

INFORMATION SHEET

Client's Gender: Male Female

Date and Place of Marriage:

| Date of Marriage: | County | State: |
|-------------------|--------|--------|
| | | |

General Information:

Are you and your spouse currently separated? Yes No

If applicable, approximate date of separation:

Do you have children with your current spouse? Yes No If yes, how many? _____

Are there children from a previous relationship? Yes No If yes, how many? _____

Have you been married before? Yes No If yes, how many times? _____

Has your current spouse been married before? Yes No If yes, how many times? _____

Are you employed? Full-time Part-time Self-Employed Retired Unemployed

Spouse employed? Full-time Part-time Self-Employed Retired Unemployed

Are you or have you ever served in the military? Yes No

Is your spouse or has your spouse ever served in the military? Yes No

CLIENT INFORMATION

| | | | |
|---|------------------------|---------------------------------|--|
| Full Name: | | | |
| <i>If applicable, Maiden Name:</i> | | | |
| Social Security No. | | Date of Birth: | |
| Mother's Name: | | Father's Name: | |
| Religion: | | | |
| Place of Birth: | | | |
| County | City | State | |
| | | | |
| Phone Numbers and E-mail: | | | |
| Home | Cell/Page | Work | |
| | | | |
| Please indicate the best number to reach you at: | | | |
| E-mail Address: | | | |
| Address and Residency Information: | | | |
| Current Street Address: | | | |
| City: | State: | Zip: | |
| Length of Residence in Kentucky (years & months): | _____ years | _____ months | |
| Prior Marriage Information If Applicable: | | | |
| Former Spouse's Name | | How Marriage Ended | |
| | | | |
| | | | |
| Employment Information If Applicable: | | | |
| Employer | | Job Title | |
| | | | |
| Education – <input type="checkbox"/> Less than 12 yrs <input type="checkbox"/> 12 to 15 yrs <input type="checkbox"/> 16 years <input type="checkbox"/> Over 16 yrs | | | |
| Name of High School | Name of College | Name of Post-Grad School | |
| | | | |
| | | | |
| Military Information - Are you currently in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If Yes, select one of the following: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve | | | |
| Branch: | | | |
| Dates Served | From: | To: | |
| | | | |

| SPOUSE INFORMATION | | | |
|---|------------------------|---------------------------------|--|
| Full Name: | | | |
| <i>If applicable, Maiden Name:</i> | | | |
| Social Security No. | | Date of Birth: | |
| Mother's Name: | | Father's Name: | |
| Religion: | | | |
| Place of Birth: | | | |
| County | City | State | |
| | | | |
| Phone Numbers and E-mail: | | | |
| Home | Cell/Page | Work | |
| | | | |
| Please indicate the best number to reach you at: | | | |
| E-mail Address: | | | |
| Address and Residency Information: | | | |
| Current Street Address: | | | |
| City: | State: | Zip: | |
| Length of Residence in Kentucky (years & months): | _____ years | _____ months | |
| Prior Marriage Information If Applicable: | | | |
| Former Spouse's Name | | How Marriage Ended | |
| | | | |
| Employment Information If Applicable: | | | |
| Employer | | Job Title | |
| | | | |
| Education – <input type="checkbox"/> Less than 12 yrs <input type="checkbox"/> 12 to 15 yrs <input type="checkbox"/> 16 years <input type="checkbox"/> Over 16 yrs | | | |
| Name of High School | Name of College | Name of Post-Grad School | |
| | | | |
| | | | |
| Military Information - Are you currently in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If Yes, select one of the following: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve | | | |
| Branch: | | | |
| Dates Served | From: | To: | |
| | | | |

| CHILDREN FROM THIS MARRIAGE INFORMATION | | |
|---|---|----------------------------|
| Full Legal Name | Date of Birth | Social Security No. |
| | | |
| | | |
| | | |
| | | |
| Where and with whom do the children reside? | | |
| List all addresses of where children have resided during the last five years (please indicate dates at each address and with whom the children resided at each address): | | |
| Address | Dates | Resided with? |
| | | |
| | | |
| | | |
| CHILDREN NOT OF THIS MARRIAGE INFORMATION | | |
| Full Legal Name | Date of Birth | Social Security No. |
| | | |
| | | |
| | | |
| CONTACT PERSON (WHEN YOU ARE NOT AVAILABLE) | | |
| Name | Address | Phone Number |
| | | |
| | I authorize the Law Office of Ruth B. Jackson to contact the above named person at times when her office is not able to reach me. | |
| Please list your most important priorities in this matter | | |
| | | |
| Please state why you are seeking to end your marriage | | |
| | | |
| Who referred you to this office? | | |
| | | |