

CONFIDENTIAL CLIENT INFORMATION FORM

Please complete this form fully and accurately and return it to us as soon as possible. Keep us advised of any changes or new information. The answers you give will be held strictly confidential. This form is considered our attorney work product and will not be disclosed to your spouse's/partner's attorney. Thank you for your assistance.

Date: _____

1. Client: Full Name _____
Mother's Birth Name _____
Social Security Number _____
Address _____
How Long _____ Phone _____
Birthplace _____ Birth Date _____
Employer _____ Phone _____
Address _____
Education _____
Desire to resume birth name? _____ If so, please indicate name:

2. Spouse/Partner (if applicable):
Full Name _____
Mother's Birth Name _____
Social Security Number _____
Address _____
How Long _____ Phone _____
Birthplace _____ Birth Date _____
Employer _____ Phone _____
Address _____
Education _____
Desire to resume birth name? _____ If so, please indicate name:

3. Children: Full Name _____ D/O/B _____ SS# _____
Full Name _____ D/O/B _____ SS# _____
Full Name _____ D/O/B _____ SS# _____
Full Name _____ D/O/B _____ SS# _____
Where are the children? _____
With whom are children living? _____

4. Present Marriage:
 Date and place of marriage _____
 Date of separation _____
 How long lived in NH? Self: _____ Spouse/Partner: _____
 How long at present address? _____
 Who left the other? _____
 Where last lived together? _____ When? _____
 If you entered into a prenuptial agreement, please attach a copy.

5. Any prior proceedings between you and your spouse/partner for divorce, legal separation or dissolution ? _____. If so, please explain on reverse side.

6. Previous marriages/unions – Self
 Spouse/Partner _____ Date and place _____
 Spouse/Partner _____ Date and place _____
 Children from previous marriage(s)/unions _____
 Child support order from previous marriage(s)/unions _____
 Alimony order from previous marriage(s)/unions _____

7. Previous marriages/unions – Spouse/Partner
 Spouse/Partner _____ Date and place _____
 Spouse/Partner _____ Date and place _____
 Children from previous marriage(s)/unions _____
 Child support order from previous marriage(s)/unions _____
 Alimony order from previous marriage(s)/unions _____

8. Property - Indicate your best estimate of value:

DESCRIPTION	OWNERSHIP (Individual or joint)	FAIR MARKET VALUE	ENCUMBRANCE (if any)
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Real Estate

Automobiles

Savings Accounts-
 Bank and account
 numbers

Checking Accounts-
Bank and account
numbers

Investment Accounts, Stocks, Bonds, etc.

Custodial Accounts

Miscellaneous
Property

Furniture

Business
Ownership
Interests

Life Insurance-
Owner, Cash
Value, Face Value,
Beneficiary

Retirement
Funds

Other

9. Earnings: Self
Employment income (weekly gross and take home) _____
Investment income _____
Other source of income and amount _____

10. Earnings: Spouse/Partner
Employment income (weekly gross and take home) _____
Investment income _____
Other source of income and amount _____

11. Please identify any and all Trusts in which either you or your spouse/partner have any interest as trustee, grantor or beneficiary.

12. Outstanding debts/bills owed:

<u>Creditor</u>	<u>Balance Due</u>	<u>Monthly Payments</u>
1.		
2.		
3.		
4.		
5.		

13. (a) Medical Insurance Coverage:
Insurer _____
Insured _____

(b) Dental Insurance Coverage:
Insurer _____
Insured _____

14. Civil or Criminal Prior or Pending Litigation:

<u>Date</u>	<u>Adverse Party</u>	<u>Nature of Claim</u>	<u>Result</u>
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15. Describe the dates and nature of any military service:

16. Describe any significant actual or anticipated inheritance rights:

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