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DOCUMENTS TO BE FILLED OUT AND RETURNED TO ATTORNEY

- ___ 1. General Information Sheet
- ___ 2. Property List
- ___ 3. Debt List
- ___ 4. Monthly Expenses
- ___ 5. Visitation Schedule (Please review and make any changes you desire-for each change please state your reason for such change)

DOCUMENTS TO BE PROVIDED TO ATTORNEY

(Please provide copies - we would prefer you keep your originals)

- ___ 1. Past three years tax returns, including W-2 forms
- ___ 2. Current pay stubs from January to present
- ___ 3. Past six months bank statements for all checking and savings accounts (upon receiving it, provide current months bank statement)
- ___ 4. Verification of debts (i.e., credit card statements, invoices, monthly statements, etc.)
- ___ 5. Verification of assets (i.e., monthly or quarterly statement of any asset listed above in General Information Sheet)
- ___ 6. Vehicle titles
- ___ 7. Boat titles, Motorcycle titles
- ___ 8. NADA (blue book) value of automobiles (highlight car value - you may obtain this information from a bank, car dealership, etc.)
- ___ 9. Warranty Deed or Quit Claim Deed to all real estate, including residence and/or any and all land.
- ___ 10. Verification of medical insurance cost for children only
- ___ 11. Verification of monthly day care cost for children

- ___ 12. Costs of transportation for visitation
- ___ 13. Verification of other child support payments made either by you or your spouse for any children of a previous marriage or children prior to marriage
- ___ 14. Certificates of Deposit

GENERAL INFORMATION SHEET
(To be completed by client)

Full Name: _____ **SS #** _____

Birthdate: _____

Address: _____

Phone: (H): _____

(W): _____

(FAX): _____

(PAGER): _____

(Cellular Phone): _____

Occupation: _____

Job Title: _____

Employer: _____

Address: _____

Dates of Current Employment: _____

Job Benefits: _____

Education: _____

Date of Prior Marriage: _____

Ante Nuptial Agreement: Yes ___ No ___

Date of Separation: _____ **Restore to Prior Name:** Yes ___ No ___

Spouse Full Name: _____ **SS #** _____

Spouse Birthdate: _____

Address: _____

Phone: (H): _____

(W): _____

(FAX): _____

(PAGER): _____

(Cellular Phone): _____

Occupation: _____

Job Title: _____

Employer: _____

Address: _____

Dates of Current Employment: _____

Job Benefits: _____

Education: _____

**Date of Spouse's
Prior Marriage:** _____

Restore to Prior Name: YES ___ NO ___

Date of Marriage: _____

Place of Marriage: _____

Children of this Marriage:

Name: _____ DOB: _____ S.S.# _____

Name: _____ DOB: _____ S.S.# _____

Name: _____ DOB: _____ S.S.# _____

Name: _____ DOB: _____ S.S.# _____

Residence of Children for past 5 years: _____

Special Health or Handicap Problems of any Children or Family Members:

Client's Children of Prior Marriage:

Name: _____ DOB: _____ S.S.# _____

Name: _____ DOB: _____ S.S.# _____

Name: _____ DOB: _____ S.S.# _____

Name: _____ DOB: _____ S.S.# _____

Child Support Paid: _____ Child Support Received: _____

Amount of Child Support \$ _____

Spouse's Children of Prior Marriage:

Name: _____ DOB: _____ S.S.# _____

Name: _____ DOB: _____ S.S.# _____

Name: _____ DOB: _____ S.S.# _____

Name: _____ DOB: _____ S.S.# _____

Child Support Paid: _____ Child Support Received: _____

Amount of Child Support \$ _____

CLIENT INCOME INFORMATION

(Following information can be obtained from pay stub or employer)

How are you paid? _____ Weekly _____ Every 2 weeks

_____ Twice a month _____ Monthly

1. **GROSS Income from each pay period:**

Salary and wages, including commissions, bonuses, allowances and overtime payable..... \$ _____
Pensions and retirements..... \$ _____
Social Security..... \$ _____
Disability/Unemployment insurance..... \$ _____
Public Assistance (welfare, AFDC payments, etc..... \$ _____
Child Support from prior marriage..... \$ _____
Rents..... \$ _____
Any other source..... \$ _____

Gross Income..... \$ _____

2. **Itemized Deductions:**

State and Federal Income Taxes..... \$ _____
Number of exemptions taken _____
Social Security (FICA)..... \$ _____
Medical Insurance..... \$ _____
Other insurance (explain) _____ \$ _____
Union or other dues..... \$ _____
Retirement or pension funds..... \$ _____
Savings plan..... \$ _____
Credit Union (Specify whether for savings or loan payment) _____ \$ _____

Total Deductions..... \$ _____

REAL ESTATE/PROPERTY

Residence

Address: _____

Type of Property: _____

Date Acquired: _____

Original Cost:\$ _____

Mortgage Balance:\$ _____

Market Value:\$ _____

Do you have a current market analysis or appraisal of real property: _____

(If so, please provide to attorney)

Legal Description: _____

(You will find the legal description on a Warranty Deed or Quit Claim Deed, or you can call the County Clerk's Office in the County in which the property is located)

Rental

Address: _____

Type of Property: _____

Date Acquired: _____

Original Cost:\$ _____

Mortgage Balance:\$ _____

Market Value:\$ _____

Do you have a current market analysis or appraisal of real property: _____

(If so, please provide to attorney)

Legal Description: _____

(You will find the legal description on a Warranty Deed or Quit Claim Deed, or you can call the County Clerk's Office in the County in which the property is located.)

Other

Address: _____

Type of Property: _____

Date Acquired: _____

Original Cost:\$ _____

Mortgage Balance:\$ _____

Market Value:\$ _____

Do you have a current market analysis or appraisal of real property: _____

(If so, please provide to attorney)

Legal Description: _____

(You will find the legal description on a Warranty Deed or Quit Claim Deed, or you can call the County Clerk's Office in the County in which the property is located)

ASSETS

Do you own any of the following:

_____ **Securities**-stocks, bonds Value
\$ _____
Specify: _____

_____ **Bank Accounts:** (Checking, Savings, Certificate of Deposit, etc.) Balance
\$ _____
Specify: _____

Banker: _____

_____ **Life Insurance Policies:**

Name of Company	Insured	Policy No.	Face Amount	Cash Value
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

_____ **Retirement or Profit Sharing Accounts:**

Name: _____ Value
\$ _____
_____ \$ _____

_____ **Other Assets (Not listed above)** \$ _____

_____ **Business Interests** (Indicate name, share, type of business, present market value less indebtedness, name of creditor, balance due, equity value, name of other owners)

PROPERTY LIST

(Include vehicles, household goods and furnishings, boats, etc.)

(Separate property is property owned prior to marriage or that was acquired from separate funds after marriage or acquired by gift, devise, or inheritance after marriage)

<u>Description of Property</u>	<u>Value</u>	<u>Debt (If any)</u>	<u>Award To Whom</u>	<u>Sep/Joint (S or J)</u>
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_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
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_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

VEHICLES

Car (Client) _____

Payments: _____ Balance: _____

VIN # _____

Insurance Co. _____ Coverage _____

Mortgagee: _____

Car (Spouse) _____

Payments: _____ Balance: _____

VIN # _____

Insurance Co. _____ Coverage _____

Mortgagee: _____

Car (Child) _____

Payments: _____ Balance: _____

VIN # _____

Insurance Co. _____ Coverage _____

Mortgagee: _____

Car (other) _____

Payments: _____ Balance: _____

VIN # _____

Insurance Co. _____ Coverage _____

Mortgagee: _____

DEBT LIST

(All current debts owed by you, your spouse, or jointly-including mortgages, credit cards, personal loans, etc.)

<u>Debt Creditor's Name and Purpose for Debt</u>	<u>Current Payable Balance</u>	<u>Monthly Payment</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

_____	\$ _____	\$ _____	\$ _____
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_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

MONTHLY EXPENSES

(Include expenses for yourself and any children, and remember these expenses are monthly-please divide accordingly by number of months if expense is for more than one month)

Housing:

Rent or Mortgage Payment.....\$ _____
 Are real property taxes and insurance included in payment?..... Yes _____ No _____
 If not, please list as expenses:.....\$ _____
 House maintenance and repairs.....\$ _____

Utilities Bills:

Telephone.....\$ _____
 Electric.....\$ _____
 Gas.....\$ _____
 Water, trash, sewer.....\$ _____
 Cable.....\$ _____
 Internet.....\$ _____
 Cellular Phone.....\$ _____

Food and Household Supplies.....\$ _____

Clothing:

Clothing, shoes, accessories for yourself.....\$ _____
 Clothing, shoes, accessories for children.....\$ _____

Health Expenses:

Doctor.....\$ _____
 Dentist\$ _____
 Eyeglasses.....\$ _____
 Prescription/Medicines.....\$ _____
 Special Medical Expenses:
 Orthodontist\$ _____
 Psychiatrist, counselor, etc.....\$ _____

Insurances:

Health Insurance

Is Health Insurance deducted from salary? _____

Automobile Insurance (monthly).....\$ _____

Life Insurance.....\$ _____

Personal Liability.....\$ _____

Children's Expenses:

Day Care/Child Care.....\$ _____

Babysitter (occasional).....\$ _____

School lunches.....\$ _____

School Supplies.....\$ _____

Tuition.....\$ _____

Activities:.....\$ _____

Dance lessons.....\$ _____

Music lessons.....\$ _____

Football/Cheerleading

Band.....\$ _____

Clubs.....\$ _____

Other: _____

Automobile/Transportation:

Car Payment.....\$ _____

Gas and Oil.....\$ _____

Repairs/Maintenance.....\$ _____

License Tag (divide by 12 months).....\$ _____

Pikepass.....\$ _____

Miscellaneous Expenses:

Entertainment and Eating Out.....\$ _____

Laundry and Cleaning.....\$ _____

Barber/Beauty Shop\$ _____

Cosmetics, shampoo, etc (not listed w/Food and Household Supplies).....\$ _____

Newspapers/Magazines/Books\$ _____

Dues(social/fitness clubs).....\$ _____

Donations(church, etc.).....\$ _____

Gifts\$ _____

Pet Care (food, Veterinarian, etc.).....\$ _____

Other Expenses Not Listed:

Total Monthly Expenses: _____

Reasons for Divorce:

Marriage Counseling Tried or Desired:

Did Either Contribute to the Education of the Other:
