

# HUNT & ASSOCIATES, PC



## DOMESTIC RELATIONS INFORMATION SHEET

Please complete the following information:

<b>YOU</b>	<b>YOUR SPOUSE</b>
Full Name: _____	Full Name: _____
Address: _____	Address: _____
Cell Phone: _____	Date of Birth: _____
Home Phone: _____	Place of Birth: _____
Email: _____	SS No.: _____
Date of Birth: _____	Maiden Name (if applicable): _____
Place of Birth: _____	Other Names Used: _____
SS No.: _____	Attorney (if known): _____
Maiden Name (if applicable): _____	
Other Names Used: _____	

## MARRIAGE INFORMATION

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

Place of Marriage (including County): \_\_\_\_\_

Date You Last Resided with Your Spouse: \_\_\_\_\_

Did you enter into a prenuptial agreement:  Yes  No

## CHILDREN

If any of the children are non-joint children, please indicate.

Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
SS No.: _____	SS No.: _____
Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
SS No.: _____	SS No.: _____

Name: \_\_\_\_\_

**STATISTICAL INFORMATION (REQUIRED BY ORS 432.010)**

<b>YOU</b>	<b>YOUR SPOUSE</b>
Number of Marriage: _____	Number of Marriage: _____
If previously married, marriage ended how? When? _____	If previously married, marriage ended how? When? _____
Race: _____	Race: _____
Highest grade of schooling completed? _____	Highest grade of schooling completed? _____
Your health: _____	Your spouse's health: _____

**EMPLOYMENT/INCOME INFORMATION**

<b>YOU</b>	<b>YOUR SPOUSE</b>
Employer: _____	Employer: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Title: _____	Title: _____
Yrs. Employed: _____	Yrs. Employed: _____
Gross Monthly Income: _____	Gross Monthly Income: _____
Retirement Plans or Accounts: _____	Retirement Plans or Accounts: _____

**MEDICAL/DENTAL INSURANCE**

<b>MEDICAL</b>	<b>DENTAL</b>
Who provides insurance for the children? <input type="checkbox"/> You <input type="checkbox"/> Spouse	Who provides insurance for the children? <input type="checkbox"/> You <input type="checkbox"/> Spouse
Provider: _____	Provider: _____
Policy #: _____	Policy #: _____
Monthly premium to cover you: _____	Monthly premium to cover spouse: _____
Monthly premium to cover family: _____	Monthly premium to cover family: _____

Name: \_\_\_\_\_

**ASSETS**

Please list all major assets (i.e. real property, vehicles, boats, trailers, valuable jewelry, antiques, collectibles, etc.):

DESCRIPTION	VALUE	*SPECIAL NOTES
<b>Real Property:</b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Vehicles:</b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Bank/Brokerage Accounts:</b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Retirement Accounts:</b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Valuable Personal Property:</b>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

