

CLIENT INFORMATION SHEET FOR DISSOLUTION OF MARRIAGE

TODAY'S DATE: _____, 20__.

CLIENT'S NAME: _____ **SSN:** _____

RACE _____ **DATE OF BIRTH:** _____

(MAIDEN NAME: _____ **) DATE OF BIRTH:** _____

(RESTORED? YES ___ **NO** ___ **PLACE OF BIRTH:** _____

HOME ADDRESS: _____

HOME PHONE # _____

PAGER # _____ **CELL PHONE #** _____

NAME & ADDRESS OF EMPLOYER: _____

WORK PHONE # _____

LENGTH OF RESIDENCE IN MISSOURI: _____

NUMBER OF THIS MARRIAGE: _____

If previously married, how many ended in death? ___ dissolution? ___

Month and year of each prior decree of dissolution of marriage: _____

SPOUSES NAME: _____ **SSN:** _____

RACE _____ **DATE OF BIRTH:** _____

(MAIDEN NAME: _____ **) DATE OF BIRTH:** _____

(RESTORED? YES ___ **NO** ___ **PLACE OF BIRTH:** _____

HOME ADDRESS (if different): _____

HOME PHONE # _____

PAGER # _____ **CELL PHONE #** _____

NAME & ADDRESS OF EMPLOYER: _____

WORK PHONE # _____

LENGTH OF RESIDENCE IN MISSOURI: _____

NUMBER OF THIS MARRIAGE: _____

If previously married, how many ended in death? ___ dissolution? ___

Month and year of each prior decree of dissolution of marriage: _____

DATE OF THIS MARRIAGE: _____

County & state where marriage license was issued: _____

Place of marriage: City: _____ **County:** _____ **State:** _____

Date husband and wife last resided in same household: _____

Date of cessation of marital relations (if still residing in same household): _____

EDUCATION: Wife _____ **Husband:** _____

(Highest grade completed)

ALL CHILDREN OF MARRIAGE:

Name: _____ **Date of birth:** _____ **SSN:** _____

Name: _____ **Date of birth:** _____ **SSN:** _____

Name: _____ **Date of birth:** _____ **SSN:** _____

Name: _____ **Date of birth:** _____ **SSN:** _____

Name: _____ **Date of birth:** _____ **SSN:** _____

RESIDENCE ADDRESS OF EACH CHILD(REN) FOR LAST SIX MONTHS:

NAMES AND ADDRESS OF EACH PERSON CHILD(REN) HAS RESIDED WITH DURING LAST SIX MONTHS:

