



First Trust Centre, Suite 400 South  
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James K. Murphy  
Ruth J. Wilkerson  
William L. Hoge, III  
Attorneys at Law

*DivorceInKentucky.com*

## DIVORCE DATAPACK

Dear Prospective Family Law Client:

If you are considering a divorce, we know this can be a very difficult time for you. We would be happy to talk to you if you need to learn more about your rights, duties and options in a divorce. We cannot, however, offer anyone free legal advice.

Your case will require an initial personal consultation so that we can understand the facts of your case and advise you on your rights and duties. We charge \$200 for an initial consultation, during which we expect to give you a really good idea of what you can expect to happen in your divorce.

**Before we can begin representing you**, we will require (1) a signed contract which explains our respective obligations and (2) a legal engagement fee, the size of which will be based on our estimation of the amount of time needed to resolve your case. *There is no guarantee, however, that all of your legal expenses will be covered by this Engagement Fee.*

Though some of the questions or situations may not apply to your situation, your efforts to complete the attached **Divorce DataPack** and provide us with copies of any information or documents pertinent to this matter (including copies of all prior court papers, mortgages, bank statements, mortgages, loan documents, credit card statements, paycheck stubs, etc.) will go a long way to help evaluate your Family Law situation and will help to contain your legal expense.

If we are retained as your attorney, you will be billed for the amount of professional time required to adequately represent your interests in this matter. Anything and everything you do to complete the attached **Divorce Datapack** and to provide as much supporting documentation as possible will help to reduce the amount of attorney and paralegal time required in this action.

Any information you provide will, of course, be kept confidential and you are under no obligation until we each execute a written Engagement Agreement.

Very truly yours,

JAMES K. MURPHY  
RUTH J. WILKERSON  
WILLIAM L. HOGE, III  
*Attorneys at Law*

*This is an advertisement.*



200 South Fifth Street  
First Trust Centre, Suite 400 SOUTH  
Louisville, Kentucky 40202  
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## Attorneys at Law

Concentrating in Family Law Representation  
throughout Greater Metropolitan Louisville

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Email: [HogePartners@DivorceInKentucky.com](mailto:HogePartners@DivorceInKentucky.com)

Website: [DivorceInKentucky.com](http://DivorceInKentucky.com)

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*Hoge Partners, PLLC is the successor to Hoge & Associates, a law practice with a four-decade history of providing legal services throughout Metropolitan Louisville, including Jefferson, Oldham, Hardin and Bullitt Counties.*

### JAMES K. MURPHY

Jim Murphy is the Managing Partner of **Hoge Partners, PLLC**. He began practicing law in Kentucky in 1993. He graduated *magna cum laude* from Washington & Lee University and *cum laude* from the Lewis School of Law at Washington & Lee University.

Prior to joining Hoge & Associates in 2014, Jim's practice with another Louisville firm focused in commercial transactions, real estate and business. Since then, he has refocused his practice on Family Law matters with a special emphasis on associated business and real estate factors. Jim's caseload includes a variety of Family Law matters including domestic violence actions and criminal defense in child support matters as well as processing divorces, child support, child custody and post-divorce litigation. He also has significant appellate experience.

### RUTH J. WILKERSON

Ruth Wilkerson is a Partner of **Hoge Partners, PLLC**. She has been practicing law in Kentucky since 2010. A graduate of Transylvania University in Lexington, Kentucky and the Appalachian School of Law in Grundy, Virginia, Ruth has a varied legal background which included estate planning, workers compensation, personal injury litigation, employment law, civil rights discrimination and sexual harassment.

Ruth has focused on Family Law matters since joining the firm in 2014. She handles both contested and uncontested divorce actions, post-divorce litigation, modifications of child support and maintenance/alimony, disputed parenting matters such as visitation schedules and primary residence, adoption proceedings, child custody and domestic violence proceedings.

### WILLIAM L. HOGE, III

Bill Hoge has been practicing law in Louisville since 1972 and focused on Family Law for better than half of that period. He retired from active practice in 2017. Bill remains of counsel to the firm of **Hoge Partners, PLLC**, providing advice and guidance to attorneys Jim Murphy and Ruth Wilkerson and handling a limited number of cases. He is still a Fellow of the American Academy of Matrimonial Lawyers and formerly served as the Chair of the Family Law Sections for both the Kentucky Bar Association and the Louisville Bar Association. The majority of Mr. Hoge's legal career has been dedicated to Family Law and being of service to people going through the divorce process in Kentucky, individuals needing assistance with post-divorce matters (child support, custody, visitation, etc.), victims of domestic violence, international parental abductions and others situations relating to Domestic Relations law.



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# DIVORCE DATAPACK

Today's Date: \_\_\_\_\_

**YOUR FULL LEGAL NAME:**

\_\_\_\_\_  
{First Name} {Middle Name} {Last Name} {Jr., Sr., etc.}

**PRESENT ADDRESS:**

\_\_\_\_\_  
{Street Address or P. O. Box}

\_\_\_\_\_  
{City} {County} {State} {Zip}

**CONTACT INFORMATION:**

Mobile Phone -- \_\_\_\_\_

Home Phone -- \_\_\_\_\_ Work Phone -- \_\_\_\_\_

Emergency Contact (name and number): \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

How do you prefer we contact you?  Mobile Phone  Home Phone  Work Phone  Email

*THE SPACE BELOW IS FOR OFFICE USE ONLY*

Date of Initial Interview: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

**Terms of Engagement Agreement:** \$ \_\_\_\_\_ per hour x \_\_\_\_\_ hours  
\$ \_\_\_\_\_ + \$ \_\_\_\_\_ (expense advance) = \$ \_\_\_\_\_

Engagement Agreement signed? \_\_\_\_\_ Date Signed: \_\_\_\_\_ Engagement Fee Paid: \$ \_\_\_\_\_

**Are we filing Petition for Dissolution?** [Yes] [No] **If YES, Petition will be filed in** \_\_\_\_\_ **County**

**Initial Documents Required:** \_\_\_\_\_ Draft *Petition for Dissolution of Marriage*  
Service by:  Sheriff  Certified Mail  Other: \_\_\_\_\_  
\_\_\_\_\_ Draft *Response* to Petition for Dissolution of Marriage  
\_\_\_\_\_ Verified Disclosure Statement or  *VDS Acknowledgment*

**Initial Motions:** \_\_\_\_\_ Motion for Temporary Restraining Order with Client's Affidavit  
\_\_\_\_\_ Motion for Temporary Custody of Child(ren) with Affidavit  
\_\_\_\_\_ Motion for Temporary Child Support with Affidavit  
\_\_\_\_\_ Motion for Temporary Maintenance with Affidavit  
\_\_\_\_\_ Motion for Hearing (with Client's Affidavit) regarding:  
\_\_\_\_\_ Marital Property \_\_\_\_\_ Visitation \_\_\_\_\_ Attorney Fees  
Other: \_\_\_\_\_

**Discovery:** \_\_\_\_\_ Interrogatories \_\_\_\_\_ Request for Admissions  
\_\_\_\_\_ Request for Production of Documents  
\_\_\_\_\_ Notice of Deposition of \_\_\_\_\_

Scheduled Execution Date: \_\_\_\_\_ Other: \_\_\_\_\_  
BY  VIDEO OR  COURT REPORTER?

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How did you learn about us?

- Internet search for term: " \_\_\_\_\_ "
- Found our website at [www.DivorceInKentucky.com](http://www.DivorceInKentucky.com)
- Referral from: \_\_\_\_\_
- Other: \_\_\_\_\_

## PERSONAL INFORMATION ON YOU

YOUR AGE ON LAST BIRTHDAY: \_\_\_\_\_

ANY PREVIOUS NAMES USED: \_\_\_\_\_

YOUR DATE OF BIRTH: \_\_\_\_\_ RACE\*: \_\_\_\_\_  
\* Required for State's Vital Statistics Form

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

YOUR PLACE OF BIRTH: \_\_\_\_\_

YOUR OCCUPATION: \_\_\_\_\_

YOUR EMPLOYER: \_\_\_\_\_

YOUR W-2/1099/K-1 WAGES: As reported on your most recent tax return -- \$ \_\_\_\_\_

