## **DIVORCE INFORMATION PACKET**

Date:		<del></del>			
Client's Full Name:	:		(A.F.)	111 \	
	(Fii	rst)	(M <sub>10</sub>	ddle)	(Last)
Home Ph:	Cell Ph:		Wo	Work Ph:	
Address:					
(City)	(State)	(Zip)	(County)	(Inside ci	ty limits-YES or NO
*NOTE: IF YOU D PLEASE GIVE MA			ONDENCE MA	ILED TO Y	OUR RESIDENCE,
Address:					
(City	y)		(State)		(Zip)
SSN:			Date of Birth:		
Race:			Do you have a will?		
Date of Marriage:			Date of Separation:		
Place of Marriage:					
<u> </u>	(Ci	ty)	(County)		(State)
Number of this Man	rriage:	E-m	nail Address:		
Employer:					
Address:					
(City	y)		(State)		(Zip)
Gross Income from wages, etc.: \$			Othe	er Income: \$	<u> </u>
Education-Number	of Years:				

*****	******	******	******	******	*******
Spouse's Full Na	nme:(Fi	rst)	(Mio	ddle)	(Last)
Home Ph:		,	Work Ph:		` ,
Address:					
(City)	(State)	(Zip)	(County)	(Inside ci	ty limits-YES or NO)
*NOTE: IF MAI	LING ADDRES	S IS DIFFERI	ENT FROM RES	SIDENCE, I	PLEASE PROVIDE:
Address:					
(0	City)		(State)		(Zip)
SSN:			Date of Birt	th:	
Race:			Do you hav	e a will?	
Number of this N	Marriage:	E-mail	Address:		
Employer:					
Address:					
(0	City)		(State)		(Zip)
Gross Income from wages, etc.: \$			Othe	er Income: \$	<u></u>
Education-Numb	per of Years:				
Wife to resume r	naiden name	of:			
Marital residence	e in whose name		Will the house b	e sold after	divorce
Will the equity b	e divided				

*****	*********	******	*********	***
Minor childre	en of this marriage:			
1) Name:				
	(First)	(Middle)	(Last)	
SSN:		Date of Bi	rth:	
(2) Name:				
	(First)	(Middle)	(Last)	
SSN:		Date of Bi	rth:	
(3) Name:				
(-)	(First)	(Middle)	(Last)	
SSN:		Date of Bi	rth:	
4) Name:				
,	(First)	(Middle)	(Last)	
SSN:		Date of Bi	rth:	
Child Support	paid by either party: \$	Pa	d by:	
Monthly Day (	Care paid by either party:\$_		Paid by:	
Children in pu	blic or private school	If private, <sub>]</sub>	paid by:	
Health/Dental	Insurance paid by either par	ty: \$	Paid by:	

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Assets (Real estate, furniture, furnishings, automobiles, stocks, bonds, etc.)						
Item	Title	Owner	Creditor	Estimated Value		
*****	*****	*****	******	*******		
Bank/Credit Un	ion Accou	ınts, etc.		_		
Name of Bank	Туре	of Account	Owner	Current Balance		

Name of Creditor/			Property
Account Number	Monthly Payment	Total Owed	Mortgaged <sup>6</sup>
	*********	********	******
**************************************	ccounts, etc.	*********	********** Current
		**************************************	
ank/Credit Union A	ccounts, etc.		Current
ank/Credit Union A	ccounts, etc.		Current
ank/Credit Union A	ccounts, etc.		Current

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Type of Policy	Face Amount	Company	Beneficiary	Owner		
Referred to this f	irm by:					

Melanie W. Allums, Esq. S. Scott Allums, Esq. S. Scott Allums, P.C. 506 North 18<sup>th</sup> Street Bessemer, Alabama 35020

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