

New York Association of Collaborative Professionals

Collaborative Divorce Team

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

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

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 |

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: