

THE LAW OFFICES OF
KENNETH R. KLINE
ATTORNEY AT LAW | M.B.A.
OSBA CERTIFIED FAMILY RELATIONS LAW SPECIALIST

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Email: Ken@krklaw.com

Date Social Security No.
Full Legal name Nickname
Residence Age Birthdate
Address Apt. # Home Phone
Street Apt. #

City/County/State/Zip Code
How long at this address? Driver's License Number

Mailing (If you do not want us to send any mail to your home)

Address Apt. # Phone Number
Street Apt. # (Where a message can be left)
 Fax Number
City/County/State/Zip Code

May we fax without prior telephone authorization? ☐

E-mail Address
May we E-mail without prior telephone authorization? ☐

Cellular/Pager Number

Employed by From to
(Or last employed by)

Position Business Phone

Gross per Pay Net per Pay How Often Paid

Employment Address Total Gross Income Last Calendar Year

Referred By Highest Education Obtained

Year Education Completed?

Name of Present Spouse (If different than Other Party)

OTHER PARTY (If divorce or dissolution, this refers to present spouse. If this is a matter after a divorce or dissolution, this refers to your former spouse.)

Full Legal name Social Security Number

Nickname

Residence Age Birthdate

Address Apt. # Home Phone

Street

Apt. #

City/County/State/Zip Code

How long at this address? Driver's License Number

Employed by From To

(Or last employed by)

Position Business Phone

Gross per Pay Net per Pay How Often Paid

Employment Address Total Income Last Calendar Year

Highest Education Obtained Year Education completed?

Attorney for Other Party

MARITAL HISTORY

Date Married (and/or Divorced) Pre-Nuptial Agreement?

Date Separated Signed? Yes ☐ No ☐

City, County and State of Marriage or Divorce

Is Wife Pregnant? If yes, state due date

(Not Applicable for Problem After Divorce)

CHILDREN BY THIS MARRIAGE (or former marriage if this matter relates to a previous divorce) (indicate if adopted)

Name Age D.O.B. SSN

Name Age D.O.B. SSN

Name Age D.O.B. SSN

Name Age D.O.B. SSN

RESIDENCES OF ABOVE CHILDREN FOR LAST FIVE YEARS

From		To		Address	
From		To		Address	
From		To		Address	
From		To		Address	

CHILDREN BY OTHER MARRIAGES (Include yours and other party's)

Name		Parents' names		Age		D.O.B.	
Child residing at				With			
Name		Parents' names		Age		D.O.B.	
Child residing at				With			
Name		Parents' names		Age		D.O.B.	
Child residing at				With			

HEALTH INSURANCE

Name of Health Insurance Company			
Address		Phone Number	
City, State, Zip Code			
Policy Number			
Participant Card Available	Yes ☐	No ☐	Prescription Card Available Yes ☐ No ☐
Is Insurance Provided through	Your Employer ☐	Spouse's Employer ☐	
Names of Family members Covered			
Are Premiums Deducted From Salary	Yes ☐	No ☐	
Additional Policies through Different Source? (List All Pertinent Information)			

ADDITIONAL PRELIMINARY INFORMATION

Marriage problems (or problems after divorce or dissolution).

Please state your goals, in order of importance, including assets desired

List all previous marriages for both parties.

Have you received or paid spousal support? If yes, please specify.

List any health problems for either party and/or children.

Have you consulted any therapists?

Whom, when, who attended the sessions, and what advice or results?

Have you previously consulted any attorneys within the last year?

If so, who, when, and for what?

What position is taken by the other party in this matter?

Please give a brief description of your education, training and job history.