_____ ADDRESS & PHONE NUMBER _____

_____ EITHER ATTEND MARITAL COUNSELING, THERAPY _____

_____ NAME & ADDRESS OF PROVIDER _____

_____ DATES OF SERVICE _____

MEDICAL INSURANCE

IS FAMILY COVERED UNDER MEDICAL INSURANCE POLICY? _____

WHO IS COVERED? _____

_____ CURRENTLY PAID BY _____

____ YES _____ NO _____ AVAILABLE THROUGH EMPLOYER? ____ YES _____ NO _____

____ YES _____ NO _____ AVAILABLE THROUGH OTHER GROUP PLAN ____ YES _____ NO _____

_____ NAME OF INSURANCE CO. _____

_____ ADDRESS _____

_____ POLICY NUMBER _____

_____ GROUP NUMBER _____

_____ MONTHLY PREMIUM _____

____ / _____ MONTHLY COST INDIVIDUAL/FAMILY PLAN _____ / _____

_____ SUMMARY OF COVERAGE _____

____ / _____ IS PRESCRIPTION / PARTICIPANT CARD AVAILABLE? _____ / _____

_____ EMPLOYERS INSURANCE COORDINATOR _____

_____ COORDINATORS PHONE NUMBER _____

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FAMILY STATUS

DATE OF MARRIAGE _____

PLACE OF MARRIAGE (CITY OR VILLAGE, COUNTY &
STATE) _____

IS CLIENT PRESENTLY LIVING WITH SPOUSE? _____

WHO LEFT? _____

DATE COUPLE SEPARATED _____

CHILDREN BY THIS MARRIAGE AND RESIDENCE OF CHILDREN FOR LAST FIVE YEARS:

NAME _____ AGE _____ DOB _____ SS# _____

FROM _____ TO _____ ADDRESS _____ RESIDING WITH _____

NAME _____ AGE _____ DOB _____ SS# _____

FROM _____ TO _____ ADDRESS _____ RESIDING WITH _____

NAME _____ AGE _____ DOB _____ SS# _____

FROM _____ TO _____ ADDRESS _____ RESIDING WITH _____

NAME _____ AGE _____ DOB _____ SS# _____

FROM _____ TO _____ ADDRESS _____ RESIDING WITH _____

CHILDREN BY OTHER MARRIAGES:

NAME _____ AGE _____ DOB _____

CHILD RESIDING AT _____ WITH _____

NAME _____ AGE _____ DOB _____

CHILD RESIDING AT _____ WITH _____

NAME _____ AGE _____ DOB _____

CHILD RESIDING AT _____ WITH _____

NAME _____ AGE _____ DOB _____

CHILD RESIDING AT _____ WITH _____

ASSETS

A. REAL ESTATE (SUPPLY COPY OF DEED(S), IF AVAILABLE)

	1	2	3	4
ADDRESS	_____	_____	_____	_____
	_____	_____	_____	_____
NAMES TITLED IN	_____	_____	_____	_____
DATE OF PURCHASE	_____	_____	_____	_____
PURCHASE PRICE	_____	_____	_____	_____
DOWN PAYMENT	_____	_____	_____	_____
SOURCE	_____	_____	_____	_____
1 ST MORTGAGE CO.	_____	_____	_____	_____
BALANCE OWED	_____	_____	_____	_____
MONTHLY PAYMENT	_____	_____	_____	_____
CURRENT?	Yes No	Yes No	Yes No	Yes No
2 ND MORTGAGE CO.	_____	_____	_____	_____
BALANCE OWED	_____	_____	_____	_____
MONTHLY PAYMENT	_____	_____	_____	_____
CURRENT?	Yes No	Yes No	Yes No	Yes No
HOME EQUITY LOAN	_____	_____	_____	_____
BALANCE OWED	_____	_____	_____	_____
MONTHLY PAYMENT	_____	_____	_____	_____
CURRENT?	Yes No	Yes No	Yes No	Yes No
ARE TAXES INCLUDED				
IN MORTGAGE?	Yes No	Yes No	Yes No	Yes No
TAX PER 1/2 YEAR	_____	_____	_____	_____
ARE TAXES CURRENT?	Yes No	Yes No	Yes No	Yes No
IS HOMEOWNERS INSURANCE				
INCLUDED IN MORTGAGE?	Yes No	Yes No	Yes No	Yes No
IF NO, CO. NAME	_____	_____	_____	_____
ANNUAL COST OF INS.	_____	_____	_____	_____
USE OF PROPERTY	_____	_____	_____	_____
OTHER LIENS?	_____	_____	_____	_____
LISTED FOR SALE?	Yes No	Yes No	Yes No	Yes No
IF SO, WITH WHOM	_____	_____	_____	_____
LISTING PRICE	_____	_____	_____	_____
WHEN LISTED	_____	_____	_____	_____

B. MOTOR VEHICLES (CARS, TRUCKS, MOTORCYCLES, BOATS, RV'S, ETC.) INCLUDE LEASED VEHICLES.

	1	2	3	4
MAKE	_____	_____	_____	_____
MODEL	_____	_____	_____	_____
YEAR	_____	_____	_____	_____

NAMES TITLED IN	_____	_____	_____	_____
DATE OF PURCHASE	_____	_____	_____	_____
PURCHASE PRICE	_____	_____	_____	_____
DOWN PAYMENT	_____	_____	_____	_____
CURRENT VALUE	_____	_____	_____	_____
DRIVER	_____	_____	_____	_____
NAME(S) ON TITLE	_____	_____	_____	_____
LOAN HOLDER	_____	_____	_____	_____
BALANCE OWED	_____	_____	_____	_____
MONTHLY PAYMENT	_____	_____	_____	_____
CURRENT?	Yes No	Yes No	Yes No	Yes No
INSURANCE CO.	_____	_____	_____	_____
COST OF INS.	_____	_____	_____	_____
CURRENT?	Yes No	Yes No	Yes No	Yes No

C. LIFE INSURANCE

	1	2	3	4
INSURED	_____	_____	_____	_____
OWNER	_____	_____	_____	_____
COMPANY	_____	_____	_____	_____
FACE AMT.	_____	_____	_____	_____
WHOLE / TERM	WHOLE / TERM	WHOLE / TERM	WHOLE / TERM	WHOLE / TERM
BENEFICIARY	_____	_____	_____	_____
ISSUE DATE	_____	_____	_____	_____
CASH VALUE	_____	_____	_____	_____
LOANS AGAINST POLICY	_____	_____	_____	_____

D. MONETARY ACCOUNTS (INCLUDE SAVINGS, CHECKING, CREDIT UNION AND MONEY MARKET ACCOUNTS)

<u>CHECKING</u>	1	2	3	4
NAME OF INSTITUTION	_____	_____	_____	_____
NAME(S) ON ACCOUNT	_____	_____	_____	_____
ACCOUNT NUMBER	_____	_____	_____	_____
CURRENT BALANCE	_____	_____	_____	_____

<u>SAVINGS</u>				
NAME OF INSTITUTION	_____	_____	_____	_____
NAME(S) ON ACCOUNT	_____	_____	_____	_____
ACCOUNT NUMBER	_____	_____	_____	_____
CURRENT BALANCE	_____	_____	_____	_____

<u>CREDIT UNION</u>				
NAME OF INSTITUTION	_____	_____	_____	_____
NAME(S) ON ACCOUNT	_____	_____	_____	_____
ACCOUNT NUMBER	_____	_____	_____	_____
CURRENT BALANCE	_____	_____	_____	_____

