

**Standard Information Request
In Collaborative Law**

The information below will help in assisting the professional team members as they explore and collaborate ideas and options regarding the financial issues. Please note that this is an initial request and, therefore, it may include items that are not relevant to you and/or it may not ask for all information. This is a standard list of information and as we all work together and review the documents, a more specific request may follow.

Basic Information:

Date of Marriage _____
Place of Marriage _____ (City and State)
Date separated, if applicable _____

Party 1

Party 2

Name: _____
Address: _____

How long have you been a resident of this:
County? _____
State? _____
Former legal/maiden name _____
Telephone: _____
E-mail: _____
Date of Birth: _____
SSN: _____
Driver's License Number _____
Number of prior marriages: _____

Employment:

Job title/occupation: _____
Employer's name: _____
Employer's address: _____

No. of years: _____

Payroll Address _____

Payroll Address _____

Pay status:
___ Salaried: Base Salary \$ _____/yr
___ Hourly; Hourly Rate \$ _____/hr
 Avg. Hrs. Worked per Week: _____
___ Commission/Bonus
Gross wages per pay period¹ \$ _____
Net wages per pay period \$ _____

___ Salaried: Base Salary \$ _____/yr
___ Hourly; Hourly Rate \$ _____/hr
 Avg. Hrs. Worked per Week _____
___ Commission/Bonus
\$ _____
\$ _____

¹ For self-employed individuals, use the most current calendar year information and supply copy of financial statement.

Party 1

Party 2

Paid Cycle:
weekly/biweekly/semimonthly/monthly (circle one)

weekly/biweekly/semimonthly/monthly (circle one)

Total Wages from Three most recent years:

Year:	Amount:
_____	_____
_____	_____
_____	_____

Year:	Amount
_____	_____
_____	_____
_____	_____

Other sources of income (taxable and/or nontaxable)²

Source:	Amount:
_____	_____
_____	_____
_____	_____

Source:	Amount:
_____	_____
_____	_____
_____	_____

Benefits: (please enclose a copy of your employer's benefits booklet)

Health insurance
 Retirement plan:
 Pension
 401(k)/403(b)/Simple
 Other
 Stock options
 Deferred Compensation

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Work History:

Occupation: _____
Education Level/Degree(s)/Certifications: _____

Previous Employer: _____
No. of years: _____

Previous Employer: _____
No. of years: _____

Children:

Names:	Date of birth:	SSN:	Place of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

² Examples include: Dividends, Interest Income, Rental Income, Royalties, Annuities, Pensions, Retirement Plan Distributions, Social Security, Child Support, etc.

Comments, i.e. status, health:

Residences of children over last five years: Please provide any and all addresses where your children have resided for the past five years, and the name(s) and present address of the person(s) with whom the children resided:

From _____ To _____ Address where resided _____
Resided with _____, whose current address is _____.

From _____ To _____ Address where resided _____
Resided with _____, whose current address is _____.

From _____ To _____ Address where resided _____
Resided with _____, whose current address is _____.

Other Persons for Whom You Provide Support:

Names	Relationship:	Age:	Annual Support:
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Income & Employment

Please provide the following documentation:

1. Tax returns for the three most current years, including all schedules, W-2s, K-1s and 1099s for each year.
2. Year-end pay statements for the three most current years and current pay statement.
3. Current copy of employment contract, bonus and/or commission programs, etc.
4. If employed, cost of health insurance premiums for individual coverage and premiums for adult plus children.

Property and Debts

Please provide the most current statement for the items listed below, whether joint, individual or custodian accounts. Include all property and debts that you have knowledge of, including those items that were obtained prior to marriage, by gift, or by inheritance. Please identify items received prior to marriage, by gift or by inheritance.

