

DATE: \_\_\_\_\_

**RIEMER LAW PLLC**  
**ATTORNEYS AT LAW**

**CLIENT INFORMATION:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First MI

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

- I authorize emails concerning my case.
- I authorize a follow up call regarding my consultation.

Armed Forces Status: \_\_\_\_\_

**Employment:**

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Occupation: \_\_\_\_\_ License # \_\_\_\_\_

Weekly Gross Pay: \$ \_\_\_\_\_ Weekly Take Home: \$ \_\_\_\_\_

Pension: \$ \_\_\_\_\_ Income Last Year: \$ \_\_\_\_\_

**Other Income Sources:**

- Pension (wage/dividend)
  - Gross Per Year: \_\_\_\_\_ In Whose Name: \_\_\_\_\_
- Retirement (wage/dividend)
  - Gross Per Year: \_\_\_\_\_ In Whose Name: \_\_\_\_\_
- Public Assistance or ADC (wage/dividend)
  - Gross Per Year: \_\_\_\_\_ In Whose Name: \_\_\_\_\_
- Veteran's Benefits (wage/dividend)
  - Gross Per Year: \_\_\_\_\_ In Whose Name: \_\_\_\_\_
- Social Security (wage/dividend)
  - Gross Per Year: \_\_\_\_\_ In Whose Name: \_\_\_\_\_



Weekly Gross Pay: \$ \_\_\_\_\_ Weekly Take Home: \$ \_\_\_\_\_

Pension: \$ \_\_\_\_\_ Income Last Year: \$ \_\_\_\_\_

**Other Income Sources:**

- Pension (wage/dividend)
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- Public Assistance or ADC (wage/dividend)
  - o Gross Per Year: \_\_\_\_\_ In Whose Name: \_\_\_\_\_
- Veteran's Benefits (wage/dividend)
  - o Gross Per Year: \_\_\_\_\_ In Whose Name: \_\_\_\_\_
- Social Security (wage/dividend)
  - o Gross Per Year: \_\_\_\_\_ In Whose Name: \_\_\_\_\_
  - o Gross Per Year: \_\_\_\_\_ In Whose Name: \_\_\_\_\_
- Annuity Funds (wage/dividend)
  - o Gross Per Year: \_\_\_\_\_ In Whose Name: \_\_\_\_\_

**Education:**

Highest Degree Obtained: \_\_\_\_\_

High School: \_\_\_\_\_ Date of Diploma or GED: \_\_\_\_\_

Univ./College: \_\_\_\_\_ Degree Obtained & Date: \_\_\_\_\_

Additional Training:

\_\_\_\_\_  
\_\_\_\_\_

Did either spouse contribute to the education of the other? If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

**MARRIAGE:**

Place: \_\_\_\_\_  
City/Village/Twp. County State Country

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Have you lived in Michigan for at least 180 days? \_\_\_ Yes \_\_\_ No

Have you lived in the county for at least 10 days? \_\_\_ Yes \_\_\_ No

Number of previous marriages: Yours \_\_\_\_\_ Spouses \_\_\_\_\_

Has either spouse previously filed for divorce in this county or elsewhere?

- Yes
- No

If Yes, please indicate:

1. When and where filed: \_\_\_\_\_
2. Status of case: \_\_\_\_\_
3. Case number and name of judge: \_\_\_\_\_

Is there a prenuptial or postnuptial agreement?

- Yes
- No

If Yes, please attach a copy of the agreement.

### **HEALTH CARE INSURANCE:**

Do you have health care insurance?

- Yes
- No

If Yes:

- Name:
- Policy, group, or contract number:
- Paid by Whom:
- Cost:

Does your spouse have health care insurance?

- Yes
- No

If Yes:

- Name:
- Policy, group, or contract number:
- Paid by Whom:
- Cost:

\*If you do not know, please check with the insurance benefits office.

**FAMILY HEALTH AND SOCIAL ISSUES:**

Do you or your spouse have any serious physical or mental disability, disorder, handicap, or incurable disease?

- Yes
- No

If Yes, please explain:

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Do you or your spouse have any problems with substance abuse (drugs or alcohol)?

- Yes
- No

If Yes:

- Type of drugs: \_\_\_\_\_
- What treatment and by whom: \_\_\_\_\_
- When: \_\_\_\_\_
- Place of treatment: \_\_\_\_\_

Do you or your spouse have any problems with debts; gambling; etc.?

- Yes
- No

If Yes, please explain:

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Any marriage counseling?

- Yes
- No

Personal counseling (yours/spouse's)?

- Yes
- No

Would you begin or continue counseling?

- Yes
- No

Would you sign a waiver of confidentiality so that we may have access to your records?

