

LAW OFFICES OF MICHAEL A. MESCHINO

800 E. NORTHWEST HIGHWAY, SUITE 503

PALATINE, ILLINOIS 60074

(847) 991-7090 • FAX (847) 991-7590

Date Interviewed _____ Interview by _____ Referred by _____

CLIENT (Please fill in all information)

Name _____ Birth Date _____ Age _____
FIRST MIDDLE LAST

Address _____ Town _____ Zip _____

Home Phone _____ Work Phone _____ State of Birth _____

Occupation _____ Driver's License Number _____

Employer _____ How long at current job? _____

Address _____

Gross Salary \$ _____ Pay Period (Monthly, Weekly, Twice per Month, Bi-Weekly, Other) _____

Bonus/Commission/Overtime _____ Social Security Number _____

Profit Sharing Plan/Pension/401K _____ Maiden Name _____

Other Sources of Income _____ Education Completed _____

Present Health _____ Doctor _____ Treating For _____

ADVERSE PARTY/SPOUSE (Please fill in all information)

Name _____ Birth Date _____ Age _____
FIRST MIDDLE LAST

Address _____ Town _____ Zip _____

Home Phone _____ Work Phone _____ State of Birth _____

Occupation _____ Driver's License Number _____

Employer _____ How long at current job? _____

Address _____

Gross Salary \$ _____ Pay Period (Monthly, Weekly, Bi-Weekly, Other) _____

Bonus/Commission/Overtime _____ Social Security Number _____

Profit Sharing Plan/Pension/401K _____ Maiden Name _____

Other Sources of Income _____ Education Completed _____

Present Health _____ Doctor _____ Treating For _____

Additional, Pertinent Personal Information _____

Marriage Date _____ Place (City/County/State) _____

Currently Separated? Separation Date _____ or Date Last Physical/Sexual _____

Ever Been Married Before? Husband _____ End Date _____ Wife _____ End Date _____

Physical Description of Spouse _____

Summons to be Served at _____ Best time to Serve _____

Minor Children from Prior Marriages: Husband _____ Wife _____

CHILDREN FROM THIS MARRIAGE

NAME	BIRTH DATE	AGE	SOCIAL SECURITY NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Where are these children living now? _____

Any special health or educational needs of children? _____

REAL ESTATE

Address _____

Who holds title? _____ Occupied By: _____

Purchase Price: _____ Date of Purchase: _____

Down Payment: _____ Source of Down Payment: _____

Estimated Current Value: _____ Mortgage Holder: _____ Payment: _____

Mortgage Balance: _____ 2nd Mortgage Holder _____ Balance: _____

ADDITIONAL REAL ESTATE

Address _____

Who holds title? _____ Occupied By: _____

Purchase Price: _____ Date of Purchase: _____

Down Payment: _____ Source of Down Payment: _____

Estimated Current Value: _____ Mortgage Holder: _____ Payment: _____

Mortgage Balance: _____ 2nd Mortgage Holder _____ Balance: _____

AUTOMOBILES

WIFE: (YEAR/MAKE/MODEL) _____ Title in Name of: _____

Lien Holder: _____ Payment: _____ Balance Owed: _____

HUSBAND: (YEAR/MAKE/MODEL) _____ Title in Name of: _____

Lien Holder: _____ Payment: _____ Balance Owed: _____

MISCELLANEOUS VEHICLES, BOATS, TRAILERS, MOTORCYCLES, ETC.

JOINT ACCOUNTS

Bank _____ Checking _____ Savings _____

Balance _____ Source of Funds _____

Bank _____ Checking _____ Savings _____

Balance _____ Source of Funds _____

Bank _____ Checking _____ Savings _____

Balance _____ Source of Funds _____

SAFETY DEPOSIT BOX Bank _____ Number _____

Key Held By: _____

INDIVIDUAL ACCOUNTS

Bank _____ Checking _____ Savings _____

Balance _____ Source of Funds _____

Bank _____ Checking _____ Savings _____

Balance _____ Source of Funds _____

INDIVIDUAL RETIREMENT ACCOUNTS

Bank _____ Checking _____ Savings _____

Balance _____ Source of Funds _____

Bank _____ Checking _____ Savings _____

Balance _____ Source of Funds _____

STOCKS/BONDS/CERTIFICATE

Institution _____ How Held _____

Number of Shares _____ Source _____

Institution _____ How Held _____

Number of Shares _____ Source _____

BUSINESS INTERESTS

Type of Business _____

How Interest is Held _____ Acquisition Date _____

Liens _____

Annual Net Income _____ Value _____

LIFE INSURANCE

Institution _____ How Held _____

Number of Shares _____ Source _____

Institution _____ How Held _____

Number of Shares _____ Source _____

HEALTH INSURANCE

Provided by _____ Persons Covered _____

Terms of Coverage _____ Premium _____

DEBTS

Creditor	Current Balance	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FURNITURE AND OTHER PERSONAL PROPERTY

INHERITED PROPERTY

YOUR NON-MARTIAL PROPERTY

YOUR SPOUSE'S NON-MARTIAL PROPERTY

GROUNDS

(1) Adultery _____	(7) Attempt to take Life _____
(2) Mental Cruelty _____	(8) Felony Conviction _____
(3) Physical Cruelty _____	(9) Desertion _____
(4) Impotency _____	(10) Drug Addiction _____
(5) Drunkenness (2 Years) _____	(11) Irreconcilable Differences _____
(6) Venereal Disease _____	_____

CLIENT DEMANDS

Custody _____

Visitation _____

Support _____

Dependency Exemptions _____

Maintenance _____

Real Estate _____

Cars/Personal Property _____

Debts _____

Legal Fees _____

Other _____