5. Current account statements for checking, savings, college savings, health savings, money market, certificates of deposit, etc.
6. Current account statements for annuities (outside of retirement plans), brokerage, investments, including stocks, bonds, mutual funds, stock options, restricted stock awards, limited partnership holdings, etc.
7. An itemized listing showing all real estate owned, including residence, vacation home, land, rental, etc. For each real estate listing, provide settlement statement, amount of past renovations, if any and current fair market value.
8. Current mortgage, 2nd mortgage, line of credit, home equity statement(s) on real estate owned. For each loan, please provide, monthly loan payment (principal and interest), interest rate, escrow balance and years remaining.
9. Current life insurance policies. For each policy, please provide the name of the insured, the name of the beneficiary(ies), death benefit and most recent cash value statement.
10. For any closely held business interests, including S corporations, C Corporations, Partnerships, LLC's, etc., please provide copies of tax returns for the three most recent years, ownership percentage, operating agreement and current value.
11. Current account statements for retirement plans, which include IRAs, Roth IRAs, SIMPLE IRAs, SEP, 401(k)s, 403(b), 457 plans, 409A Nonqualified deferred compensation, Profit sharing, defined benefit, money purchase and ESOP.
12. Current account statements for pension plans, which include defined benefit plans, including private and government plans (i.e. Social Security Statement, OPERS, STRS, SERS, OP&F and HPRS). Please include Summary Plan Descriptions, if applicable. Please visit www.ssa.gov to obtain a copy of your recent social security statement.
13. Copies of titles or registrations for all automobiles, motorcycles, boats, planes, etc. Please provide owner/driver and current mileage.

14. Current loan statements, for any personal loans, auto loans, student loans, etc.
15. Current credit card account statements. Please provide statements for accounts that have a running outstanding balance.
16. Provide current values or account statements for any other assets, including time shares, cryptocurrency, household furnishings, art collections, gun collections, any other collections, gifts, accounts receivables, credit card miles, airline miles, memberships in country clubs, season tickets, items in safe deposit boxes, items in storage facilities, etc.
17. Please identify any assets or liabilities that you would consider to be nonmarital property, in whole or in part (i.e. a retirement account that was established prior to the marriage, a house that was acquired prior to the marriage, a gift or inheritance that is in a bank/investment account).
18. Provide copy of Prenuptial Agreement, if any.

Trusts:

Party 1 - Have you created grants, insurance, testamentary, generation-skipping, or other trusts? Y N

If yes:

Type: _____

Trustee: _____

Beneficiaries: _____

Party 2 - Has spouse created grantor, insurance, testamentary, generation-skipping or other trusts? Y N

Type: _____

Trustee: _____

Beneficiaries: _____

Trust Beneficiary:

Are you or any member of your immediate family a beneficiary of a trust? Y N

If yes:

Who: _____ Amount expected: _____

Health Insurance Information

(THIS INFORMATION ONLY NECESSARY IF THERE ARE MINOR CHILDREN)

Party 1

Party 2

Are your child(ren) currently enrolled in a low-income government-assisted health care program (Healthy Start/Medicaid)?

Yes No

Yes No

Are you enrolled in an individual (non-group or COBRA) health insurance plan?

Yes No

Yes No

Are you enrolled in a health insurance plan through a group (employer or other organization)?

Yes No

Yes No

If you are not enrolled, do you have health insurance available through a group (employer or other organization)?

Yes No

Yes No

Does the available insurance cover primary care services within 30 miles of the child(ren)'s home?

Yes No

Yes No

Under the available insurance, what would be the annual premium for a plan covering you and the child(ren) of this relationship (not including a spouse)?

\$ _____

\$ _____

Under the available insurance, what would be the annual premium for a plan covering you alone (not including children or spouse)?

\$ _____

\$ _____

If you are enrolled in a health insurance plan through a group (employer or other organization) or individual insurance plan, which of the following people is/are covered:

Yourself?

Yes No

Yes No

Your spouse?

Yes No

Yes No

Minor child(ren) of this relationship?

Yes No

Yes No

Number _____

Number _____

Other individuals?

Yes No

Yes No

Number _____

Number _____

Name of group (employer or organization) that provides health insurance

Address

Phone number
