
Spouse's Full Name: _____
(First) (Middle) (Last)

Home Ph: _____ Cell Ph: _____ Work Ph: _____

Address: _____

(City) (State) (Zip) (County) (Inside city limits-YES or NO)

*NOTE: IF MAILING ADDRESS IS DIFFERENT FROM RESIDENCE, PLEASE PROVIDE:

Address: _____

(City) (State) (Zip)

SSN: _____ Date of Birth: _____

Race: _____ Do you have a will? _____

Number of this Marriage: _____ E-mail Address: _____

Employer: _____

Address: _____

(City) (State) (Zip)

Gross Income from wages, etc.: \$ _____ Other Income: \$ _____

Education-Number of Years: _____

Wife to resume maiden name _____ of: _____

Marital residence in whose name _____ Will the house be sold after divorce _____

Will the equity be divided _____

Minor children of this marriage:

1) Name: _____
(First) (Middle) (Last)

SSN: _____ Date of Birth: _____

(2) Name: _____
(First) (Middle) (Last)

SSN: _____ Date of Birth: _____

(3) Name: _____
(First) (Middle) (Last)

SSN: _____ Date of Birth: _____

4) Name: _____
(First) (Middle) (Last)

SSN: _____ Date of Birth: _____

Child Support paid by either party: \$ _____ Paid by: _____

Monthly Day Care paid by either party: \$ _____ Paid by: _____

Children in public or private school _____ If private, paid by: _____

Health/Dental Insurance paid by either party: \$ _____ Paid by: _____

Insurance, Estate Planning, Pension, and/or Profit Planning:

Type of Policy	Face Amount	Company	Beneficiary	Owner
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Referred to this firm by: _____

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