MONEY MARKET ACCOUNT

NAME OF INSTITUTION _____
 NAME(S) ON ACCOUNT _____
 ACCOUNT NUMBER _____
 CURRENT BALANCE _____
CERTIFICATES OF DEPOSIT

NAME OF INSTITUTION _____
 NAME(S) ON ACCOUNT _____
 ACCOUNT NUMBER _____
 VALUE _____
 MATURITY DATE _____

E. SAVINGS BONDS/GOVERNMENT SECURITIES

	1	2	3	4
TYPE	_____	_____	_____	_____
NUMBER OF BONDS	_____	_____	_____	_____
CURRENT LOCATION	_____	_____	_____	_____
VALUE	_____	_____	_____	_____

F. DEFERRED COMPENSATION (KEOUGH, 401K, IRA'S, ETC)

ATTACH LATEST STATEMENT SHOWING VALUE PLUS PLAN DESCRIPTION

	1	2	3	4
NAME OF TRUSTEE	_____	_____	_____	_____
LOCATION OF ACCT.	_____	_____	_____	_____
TYPE OF ACCOUNT	_____	_____	_____	_____
ACCOUNT NUMBER	_____	_____	_____	_____
CURRENT BALANCE	_____	_____	_____	_____
NAME ON ACCOUNT	_____	_____	_____	_____

G. OTHER BONDS AND STOCKS, STOCK PLANS, FUTURES, ETC.

	1	2	3	4
NAME OF COMPANY	_____	_____	_____	_____
NAME(S) ON CERTIFICATE	_____	_____	_____	_____
LOCATION OF CERTIFICATE	_____	_____	_____	_____
NUMBER OF SHARES	_____	_____	_____	_____
VALUE PER SHARE OR UNIT	_____	_____	_____	_____
PURCHASE DATE	_____	_____	_____	_____
COST (IF ANY)	_____	_____	_____	_____
PLEGGED/ENCUMBERED? YES NO	_____	YES NO	YES NO	YES NO

H. PENSION AND PROFIT SHARING PLANS

ATTACH LATEST STATEMENT SHOWING VALUE PLUS PLAN DESCRIPTION

	1	2	3	4
NAME OF PLAN	_____	_____	_____	_____
ADDRESS	_____	_____	_____	_____
TYPE	_____	_____	_____	_____
WHOSE NAME	_____	_____	_____	_____
EMPLOYER PROVIDED? YES NO	_____	YES NO	YES NO	YES NO
VESTED YES NO	_____	YES NO	YES NO	YES NO
VALUE	_____	_____	_____	_____

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I. ACCOUNTS/NOTES RECEIVABLE I.E. WHO OWES YOU MONEY? (SUPPLY COPY OF DOCUMENTS)

	1	2	3	4
NAME OF DEBTOR	_____	_____	_____	_____
ADDRESS	_____	_____	_____	_____
ORIGINAL AMT.	_____	_____	_____	_____
CURRENT BALANCE	_____	_____	_____	_____
DUE DATE	_____	_____	_____	_____
BASIS OF DEBT	_____	_____	_____	_____

J. PARTNERSHIPS/ JOINT VENTURES OR OTHER BUSINESS INTERESTS

(SUPPLY TAX RETURNS FOR PAST TWO YEARS PLUS CURRENT FINANCIAL STATEMENT)

	1	2	3	4
NAME OF COMPANY	_____	_____	_____	_____
ADDRESS	_____	_____	_____	_____
TYPE OF BUSINESS	_____	_____	_____	_____
WHOSE NAME	_____	_____	_____	_____
DATE ACQUIRED	_____	_____	_____	_____
AMOUNT INVESTED	_____	_____	_____	_____
% OF INTEREST	_____	_____	_____	_____
VALUE	_____	_____	_____	_____
ADDITIONAL INFORMATION	_____			

K. EXPECTED INHERITANCES (PLEASE DESCRIBE FOR YOU AND SPOUSE)

	1	2	3	4
SOURCE	_____	_____	_____	_____
ADDRESS	_____	_____	_____	_____
RECIPIENT	_____	_____	_____	_____
DATE TO BE ACQUIRED	_____	_____	_____	_____
VALUE	_____	_____	_____	_____

