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## FAMILY LAW CLIENT INFORMATION FORM

### PERSONAL INFORMATION

Full Name (including middle name): \_\_\_\_\_

Residential Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Birth Place \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Home Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Armed Forces Status: \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Glasses:  yes  no Worn all the time?  yes  no

Mustache / Beard?  yes  no Color: \_\_\_\_\_

Distinguishing scars or tattoos (Describe) \_\_\_\_\_

### SPOUSE'S INFORMATION

Full Name (including middle name): \_\_\_\_\_

Residential Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Birth Place \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Home Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Armed Forces Status: \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Glasses:  yes  no Worn all the time?  yes  no

Mustache / Beard?  yes  no Color: \_\_\_\_\_

Distinguishing scars or tattoos (Describe) \_\_\_\_\_

**MARRIAGE, DIVORCE, AND SEPARATION INFORMATION**

Date of marriage: \_\_\_\_\_ Place of marriage: \_\_\_\_\_

Have you lived in Michigan for the past six months?  yes  no

Have you lived in Kent County for more than 10 days?  yes  no

Are you and your spouse living separately?  yes  no; If yes, date of separation: \_\_\_\_\_

Have you or your spouse previously filed for divorce or other support action?  yes  no

If yes, when and where: \_\_\_\_\_

Have you ever divorced and remarried this spouse?  yes  no

Is there a prenuptial/antenuptial agreement?  yes  no; please provide copy

Do you require or wish to request spousal support?  yes  no

If yes, what is your basis \_\_\_\_\_

Do you anticipate your spouse requiring spousal support  yes  no

Will you agree to or contest the support \_\_\_\_\_

**PHYSICAL INJUNCTION INFORMATION**

What physical abuse, if any, has occurred and on what dates? \_\_\_\_\_

Has either spouse ever been arrested, convicted, imprisoned, or placed on probation?  yes  no

If yes, please explain \_\_\_\_\_

Have you obtained a Personal Protection Order/ Restraining Order:  yes  no

Has someone else filed a Personal Protection Order/ Restraining Order against you:  yes  no

If yes to either of 2 previous questions, from which court was it issued: \_\_\_\_\_

Date issued: \_\_\_\_\_ Case no. \_\_\_\_\_ Judge: \_\_\_\_\_

**CHILDREN**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Living with:  Client  Spouse Social Security Number: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Living with:  Client  Spouse Social Security Number: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Living with:  Client  Spouse Social Security Number: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Living with:  Client  Spouse Social Security Number: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Is Mother Pregnant?  yes  no Due Date: \_\_\_\_\_ Who is the Father: \_\_\_\_\_

Residence of the children during the last five years:

Where:	With Whom:	How Long:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DAY CARE**

Name and address of daycare provider: \_\_\_\_\_  
\_\_\_\_\_

During school, cost of daycare: \$ \_\_\_\_\_  per week;  per month

During summer, costs of daycare \$ \_\_\_\_\_  per week;  per month

This cost covers: \_\_\_\_\_

Which days and hours are the children in daycare? \_\_\_\_\_

Do you or the other parent receive governmental assistance for this cost:  no  yes: \$ \_\_\_\_\_

**OTHER CHILDREN NOT INVOLVED IN THIS CASE**

Does either party have children from a prior relationship?  yes  no

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Living with:  Client  Spouse Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Living with:  Client  Spouse Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Living with:  Client  Spouse Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Living with:  Client  Spouse Social Security Number: \_\_\_\_\_

**CUSTODY**

Please describe your wishes for custody:

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Have you and other parent agreed upon the above arrangement?  yes  no

**PARENTING TIME/VISITATION**

Can you and the other parent agree on a parenting time / visitation schedule?  yes  no

What parenting time / visitation schedule have you been using?

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Please describe your wishes for parenting time / visitation:

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**CHILD SUPPORT**

Have you agreed upon a support amount?  yes  no; how much? \_\_\_\_\_

Is there a certain amount that you think you should be receiving/ paying?  yes  no

If so, how much? \$ \_\_\_\_\_ What is your basis for such an amount? \_\_\_\_\_

Is there a court order for you to pay or receive support for other children?

How much per week: \$ \_\_\_\_\_; how many children? \_\_\_\_\_

Are you actually paying/receiving this amount or are arrearages accruing? \_\_\_\_\_

**EMPLOYMENT**

**Client:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

How long at this job: \_\_\_\_\_

Second job?  yes  no

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

How long at this job: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupational License:  yes  no

What Kind: \_\_\_\_\_

Total hours worked each week: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Weekly Gross Pay: \$ \_\_\_\_\_

Bonuses/Commissions: \$ \_\_\_\_\_

Job Benefits: \_\_\_\_\_  
\_\_\_\_\_

Any Payroll Deductions : \_\_\_\_\_  
\_\_\_\_\_

Insurance?  yes  no

dental  medical  life

Pension/Retirement Plan?  yes  no

Details: \_\_\_\_\_

**Spouse:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

How long at this job: \_\_\_\_\_

Second job?  yes  no

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

How long at this job: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupational License:  yes  no

What Kind: \_\_\_\_\_

Total hours worked each week: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Weekly Gross Pay: \$ \_\_\_\_\_

Bonuses/Commissions: \$ \_\_\_\_\_

Job Benefits: \_\_\_\_\_  
\_\_\_\_\_

Any Payroll Deductions : \_\_\_\_\_  
\_\_\_\_\_

Insurance?  yes  no

dental  medical  life

Pension/Retirement Plan?  yes  no

Details: \_\_\_\_\_

Other income (pension, retirement, public assistance or ADC, veteran's benefits, Social Security, SSI, child support, unemployment etc.): \_\_\_\_\_  
\_\_\_\_\_

Gross per year: \_\_\_\_\_ In whose name: \_\_\_\_\_

**CHILDREN'S INCOME**

Do any of the children receive SSI or Social Security benefits?  yes  no

How much? \$ \_\_\_\_\_ Which child? \_\_\_\_\_ Nature of disability: \_\_\_\_\_

**EDUCATION**

**Client:**

Highest Degree Obtained: \_\_\_\_\_

High School: \_\_\_\_\_

    Date of Diploma or GED: \_\_\_\_\_

Univ. / College: \_\_\_\_\_

    Degree: \_\_\_\_\_

    Date obtained: \_\_\_\_\_

Univ. / College: \_\_\_\_\_

    Degree: \_\_\_\_\_

    Date Obtained: \_\_\_\_\_

Additional Training: \_\_\_\_\_

Did either spouse contribute to the education of the other?  yes  no

Describe: \_\_\_\_\_  
\_\_\_\_\_

**Spouse:**

Highest Degree Obtained: \_\_\_\_\_

High School: \_\_\_\_\_

    Date of Diploma or GED: \_\_\_\_\_

Univ. / College: \_\_\_\_\_

    Degree: \_\_\_\_\_

    Date obtained: \_\_\_\_\_

Univ. / College: \_\_\_\_\_

    Degree: \_\_\_\_\_

    Date Obtained: \_\_\_\_\_

Additional Training: \_\_\_\_\_

**ASSETS**

**REAL ESTATE/HOME**

Do you own a home or any land?  yes  no

If this is not your residential home listed above, list address: \_\_\_\_\_

Date purchased: \_\_\_\_\_ Purchase price \$ \_\_\_\_\_

In whose name is the property: \_\_\_\_\_

Monthly payments: \$ \_\_\_\_\_ Paid by  father/husband  mother/wife  other \_\_\_\_\_

Mortgage balance: \$ \_\_\_\_\_ Estimated worth of the property: \$ \_\_\_\_\_

Do you have a home equity loan on property?  yes  no; how much? \$ \_\_\_\_\_

Are you buying this property on land contract basis?  yes  no

Details: \_\_\_\_\_

Amount of property taxes \$ \_\_\_\_\_; are they included in mortgage payment?  yes  no

*Second home or land:*

If this is not your residential home listed above, list address: \_\_\_\_\_

Date purchased: \_\_\_\_\_ Purchase price \$ \_\_\_\_\_

In whose name is the property: \_\_\_\_\_

Monthly payments: \$ \_\_\_\_\_ Paid by  father/husband  mother/wife  other \_\_\_\_\_

Mortgage balance: \$ \_\_\_\_\_ Estimated worth of the property: \$ \_\_\_\_\_

Do you have a home equity loan on property?  yes  no; how much? \$ \_\_\_\_\_

Are you buying this property on land contract basis?  yes  no

Details: \_\_\_\_\_

Amount of property taxes \$ \_\_\_\_\_; are they included in mortgage payment?  yes  no

*For additional land or home(s) please provide the same information on the back of the form*

*\*\* Please provide copies of the deed or land contract*

**VEHICLES** (include cars, boats, trailers, motorcycles, snowmobiles, motor home, etc.)

Make / Year	Name on Title	Who has Possession	Amount Owed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**BANK ACCOUNT(S) AND CREDIT UNION(S)**

Bank	Account Holder	Approximate Balance	Any inappropriate or substantial recent withdrawals
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**INDIVIDUAL RETIREMENT ACCOUNTS**

List all IRAs, retirement plans, pensions, Keoghs, 401(k) plans, profit sharing plans, stock bonus or option plans for both father/husband and mother/wife:

(1) Employer or financial institution name: \_\_\_\_\_  
Name and type of plan: \_\_\_\_\_  
Value \$ \_\_\_\_\_ Account No. \_\_\_\_\_  
In whose name: \_\_\_\_\_ If known, is the plan vested?  yes  no

(2) Employer or financial institution name: \_\_\_\_\_  
Name and type of plan: \_\_\_\_\_  
Value \$ \_\_\_\_\_ Account No. \_\_\_\_\_  
In whose name: \_\_\_\_\_ If known, is the plan vested?  yes  no

(3) Employer or financial institution name: \_\_\_\_\_  
Name and type of plan: \_\_\_\_\_  
Value \$ \_\_\_\_\_ Account No. \_\_\_\_\_  
In whose name: \_\_\_\_\_ If known, is the plan vested?  yes  no

Use back of form for additional plans.

**STOCKS, BONDS, NOTES, SECURITIES, BILLS, BROKERAGE ACCOUNTS**

(1) Name of broker and firm holding investment(s): \_\_\_\_\_  
Type of investment: \_\_\_\_\_ Account No. \_\_\_\_\_  
In whose name: \_\_\_\_\_ Today's approximate value: \$ \_\_\_\_\_

(2) Name of broker and firm holding investment(s): \_\_\_\_\_  
Type of investment: \_\_\_\_\_ Account No. \_\_\_\_\_  
In whose name: \_\_\_\_\_ Today's approximate value: \$ \_\_\_\_\_



(3) Name of broker and firm holding investment(s): \_\_\_\_\_

Type of investment: \_\_\_\_\_ Account No. \_\_\_\_\_

In whose name: \_\_\_\_\_ Today's approximate value: \$ \_\_\_\_\_

*Use back of form for additional stocks, bonds, notes, securities, bills, brokerage accounts.*

**LIFE INSURANCE**

**Client:**

Name of Insurer: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Type of Insurance  Whole Life  Term

Policy Number: \_\_\_\_\_

Amount of Policy \$ \_\_\_\_\_

Cash Surrender Value \$ \_\_\_\_\_

Loans Against Policy  yes  no

Amount \$ \_\_\_\_\_

**Spouse:**

Name of Insurer: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Type of Insurance  Whole Life  Term

Policy Number: \_\_\_\_\_

Amount of Policy \$ \_\_\_\_\_

Cash Surrender Value \$ \_\_\_\_\_

Loans Against Policy  yes  no

Amount \$ \_\_\_\_\_

**BUSINESS INTERESTS**

Does either party have an interest in a  corporation,  partnership,  sole proprietorship  none

If yes, who?  client  spouse

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY PROPERTY**

Have you ever lived in a state which has community property law?  yes  no (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin)

**MISCELLANEOUS ASSETS**

Jewelry Describe \_\_\_\_\_ Value \$ \_\_\_\_\_

Artwork Describe \_\_\_\_\_ Value \$ \_\_\_\_\_

Antiques Describe \_\_\_\_\_ Value \$ \_\_\_\_\_

Coin & Collections Describe \_\_\_\_\_ Value \$ \_\_\_\_\_

Inheritances Describe \_\_\_\_\_ Value \$ \_\_\_\_\_

Annuities Describe \_\_\_\_\_ Value \$ \_\_\_\_\_

Safe Deposit Box Describe \_\_\_\_\_ Value \$ \_\_\_\_\_

Accounts Receivables Describe \_\_\_\_\_ Value \$ \_\_\_\_\_

**GIFTS**

Has either husband or wife made any substantial gifts in the past or placed property in joint names with anyone other than the spouse?  yes  no

Details: \_\_\_\_\_  
\_\_\_\_\_

**TRUST BENEFICIARIES**

Are either husband or wife beneficiaries under any trust?  yes  no

Details \_\_\_\_\_  
\_\_\_\_\_

Are you aware of assets being given away, sold, or hidden from you?  yes  no

Details \_\_\_\_\_  
\_\_\_\_\_

**DEBTS**

*Please indicate with an \* which account(s) you believe are delinquent*

Creditor's Name	Total Owed	Monthly Payment	Debtor's Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TAXES**

Has client filed income tax return(s) for the past three years?  yes  no

Has spouse filed income tax return(s) for the past three years?  yes  no

Does either owe for back taxes?  yes  no; details \_\_\_\_\_

**BANKRUPTCY**

Has client filed bankruptcy the past seven years?  yes  no

Has spouse filed bankruptcy the past seven years?  yes  no

Are either of you planning to file for bankruptcy?  yes  no

Details: \_\_\_\_\_