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CLIENT INFORMATION

Client Name: _____

Client Maiden Name: _____

Client Address: _____

City: _____ State: _____ Zip: _____ County: _____

Client e-mail: _____

Client phone: Office: _____ ext: _____

Fax: _____ hours: _____

Employer's name: _____

Home: _____ time to call: _____

Cell: _____

Client S.S. #: _____

Client D.O.B.: _____ Age: _____

Referred By: _____

CLIENT INTERVIEW QUESTIONS

1. Place of Birth: _____

2. Length of time a resident of Illinois: _____

3. Education completed: _____

4. Religion/Ethnicity: _____

5. Future (new) address: _____

City: _____ State: _____ Zip: _____ County: _____

6. Closest relative - Name and relationship: _____

Address: _____

Your health: _____ Physician's Name: _____

Under treatment for: _____

8. Do you want your former name restored: Yes _____ Name: _____ No _____

MARRIAGE INFORMATION

9. Present Marriage:

Date: _____ Married in what city, county, and state: _____

10. Were you previously married: Yes _____ No _____ If yes, how many times: _____

How many terminated by: Divorce: _____ Death: _____

When and where divorced: _____

11. Are you receiving or paying any money for the support of children of a former marriage:

Yes _____ No _____

12. Are you receiving or paying alimony: Yes _____ No _____

If yes, what is the amount and how often is it paid: _____

SPOUSE'S INFORMATION

13. Name of Spouse: _____ Spouse Maiden Name: _____

14. Does your spouse want their former name restored? Yes _____ No _____

15. Age: _____ Date of Birth: _____

16. Social Security Number: _____

17. Place of Birth: _____

18. Length of time in Illinois: _____

19. Education completed: _____

20. Religion/Ethnicity: _____

21. Present address: _____

22. Future address: _____

23. Phone: Home: _____ Office: _____

24. Name of Spouse's Mother: _____

25. Name of Spouse's Father: _____

26. Spouses health: _____ Physician's Name: _____

Under treatment for: _____

27. Was your spouse previously married: Yes _____ No _____ If yes, how many times: _____
 How many terminated by: Divorce: _____ Death: _____
 When and where divorced: _____
28. Is spouse receiving or paying any money for the support of children of a former marriage: Yes _____ No _____
 If yes, number of children: _____ Amount: \$ _____
29. Does your spouse owe any arrearage on support: Yes _____ No _____
 If yes, what is the amount due? _____
30. Is your spouse receiving or paying alimony: Yes _____ No _____
 If yes, what is the amount and how often is it paid: _____
31. Does your spouse owe any arrearage on alimony: Yes _____ No _____
 If yes, what is the amount due? _____

SERVICE OF PROCESS

32. Give an accurate physical description of your spouse, (height, weight, color of hair, color of eyes, distinctive physical characteristics, nicknames, etc.) _____

33. Give make, model, year, color and license number of car your spouse is driving: _____

34. When and where should dissolution papers be served upon your spouse: _____

CHILDREN

35. Children of this marriage:

<u>Full Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Living with: (Mother) _____ (Father) _____ (Guardian) _____

Address: _____

Physical or emotional disabilities of child(ren): _____

36. Names and dates of birth of any children of prior marriages: _____

37. Who are they living with? _____

38. Who has legal custody of these children from the prior marriage? _____

39. Do any of these children have income: Yes _____ No _____

40. Do you have a reason to believe there will be a dispute as to the custody of your minor children:

Yes _____ No _____

If yes, why: _____

41. What school are the children attending, if of school age? _____

BASIS OF SEPARATION AND GROUNDS FOR DIVORCE

42. Are you (or your wife) pregnant or could you (or your wife) be pregnant: Yes _____ No _____

43. Date of last sexual intercourse with spouse: _____

44. Are parties in same home: Yes _____ No _____

If no, when were you separated? _____

45. Prior separations: Yes _____ No _____

If yes, when: _____

46. Previous court action: Date filed by attorney and case number (if known): _____

47. What makes you feel you must institute this action? _____

48. How do you feel your spouse has contributed to the marital problems? _____

49. If your spouse is seeking a divorce, what makes him/her feel that he/she must commence this action? _____

50. How do you feel you have contributed to the marital problems? _____

What grounds do you want to use when filing this case: _____

52. Do you consider your marital problems irreconcilable: Yes _____ No _____

53. Have you had marriage counseling: Yes _____ No _____

If yes, when: _____

Name of Counselor: _____

Address: _____

_____ Phone: _____

54. Do you feel that further counseling, either to preserve the marriage or to aid in adjustment to a divorce, would be helpful:

Yes _____ No _____

55. Does your spouse have a girl/boy friend: Yes _____ No _____

If yes, give names, ages, and addresses: _____

56. Do you have a girl/boy friend: Yes _____ No _____

If yes, give names, ages, and addresses: _____

57. Will spouse stipulate to grounds of "No Fault": Yes _____ No _____

INCOME INFORMATION

58. Husband's Occupation: _____

Employed by: _____

Address: _____

Gross salary: _____ per: _____

Net salary (take home): \$_____ per: _____

Bonus: \$_____ per: _____

Number of exemptions claimed for withholding purposes: _____

Commission: _____ Expense Account: _____

Profit Sharing: _____ Stock Interest: _____

Savings Plan: _____ Pension Plan: _____

What other benefits are provided by the employer: _____

Does husband also do any additional part-time work: Yes _____ No _____

If yes, explain: _____

Are there any babysitting costs incurred while working: Yes _____ No _____

Husband's previous work history and skills, including approximates: _____

If he does not have a previous work history, what has he done or what is he capable of doing to help support himself:

59. Wife's Occupation: _____

Employed by: _____

Address: _____

Gross salary: \$ _____ per: _____

Net salary (take home): \$ _____ per: _____

Bonus: \$ _____ per: _____

Number of exemptions claimed for withholding purposes: _____

Commission: _____ Expense Account: _____

Profit Sharing: _____ Stock Interest: _____

Savings Plan: _____ Pension Plan: _____

What other benefits are provided by the employer: _____

Does wife do any additional part-time work: Yes _____ No _____

If yes, explain: _____

Are there any babysitting costs incurred while working: Yes _____ No _____

Wife's previous work history and skills, including approximates: _____

If she does not have a previous work history, what has wife done or what is she capable of doing to help support herself:

60. Husband and/or Wife self-employment: _____

Name of Company: _____

Type of Business: _____

Address: _____

Service or product: _____

Date acquired: _____

Cost of Investment: _____

Stock interest:

Number of shareholders: _____

Directors/Officers: _____

Interest of spouse: _____

61. Do you or your spouse receive any financial assistance from a Welfare Dept. Social security, unemployment compensation, etc?

Yes _____ No _____

If yes, from who and what amount: _____

62. Are you, your spouse, or both of you named as parties in any existing lawsuit: Yes _____ No _____

If yes, describe the circumstances: _____

REAL ESTATE ASSETS

63. Homestead Address: _____

64. Is this insured by Title Company: Yes _____ No _____
65. List Permanent Tax Number: _____
Legal Description: _____

66. Date purchased: _____ Price: _____
Whose name is it in? _____
67. Present Mortgage Balance: \$ _____ Payable: \$ _____ per: _____
68. Name and address of contract for deed holder: _____

69. Market value of property: \$ _____
70. Basis for market value: _____ Approximate Equity: \$ _____
71. Real Estate taxes: \$ _____ Insurance amount: \$ _____
Is this insurance included in house payment: Yes _____ No _____
72. Are the house payments in arrears: Yes _____ No _____ If yes, what amount: \$ _____
73. Are the taxes in arrears: Yes _____ No _____ If yes, what amount: \$ _____
74. State date, type, and cost of any major improvements since house was purchased: _____

75. Other Non-Homestead real estate:
Location: _____
Type: _____
Legal description: _____

Date purchased: _____ Price: \$ _____
Whose name is it in? _____
Approximate present value: \$ _____ Approximate present equity: \$ _____
Mortgage balance: \$ _____ Payable: \$ _____ per: _____
Taxes: \$ _____
Contract for deed balance: \$ _____ Payable: \$ _____ per: _____
Any rental income from property: Yes _____ No _____

If yes, what is the amount: \$ _____ per: _____

List any additional real estate: _____

PERSONAL PROPERTY ASSETS

76. Savings account and/or savings certificates: _____

Approximate balance: \$ _____ Whose name is it in? _____

Checking account: _____

Approximate balance: \$ _____ Whose name is it in? _____

List any additional checking or savings accounts: _____

Stocks:

Company name: _____

Number of shares: _____

Whose name is it in? _____

Value: \$ _____

Bonds:

Type: _____

Whose name is it in? _____

Value: \$ _____

Do you or your spouse have any money or property held by others: Yes _____ No _____

If yes, give details: _____

83. Was your or your spouse's money or property at the time of marriage in excess of \$1,000.00: Yes _____ No _____

If yes, please explain: _____

What part if any, of your marriage estate was received by you or your spouse by inheritance, gift damages resulting from personal injury claim (state by whom received, from whom, nature and date received): _____

84. Are you, your spouse, or both of you beneficiaries under any estate now in probate (state which party, whose estate, and approximate amount involved): _____

85. Life Insurance (privately obtained):
Policy Number: _____ With who: _____
On life of: _____ Amount: \$ _____
Beneficiary: _____
Yearly premium: \$ _____ Cash surrender or loan value: \$ _____

86. Life Insurance (through employer):
Policy Number: _____ On life of: _____
Amount: \$ _____
Beneficiary: _____
Yearly premium: \$ _____ Cash surrender or loan value: \$ _____
Any additional life insurance policy or policies: _____

87. Medical Insurance: Check any of the following which are applicable:
Medical: _____ Hospitalization: _____
Major Medical: _____ Dental: _____ Glasses: _____
_____ Provided by your employer and/or labor union
Cost to you: \$ _____
_____ Provided by your spouse's employer and/or labor union
Cost to you: \$ _____
_____ Purchased privately. By whom: _____
Name of insurance company: _____
Cost: \$ _____
If any of the above insurance does not cover the entire family, explain: _____

88. Individual Retirement Trust Account:
For yourself:
Name of institution deposited with: _____ Amount: \$ _____

For your spouse:

Name of institution deposited with: _____ Amount: \$ _____

89. Automobiles or Other Motor Vehicles:

Husband drives (include year, make, and model): _____

Whose name is it in? _____

Lien amount: \$ _____ Payable: \$ _____ per: _____

Wife drives (include year, make, and model): _____

Whose name is it in? _____

Lien amount: \$ _____ Payable: \$ _____ per: _____

90. List and describe, including approximate value and encumbrances, any boats, motors, trailers, motorcycles, snowmobiles,

or camper: _____

91. Furniture:

General description: _____

Lien amount: \$ _____ Payable: \$ _____ per: _____

92. Antiques:

General description: _____

Approximate value: \$ _____ Purchase price: \$ _____

List tools and yard equipment: _____

94. List any other assets: _____

LIABILITIES

95. <u>Name of Creditor</u>	<u>Purpose</u>	<u>Present</u>	<u>Monthly</u>	<u>Whose</u>
		<u>Balance</u>	<u>Payment</u>	<u>Obligation</u>

PROPERTY SETTLEMENT

96. What do you consider as a fair division of your property and debts?

(a) Describe the items of property each party should receive:

(b) Describe the items of debt each party should receive:

(c) Amount of support for spouse: \$ _____ per: _____

(d) Amount of support for children: \$ _____ per: _____

MISCELLANEOUS

Comments: _____

98. Fee Arrangement: _____

CLIENT VERIFICATION

The undersigned client in the above referred to matter, states that he/she has helped prepare the above entitled form and has reviewed the completed form and certifies that the information provided is true and correct.

Dated: _____
_____ CLIENT

CLIENT