- Yes
- No

Attitudes (yours/spouse's) toward reconciliation:

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**PHYSICAL INJUNCTION INFORMATION:**

What physical abuse, if any, has occurred and on what dates:

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Has either spouse ever been arrested, convicted, imprisoned, or placed on probation?

- Yes
- No

If Yes, please describe including dates:

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**RELIEF TO BE REQUESTED:**

- Divorce
- Separate Maintenance
- Annulment
- Spousal Support
- Spouse to Vacate Home
- Contribution of Attorney Fees
- Restoration of Former Name
  - o Name: \_\_\_\_\_
- Procurement of \$\_\_\_\_\_ in Life Insurance to Secure Child Support
- Property Division
- Property Injunction
- Domestic Abuse Injunction
- Health Insurance
- Home Utility Payments
- Home Insurance
- Mortgage Payments
- Debts Paid (specify): \_\_\_\_\_
- Other (describe): \_\_\_\_\_

**MINOR CHILDREN:**

Have there ever been any children born of this marriage?

- Yes
- No

Adults?

- Yes
- No

Deceased?

- Yes
- No

Are there any minor children of the parties?

- Yes
- No

If Yes:

	Child One	Child Two	Child Three	Child Four
Name				
Age				
Birth Date				
Social Sec. No.				
Living With				

Which parent carries minor child(ren) on insurance?

- Mother
- Father

Name of Insurance Company: \_\_\_\_\_

Policy/Certificate/Contract No.: \_\_\_\_\_

Prior addresses of minor children during the last five years:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_



Type of Parenting Time:

- Reasonable
- Specified
- Supervised
- None

Has either spouse participated in any other custody litigation?

- Yes
- No

If Yes, please describe:

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Does either party pay or receive child support for children born outside of this marriage?

- Yes
- No

If Yes, please specify what court the other support action is pending in? (case number, judge):

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Is the female to this action now pregnant?

- Yes
- No

Additional Comments/Concerns:

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## MARITAL ASSETS

### Real Estate: Marital Home

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- Own
- Rent

Date Purchased: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Down Payment: \_\_\_\_\_ Source of Down Payment: \_\_\_\_\_

Amount Mortgaged: \_\_\_\_\_ Current Mortgage Balance: \_\_\_\_\_

Mortgage Payment: \$ \_\_\_\_\_

Home Equity Loan: \$ \_\_\_\_\_ Amount of Equity Loan: \$ \_\_\_\_\_

Date of Equity Loan: \_\_\_\_\_ Equity Loan Monthly Payment: \$ \_\_\_\_\_

Current Equity Loan Balance: \$ \_\_\_\_\_

Additional Real Estate:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Vehicles:

	Vehicle One	Vehicle Two	Vehicle Three	Vehicle Four
Year				
Make/Model				
Own/Lease				
Used By				
In Possession Of				
VIN #				

**Additional Information:**

Loans Including Monthly Payments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Plaintiff's Pension:**

Pension With: \_\_\_\_\_ Amount Vested: \$ \_\_\_\_\_

Monthly Benefit: \$ \_\_\_\_\_

Plan Administrator: \_\_\_\_\_ Address: \_\_\_\_\_

Age Eligibility: \_\_\_\_\_

**Defendant's Pension:**

Pension With: \_\_\_\_\_ Amount Vested: \$ \_\_\_\_\_

Monthly Benefit: \$ \_\_\_\_\_

Plan Administrator: \_\_\_\_\_ Address: \_\_\_\_\_

Age Eligibility: \_\_\_\_\_

**401(k)/403(b):**

Account No.: \_\_\_\_\_ Name: \_\_\_\_\_

Custodian/Address: \_\_\_\_\_

Balance as of Date: \_\_\_\_\_

Account No.: \_\_\_\_\_ Name: \_\_\_\_\_

Custodian/Address: \_\_\_\_\_

Balance as of Date: \_\_\_\_\_

**Bank Accounts:**

Savings Account With: \_\_\_\_\_ Account No.: \_\_\_\_\_

In Name of: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Checking Account With: \_\_\_\_\_ Account No.: \_\_\_\_\_

In Name of: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

**Stocks and Bonds:**

- IRAs \_\_\_\_\_
- Bonds \_\_\_\_\_
- Money Markets \_\_\_\_\_
- Stocks \_\_\_\_\_
- Mutual Funds \_\_\_\_\_
- Other (Specify) \_\_\_\_\_

**Marital Debts:**

Creditor: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

In Name of: \_\_\_\_\_

Creditor: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

In Name of: \_\_\_\_\_

Creditor: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

In Name of: \_\_\_\_\_

Additional Comments/Concerns:

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