L. PROFESSIONAL/BUSINESS EQUIPMENT (DESCRIBE FOR YOU AND SPOUSE. STATE VALUES IF KNOWN)

	1	2	3	4
TYPE	_____	_____	_____	_____
LOCATION	_____	_____	_____	_____
OWNER	_____	_____	_____	_____
DATE ACQUIRED	_____	_____	_____	_____
VALUE	_____	_____	_____	_____

M. SAFETY DEPOSIT BOX

	1	2	3	4
INSTITUTION	_____	_____	_____	_____
ADDRESS	_____	_____	_____	_____
NAME(S)	_____	_____	_____	_____

CONTENTS _____
 VALUE _____
N. TAX REFUNDS DUE

	1	2	3	4
SOURCE	FED/STATE/CITY	FED/STATE/ CITY	FED/STATE CITY	FED/STATE/CITY
YEAR	_____	_____	_____	_____
AMOUNT	_____	_____	_____	_____
JOINT OR INDIVIDUAL RETURN				
	H / W / J	H / W / J	H / W / J	H / W / J

O. OTHER ASSETS

	DESCRIPTION	LOCATION	VALUE
CASH	_____	_____	_____
OTHER LIQUID ASSETS	_____	_____	_____
JEWELRY	_____	_____	_____
ANTIQUES	_____	_____	_____
ARTWORK	_____	_____	_____
GUNS	_____	_____	_____
COLLECTIONS	_____	_____	_____
MACHINERY	_____	_____	_____
TOOLS	_____	_____	_____
CAMERA/VIDEO	_____	_____	_____
SPORTS EQUIP.	_____	_____	_____
MUSICAL EQUIP.	_____	_____	_____
COINS,PRECIOUS METALS	_____	_____	_____

IV. DEBTS/LIABILITIES

(INCLUDE EVERY KNOWN DEBT INCURRED OR OWED BY EITHER SPOUSE, AND ANY OBLIGATIONS THAT WILL ARISE IN THE NEAR FUTURE EXCEPT REAL ESTATE MORTGAGES)

CREDITOR OWED	WHAT FOR	SECURED OR UNSECURED	DEBTOR H, W OR JOINT	PRESENT BALANCE	MONTHLY PAYMENT	CURRENT/DELINQUENT
_____	_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____

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_____	_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____

ELECTRONIC RECORDS

WIFE'S INFORMATION		HUSBAND'S		
INFORMATION	YES	NO	KEEP PERSONAL/BUSINESS/FINANCIAL INFORMATION ON COMPUTER	
_____	_____	_____	_____	
LOCATION OF COMPUTER _____				
WHO HAS ACCESS _____				
YES	NO	PASSWORD REQUIRED?	WHO HAS ACCESS	
_____	_____	_____	_____	
YES	NO	INFORMATION BACKED UP REGULARLY	YES	NO
_____	_____	_____	_____	_____
WHERE ARE BACKUP TAPES/DISCS STORED _____				
IDENTIFY EMAIL ACCOUNT _____				
WHO HAS ACCESS _____				
USE TEXT MESSAGING _____				

V. NON-MARITAL PROPERTY

DID EITHER SPOUSE OWN PROPERTY OR POSSESS FUNDS PRIOR TO THIS MARRIAGE OR INHERIT ANY PROPERTY OR FUNDS DURING MARRIAGE OR RECEIVE A GIFT DURING THIS MARRIAGE?

	1	2	3	4
IDENTIFY	_____	_____	_____	_____
WHO RECEIVED	_____	_____	_____	_____
HOW RECEIVED	_____	_____	_____	_____
WHEN RECEIVED	_____	_____	_____	_____
VALUE AT MARRIAGE	_____	_____	_____	_____
HOW TITLED	_____	_____	_____	_____
LOCATION	_____	_____	_____	_____
HOW USED	_____	_____	_____	_____

VI. MONTHLY LIVING EXPENSES

DO NOT INCLUDE ON THIS SHEET ITEMS DEDUCTED FROM YOUR SALARY

TO DETERMINE THE MONTHLY AMOUNT, MULTIPLY THE WEEKLY BY 4.3

(OR DIVIDE YEARLY TOTAL BY 12)

(FILL OUT ONLY THOSE ITEMS WHICH APPLY)

(IF ESTIMATED, SO STATE)

(1) HOUSING COSTS: AMOUNT DUE MONTHLY

MORTGAGE OR RENT..... _____

INSURANCE (HOMEOWNER'S, RENTAL)..... _____

TAXES..... _____

MAINTENANCE:

 REPAIRS & UPKEEP..... _____

 REPLACEMENTS..... _____

 LAWN AND GARDEN..... _____

 GARBAGE & TRASH COLLECTION..... _____

 SNOW REMOVAL..... _____

 MAID/CLEANING SERVICE..... _____

FURNITURE & FURNITURE REPLACEMENTS..... _____

(2) UTILITIES:

 GAS..... _____

 ELECTRIC..... _____

 TELEPHONE..... _____

 WATER/ SEWAGE..... _____

 CABLE..... _____

(3) FOOD:

 GROCERIES..... _____

 SCHOOL MEALS..... _____

 MEALS OUT..... _____

(4) CLOTHING:

CLOTHING FOR SELF.....

CLOTHING FOR CHILD(REN).....

WORK RELATED UNIFORMS/ CLOTHING.....

DRY CLEANING OR LAUNDRY.....

SHOE REPAIR, ALTERATIONS.....

PERSONAL GROOMING (HAIRDRESSER, BARBER).....

(5) TRANSPORTATION:

VEHICLE PAYMENT(S).....

GAS & OIL.....

INSURANCE (COLLISION, LIABILITY).....

MAINTENANCE & REPAIRS.....

AUTO CLUB.....

(6) CHILD CARE:

SCHOOL TUITION.....

WORK RELATED DAY CARE.....

SITTERS (OTHER THAN WORK RELATED).....

SPECIAL EDUCATION, TRAINING, SPORTS, ACTIVITIES, MUSICAL INSTRUMENTS.....

SCHOOL SUPPLIES.....

CHILDREN'S ALLOWANCES.....

OTHER _____

(7) MEDICAL, DENTAL, ETC.:

MEDICAL INSURANCE (NOT PAYROLL DEDUCTED).....

UNINSURED:

DOCTOR.....

DENTIST.....

EYE DOCTOR.....

COUNSELING.....

PRESCRIPTIONS.....

NON-PRESCRIPTION OVER-THE-COUNTER REMEDIES.....

OTHER _____

(8) OTHER EXPENSES:

TUITION (EXCLUDE CHILDREN).....

ORGANIZATIONAL DUES.....

BOOKS.....

NEWSPAPERS AND MAGAZINES.....

PROFESSIONAL SUBSCRIPTIONS.....

PET EXPENSES.....

CLUB DUES AND CONTRIBUTIONS.....

LIFE INSURANCE.....

CHARITIES.....

ENTERTAINMENT.....

SAVINGS.....

VACATION.....

ALIMONY.....

CHILD SUPPORT.....

(9) RELIGIOUS:

DONATIONS AND CONTRIBUTIONS.....

OTHER.....

(10) GIFTS:

CHILDREN'S BIRTHDAYS, RELATIVES, CHRISTMAS, ETC.....

(11) DEBT SERVICE:

LENDER: _____

LENDER: _____

LENDER: _____

CHARGE CARD _____

CHARGE CARD _____

CHARGE CARD _____

CHARGE CARD _____

CHARGE CARD _____

(1 2) MISCELLANEOUS EXPENSES:

TOTAL MONTHLY EXPENSES: _____

VII. MARITAL HISTORY

GIVE SUMMARY OF REASONS LEADING TO MARITAL DISCORD/ SEPARATION:

