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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) _____

EX-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: _____
Date of Judgment of Divorce: _____ Judgment entered: after trial by agreement
Date of separation (if not married): _____
Time that you resided together (if not married): _____ years months never
Do you have a court order outlining the terms regarding child(ren)? yes no
If yes, date of order: _____

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

Date of the latest order providing terms of custody: _____

Latest order provides the following regarding physical custody:

- Father; full physical
- Mother; full physical
- Joint physical

Latest order provides the following regarding legal custody:

- Father; full legal
- Mother; full legal
- Joint legal

Are the children actually residing with the parent as outlined in the custody order?

yes no; If no, explain why: _____

Does the other parent and you:

- Share major decision making
- Only inform the other parent of major decisions
- No information is actively exchanged, but the retrieval of information is not prevented either
- No information is exchanged and the retrieval of information is actively blocked

PARENTING TIME/VISITATION

Date of the latest order providing terms of parenting time: _____

The parenting time terms of the order are as follows: _____

Do you and the other parent follow the terms of the order?

- Yes; within minutes
 - Yes, with a one-half hour leeway
 - No parenting time is voluntarily neglected by me other parent Details of parenting time exercised in the past year _____
-

No parenting time is denied by me other parent. Details: _____

CHILD SUPPORT

Date of the latest support order: _____ Amount of support: \$ _____

Ordinary health care expenses: \$ _____ Day care: \$ _____

Is this amount pursuant to the formula: yes no; If no, reason for deviation: _____

Is there an outstanding arrearage: yes no; if so, how much \$ _____ as of _____ (date).

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: _____

Spouse:

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: _____

COURT INFORMATION:

Case pending in _____ County Circuit Court

Judge assigned to case: _____ Case no. _____

Date of last hearing: _____ Purpose of last hearing: _____

Date of last order: _____

Have any hearings been appealed to Court of Appeals? yes no

Name of opposing counsel _____