NATURE OF INDUSTRY: \_\_\_\_\_

RESIDENT OF KENTUCKY SINCE: \_\_\_\_\_

How long at current address? \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

How long at that address? \_\_\_\_\_

NUMBER OF TIMES MARRIED: \_\_\_\_\_

YOUR RELIGIOUS PREFERENCE: \_\_\_\_\_

YOUR HIGHEST LEVEL OF EDUCATION:  High School     GED     Vocational School  
 College Graduate     Post-Graduate School  
 Other: \_\_\_\_\_

YOUR CITIZENSHIP OR IMMIGRATION STATUS:  U.S. Citizen by birth  
 Naturalized U.S. Citizen from \_\_\_\_\_  
 Immigrant (Lawful Permanent Resident) from \_\_\_\_\_  
(When was Green Card acquired? \_\_\_\_\_)  
 Nonimmigrant from \_\_\_\_\_ (student visa, tourist visa, etc.)  
 Illegal or Undocumented Alien from \_\_\_\_\_  
(out of status since \_\_\_\_\_)  
 Resident of another country: \_\_\_\_\_

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**PERSONAL INFORMATION ON YOUR SPOUSE**

SPOUSE'S FULL LEGAL NAME: \_\_\_\_\_  
{First Name} {Middle Name} {Last Name} {Jr., Sr., etc.}

ANY PREVIOUS NAMES USED: \_\_\_\_\_

SPOUSE'S PRESENT AGE: \_\_\_\_\_

SPOUSE'S DATE OF BIRTH: \_\_\_\_\_ RACE\*: \_\_\_\_\_  
\* Required for State's Vital Statistics Form

PLACE OF BIRTH: \_\_\_\_\_

SPOUSE'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

SPOUSE'S TELEPHONE NUMBER: \_\_\_\_\_

**SPOUSE'S PRESENT ADDRESS:** \_\_\_\_\_

How long at current address? \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

How long at that address? \_\_\_\_\_

SPOUSE'S OCCUPATION: \_\_\_\_\_

NATURE OF INDUSTRY: \_\_\_\_\_

SPOUSE'S EMPLOYER: \_\_\_\_\_

SPOUSE'S EMPLOYER'S ADDRESS: \_\_\_\_\_

YOUR SPOUSE'S W-2/1099/K-1 WAGES: As reported on your most recent tax return -- \$ \_\_\_\_\_

RESIDENT OF KENTUCKY SINCE: \_\_\_\_\_

NUMBER OF TIMES MARRIED: \_\_\_\_\_

SPOUSE'S RELIGIOUS PREFERENCE: \_\_\_\_\_

SPOUSE'S HIGHEST LEVEL OF EDUCATION:  High School  GED  Vocational School  
 College Graduate  Post-Graduate School  
 Other: \_\_\_\_\_

SPOUSE'S CITIZENSHIP OR IMMIGRATION STATUS:  U.S. Citizen by birth  
 Naturalized U.S. Citizen from \_\_\_\_\_  
(When was U.S. Citizenship granted? \_\_\_\_\_)

Immigrant (Lawful Permanent Resident) from \_\_\_\_\_  
(When was Green Card acquired? \_\_\_\_\_)

Non-immigrant from \_\_\_\_\_ (student visa, tourist visa, etc.)

Illegal or Undocumented Alien from \_\_\_\_\_  
(out of status since \_\_\_\_\_)

Resident of another country: \_\_\_\_\_

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**YOUR MARRIAGE**

DATE OF MARRIAGE: \_\_\_\_\_

WHERE WERE YOU MARRIED?

{City}

{County}

{State}

WAS THIS A CIVIL OR RELIGIOUS CEREMONY?

 Civil Religious

Performed by whom? \_\_\_\_\_

ARE YOU TWO STILL LIVING AT THE SAME ADDRESS?

 Yes No

ARE YOU TWO STILL SLEEPING IN THE SAME ROOM?

 Yes No

ARE YOU TWO STILL "LIVING TOGETHER AS MARRIED COUPLE"?

 Yes No

DATE OF LAST SEXUAL RELATIONS WITH YOUR SPOUSE: \_\_\_\_\_

**Note:** The legal definition of the word "separation" refers to the date that one party left the marital home and took up residence elsewhere. A "separation" can include married parties living in the same house, so long as they are not engaging in sexual intercourse with each other. **The resumption of sexual relations between married parties during divorce proceedings can require them to recommence the 60-day waiting period generally required before official dissolution of a marriage.** [KRS 403.170(1): *No decree shall be entered until the parties have lived apart for 60 days. Living apart shall include living under the same roof without sexual cohabitation.*]

**DATE OF SEPARATION (This is very important!):** \_\_\_\_\_CIRCUMSTANCES OF SEPARATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Please describe why you feel this marriage is "irretrievably broken".  
\_\_\_\_\_  
\_\_\_\_\_Does either party want a previous or maiden name restored? Yes No UnknownDo you or your spouse have valid passports? \_\_\_\_\_Do either of you have **Facebook, MySpace, Louisville Mojo, Twitter** or other social networking accounts? Yes No Unknown

If yes, do you know the password for your spouse's account(s)?

 Yes No N/AIf yes, does your spouse know the password for your account(s)? Yes No N/A

*We strongly urge you to change the password on all your electronic accounts, including email, social networking sites, etc. We also highly recommend you **remove from any websites or social networking accounts any postings, photographs, etc. which might be used against you in any manner** (pictures of you partying or drinking, for instance). We can almost guarantee that such electronic evidence will be used against you if this matter becomes contested. Better to take it down now than to have it come up at trial a few months from now!*

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## DOMESTIC VIOLENCE

The National Domestic Violence Hotline (www.ndvh.org) defines domestic violence as "a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner." According to the Kentucky Domestic Violence Association (www.kdva.org), domestic violence is "a pattern of coercive behaviors that one person exercises over another."

Regardless of the definition, if you are in an abusive relationship or situation, you must seek out the resources you need to protect yourself and your children from abuse.

You may be in a **physically abusive** relationship if your partner has ever damaged property when angry (thrown objects, punched walls, kicked doors, etc.); pushed, slapped, bitten, kicked or choked you; abandoned you in a dangerous or unfamiliar place; scared you by driving recklessly; used a weapon to threaten or hurt you; forced you to leave your home; trapped you in your home or kept you from leaving; prevented you from calling police or seeking medical attention; hurt your children or used physical force in sexual situations.

You may be in a **sexually abusive** relationship if your partner views women as objects and believes in rigid gender roles; accuses you of cheating or is often jealous of your outside relationships; wants you to dress in a sexual way; insults you in sexual ways or calls you sexual names; has ever forced or manipulated you into having sex or performing sexual acts; held you down during sex; demanded sex when you were sick, tired or after beating you; hurt you with weapons or objects during sex; involved other people in sexual activities with you or ignored your feelings regarding sex.

You may be in an **emotionally abusive** relationship if your partner calls you names, insults you or continually criticizes you; does not trust you and acts jealous or possessive; tries to isolate you from family or friends; monitors where you go, who you call and who you spend time with; does not want you to work; controls finances or refuses to share money; punishes you by withholding affection; expects you to ask permission; threatens to hurt you, the children, your family or your pets or humiliates you in any way.

**Have there ever been any episodes of domestic violence or abusive behavior between the two of you prior to or during this marriage?**

Yes       No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are any DVOs currently in effect? \_\_\_\_\_

Do you know how to take out an EPO if you need to protect yourself or your children?

Yes       No. If "No", ask us or see the **Domestic Violence** section of our website.

If you have any concerns about your safety or the safety of your children with respect to potential domestic violence, we urge you to talk to us about how to set up a Safety Plan to protect yourself and your children.

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### CHILDREN OF THE MARRIAGE

Number of children (regardless of age) born of this marriage: **0 1 2 3 4 5** \_\_

Have your children resided in Kentucky for at least the past 180 days (six months)? Yes No

If the answer is "No", when did the children move to Kentucky? \_\_\_\_\_

Is there any possibility either party is currently pregnant? \_\_\_\_\_

Religious preferences of the parties as to the raising of the children: \_\_\_\_\_

Is there any risk that your spouse might take the children somewhere against your wishes or without your consent? ("**Parental abduction**" either domestically [within the United States] or internationally?)

Yes No Don't know Never thought of that

If yes, where do you think he/she would take the children? \_\_\_\_\_

If yes, how great a risk do you believe parental abduction to be? \_\_\_\_\_

Do any of your children have valid passports? Yes No

If yes, where were the children's passports issued? U.S.  Elsewhere: \_\_\_\_\_

Can you provide us with copies of the children's passports? Yes No

*If any children born as a result of this marriage are still minors (under 18 or unemancipated), please provide the following information required under the UCCJEA concerning any such minor child or children:*

(1) Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Present Age: \_\_\_\_\_ Race: \_\_\_\_\_

Child's Social Security Number: \_\_\_\_\_

Place of residence: \_\_\_\_\_

Child lives there with: \_\_\_\_\_

Child has lived there since: \_\_\_\_\_

†Previous residence: \_\_\_\_\_

Child lived there with: \_\_\_\_\_

Dates child lived at that address: \_\_\_\_\_

Child's present school: \_\_\_\_\_ Grade: \_\_\_\_\_

With which parent does this child wish to live? \_\_\_\_\_

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† The Court requires that we list all residences and individuals with whom each **minor child** has lived for the past FIVE (5) years. If more space is needed, please use the back of this page.



(2) Name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Present Age: \_\_\_\_\_ Race: \_\_\_\_\_  
 Child's Social Security Number: \_\_\_\_\_  
 Place of residence: \_\_\_\_\_  
 Child lives there with: \_\_\_\_\_  
 Child has lived there since: \_\_\_\_\_  
 Previous residence: \_\_\_\_\_  
 Child lived there with: \_\_\_\_\_  
 Dates child lived at that address: \_\_\_\_\_  
 Child's present school: \_\_\_\_\_ Grade: \_\_\_\_\_  
 With which parent does this child wish to live? \_\_\_\_\_

(3) Name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Present Age: \_\_\_\_\_ Race: \_\_\_\_\_  
 Child's Social Security Number: \_\_\_\_\_  
 Place of residence: \_\_\_\_\_  
 Child lives there with: \_\_\_\_\_  
 Child has lived there since: \_\_\_\_\_  
 Previous residence: \_\_\_\_\_  
 Child lived there with: \_\_\_\_\_  
 Dates child lived at that address: \_\_\_\_\_  
 Child's present school: \_\_\_\_\_ Grade: \_\_\_\_\_  
 With which parent does this child wish to live? \_\_\_\_\_

(4) Name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Present Age: \_\_\_\_\_ Race: \_\_\_\_\_  
 Child's Social Security Number: \_\_\_\_\_  
 Place of residence: \_\_\_\_\_  
 Child lives there with: \_\_\_\_\_  
 Child has lived there since: \_\_\_\_\_  
 Previous residence: \_\_\_\_\_  
 Child lived there with: \_\_\_\_\_  
 Dates child lived at that address: \_\_\_\_\_  
 Child's present school: \_\_\_\_\_ Grade: \_\_\_\_\_  
 With which parent does this child wish to live? \_\_\_\_\_

**[ ]** IF YOU HAVE MORE THAN FOUR CHILDREN FROM THIS MARRIAGE, PLEASE *CHECK HERE* AND IDENTIFY THOSE CHILDREN ON A SEPARATE SHEET OF PAPER.

IF YOU HAVE ANY CHILDREN OF THIS MARRIAGE WHO ARE NOW **ADULTS** (OVER 18, EMANCIPATED OR MARRIED), PLEASE IDENTIFY THOSE CHILDREN BELOW:

Adult Child #1: Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Present Age: \_\_\_\_\_  
Emancipation status: Married Living on his/her own Living in our home

Adult Child #2: Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Present Age: \_\_\_\_\_  
Emancipation status: Married Living on his/her own Living in our home

*If more space is needed, please use a separate sheet of paper.*

**Child Custody, Support and Parenting Schedules**

Do you have any special concerns about the **health, welfare or safety of your children**? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do any of your children have **special needs** (physical limitations, disabilities, handicaps, learning or developmental delays, chronic medical conditions, psychiatric problems, etc.)? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Have you and your spouse made any arrangements or agreements concerning custody, parenting schedules or support of the children? If so, please describe.

\_\_\_\_\_  
\_\_\_\_\_

Do you wish to seek child support from your spouse? \_\_\_\_\_

Has any minor child of this marriage ever been involved in a custody dispute? If so, please give details.

\_\_\_\_\_  
\_\_\_\_\_

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Does anyone besides you and your spouse have any custody claim on any minor child of this marriage? If so, please identify.

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Please state who (IN YOUR OPINION) is best suited to have legal custody of the children and briefly explain your position.

IMPORTANT DEFINITIONS:

**"Primary Residential Parent"** currently means the designated parent has the right to make day-to-day decisions on behalf of the child. The other parent has the right to have input into major life decisions (health, education, religion, etc.).

**"Joint Custody"** means the parties must jointly make all such major life decisions affecting the children (health, education and religion).

**"Sole Custody"** means one of the has unilateral authority concerning all aspects of the child's life. Sole Custody is granted only very rarely and only in circumstances where the presence of the non-custodial parent in a child's life is proven to place that child in clear and present risk of truly serious injury (i.e., sexual or physical abuse of the child, drug use in the presence of the child, engaging in criminal activity in the presence of the child, neglect of the child, endangering the safety and welfare of the child, etc.)

**"Timesharing"** is the schedule under which the children are with their respective parents.

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What **parenting schedule** are you and your spouse utilizing at the present time?

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**FINANCIAL HISTORY OF THE PARTIES**

We recommend that you obtain a copy of your **credit report** and bring that with you on your first appointment. There are several on-line options for obtaining copies of your credit report but most require you to sign up for a monthly fee and additional services. We suggest you try **AnnualCreditReport.com**, to which we have no connection but it has come highly recommended as a free service of use to divorcing parties.

**"AnnualCreditReport.com** is a centralized service for consumers to request free annual credit reports. It was created by the three nationwide consumer credit reporting companies - Equifax, Experian and TransUnion. **AnnualCreditReport.com** provides consumers with the secure means to request and obtain a free credit report once every 12 months from each of the three nationwide consumer credit reporting companies in accordance with the Fair and Accurate Credit Transactions Act (FACT Act). **AnnualCreditReport.com** offers consumers a fast and convenient way to request, view and print their credit reports in a secure Internet environment. We also provide options to request reports by telephone and by mail."

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**MAINTENANCE ("ALIMONY")**

Have you and your spouse made any arrangements or agreements concerning maintenance? If so, please describe.

\_\_\_\_\_  
\_\_\_\_\_

Do you wish to seek maintenance from your spouse? \_\_\_\_\_

Do you expect to pay maintenance to your spouse? \_\_\_\_\_

**PRIOR MARRIAGES OF THE PARTIES**

Have you or your spouse had any prior marriages? If so, please indicate how such marriage(s) ended [death, divorce, annulment, etc.].

\_\_\_\_\_  
\_\_\_\_\_

Were any children born as a result of those prior marriages? \_\_\_\_\_

To which spouse? \_\_\_\_\_

Who has custody of these children? \_\_\_\_\_

*If more space is needed, please use an additional sheet of paper.*

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**STATUS OF LEGAL PROCEEDINGS**

YES	NO	DON'T KNOW	
			Has an <b>EPO</b> been entered or sought by either of you? If YES, provide us with a copy immediately!
			Has your spouse consulted an attorney yet? If YES, his/her name, if known: _____
			<p>Has a <b>Petition for Dissolution</b> or <b>Petition for Legal Separation</b> been filed yet by you or your spouse? If YES:</p> <p>When? _____</p> <p>Where?    <input type="checkbox"/> Jefferson Co.    <input type="checkbox"/> Oldham Co.               <input type="checkbox"/> Other: _____</p> <p>By whom? _____</p> <p>If YES, provide us with a copy immediately!</p>
			<p>Have you been <b>served</b> with an EPO, Petition for Dissolution, Petition for Legal Separation or other legal proceeding involving this marriage or any other legal action?</p> <p>If YES, when were you <b>served</b>? Exact Date: _____</p> <p>Please immediately provide us with a copy of everything served on you!</p>
			<p>Have any <b>Court Orders</b> been entered?</p> <p>If YES, describe: _____</p> <p>Please provide us with a copy immediately!</p>
			<p>Are any <b>Motions</b> pending at this time?</p> <p>If YES, describe: _____</p> <p>Please provide us with a copy immediately!</p>
			<p>Have you signed anything which might affect this case? A prenuptial or postnuptial agreement, for instance.</p> <p>If YES, please describe: _____</p> <p>Please provide us with a copy immediately!</p>
			<p>Are there any potential or pending personal injury, workers compensation or disability claims involving either party.</p> <p>If YES, please describe: _____</p>

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### CHRONOLOGY

We need a brief "snapshot" of your life, before and after your marriage. Please fill this page out as best you can. We recognize this may seem redundant, but having this information on one page is very useful to us.

Client's Date of Birth: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

Previous Marriages  
by Either Party  
(Dates and Names): \_\_\_\_\_

Courtship began with  
Current Spouse: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Children's Names and  
Birth Dates: \_\_\_\_\_ Born: \_\_\_\_\_  
\_\_\_\_\_ Born: \_\_\_\_\_  
\_\_\_\_\_ Born: \_\_\_\_\_  
\_\_\_\_\_ Born: \_\_\_\_\_

Acquisition of Major  
Assets (house, car, etc.) \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

Dates of Parties' Current  
Employment and Positions: Your Current Employer:  
\_\_\_\_\_  
Position: \_\_\_\_\_  
Annual Salary: \_\_\_\_\_

Your Spouse's Current Employer:  
\_\_\_\_\_  
Position: \_\_\_\_\_  
Annual Salary: \_\_\_\_\_

Other significant events  
during marriage: \_\_\_\_\_  
\_\_\_\_\_

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**YOUR INITIAL GOALS FOR  
EVENTUAL DIVORCE SETTLEMENT**

Please outline for us what you see as your initial goals for resolution of this matter:

**Custody of Child(ren):**    Not applicable    Joint    Sole    Other: \_\_\_\_\_

**Parenting Time with Child(ren):**    Not applicable  
Child(ren) to reside primarily with \_\_\_\_\_  
Child(ren) to spend every other weekend with other parent  
Child(ren) to have portion of summer with other parent  
Other arrangement --  
\_\_\_\_\_  
\_\_\_\_\_

**Restoration of Non-Marital Property:** Briefly identify any non-marital property (personal or real) that you feel strongly about being restored to you (e.g., inheritances, gifts to you, things you owned before the marriage)

\_\_\_\_\_  
\_\_\_\_\_

**Division of Real Estate:** Briefly identify any real property owned by either or both of you and who you think should have it at the conclusion of this divorce

\_\_\_\_\_  
\_\_\_\_\_

**Division of Personal Property:** Briefly identify who should end up with what personal property items

Household Goods, Furniture, Furnishings, Appliances, Decor Items, Tools, etc. --

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pets -- \_\_\_\_\_

Automobiles -- \_\_\_\_\_

Bank Accounts -- \_\_\_\_\_

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Investment Accounts (stocks, bonds, mutual funds, CDs, etc.) -- \_\_\_\_\_  
\_\_\_\_\_

Pension and Retirement Accounts -- \_\_\_\_\_

Responsibility for Debts -- \_\_\_\_\_  
\_\_\_\_\_

Life Insurance Policies -- \_\_\_\_\_

Business Interests -- \_\_\_\_\_

**Child Support:** Both parents are obligated to contribute to the support of their minor children and the calculation of child support is a mathematical formula proscribed by the Kentucky Legislature based on the combined gross monthly income of the parties (or imputed income if a party is unemployed or voluntarily underemployed)

*Do you expect to pay or receive child support?* \_\_\_\_\_

**Maintenance:** "Maintenance" used to be called "alimony". It is not automatically awarded in divorce, and there are many, many factors which go into the court's determination of whether or not maintenance is appropriate. Included in these factors are (a) length of marriage, (b) disparity in the parties' respective incomes or abilities to earn, (c) educational and employment history of the parties, (d) age of the parties, (e) ages of the parties' minor children, etc.

*Do you expect to pay or receive maintenance?* \_\_\_\_\_

**Attorney Fees:** Generally speaking, it is difficult to negotiate the voluntary payment of your fees by the other spouse; however, if the Court is required to decide, they will reluctantly evaluate disparity in the respective parties' estates and incomes.

*Do you expect to ask for a contribution toward your attorney fees from your spouse?* \_\_\_\_\_

**Special Factors:** Are there any special factors of which we should be aware? Drug abuse, alcoholism, infidelity, child abuse, gambling addiction, mental illness, inheritance, bankruptcy, interfering in-laws, religious differences, cultural incompatibility, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Attached as **Part B** of this **Divorce Datapack** is a Verified Disclosure Statement, which the Jefferson Family Court requires be submitted by each party in every divorce case heard in this County.

You need to fill out **Part B** to the best of your ability. At a minimum, you need to review the Verified Disclosure Statement well enough that, at your initial meeting in our office, you can ask questions about completing it.

A few days after your initial consultation with us and your engagement of our firm as your attorney, we will have another meeting at which time you will need to provide us with your completed Verified Disclosure Statement, with the necessary attachments.

Any required or requested documents that you provide to us will go a long way toward controlling your legal costs in this matter. We can obtain copies of Deeds and Mortgages recorded in Jefferson County in the last 20 years or so. We do not have on-line access to deeds and mortgages in other counties. Any other personal documents will have to be provided by you. In the alternative, we may be able to persuade your spouse to provide these documents, but that process is usually time-consuming and expensive.

If the litigation of your case requires certain documents that you cannot or do not provide to us, we must invest a portion of the retainer you have paid to us in the acquisition of those documents.

We presume that you would prefer to be pro-actively involved in your case and that you would prefer to help control your own legal expenses.

The better the documentation provided by you, the better our opportunities to assist you in this matter.

Client Name: \_\_\_\_\_ Initial Appointment Date: \_\_\_\_\_

### DOCUMENTATION CHECKLIST

Documentation Description	Man-datory?	Not applicable?	Date Requested?	Date provided?	Action Required
<b>Recent Tax Returns</b> (Personal, corporate, partnerships, joint ventures, or other income tax returns, <i>state and federal</i> , including W-2s, 1099s, and K-1s) -- <i>Preferably for at least the last five years</i>	<b>YES</b>				
<b>Three (3) most recent paycheck stubs or other evidence of current income sources</b>	<b>YES</b>				
<b>Bank Statements and other account info</b>					
<b>Financial Statements</b>					
<b>Loan Applications</b>					
<b>Broker's Statements</b>					
<b>Stocks, Bonds, Mutual Funds, Stock Options and Investment Account statements</b>					
<b>Pension, Profit Sharing, Deferred Compensation Agreement, and Retirement Plans</b>					
<b>Wills and Trust Agreements</b>					
<b>Life Insurance policies</b>					
<b>Outstanding Debts</b>					
<b>Accounts Payable and Receivable</b>					
<b>Real Property records</b> ( <i>deeds, mortgages, etc.</i> )					
<b>Sale and Option Agreements</b>					
<b>Personal Property</b> ( <i>purchase receipts, appraisals, etc.</i> )					
<b>Motor Vehicles</b> ( <i>titles, registrations, etc.</i> )					
<b>Corporate Interests</b>					
<b>Partnership and Joint Venture Agreements</b>					
<b>Employment Records</b>					
<b>Fringe Benefits documentation</b>					
<b>Employment Contracts</b>					
<b>Business Records</b>					
<b>Charge Accounts</b>					
<b>Membership Cards</b>					
<b>Judgments and pleadings</b>					
<b>Gifts and Charitable Contributions</b>					
<b>Medical Bills</b>					
<b>Telephone and Long Distance Charges</b>					
<b>Tapes and Photographs</b>					
<b>Inventory of Safe Deposit Boxes</b>					
<b>Other:</b>					

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 AOC-239 Doc. Code DSFV  
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Commonwealth of Kentucky  
Court of Justice [www.courts.ky.gov](http://www.courts.ky.gov)  
FCRPP 2 and FCRPP 3



Preliminary Verified Disclosure Statement\*  
 Final Verified Disclosure Statement\*

Case No. \_\_\_\_\_  
Court \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

IN RE THE MARRIAGE OF:

\_\_\_\_\_

PETITIONER

and

\_\_\_\_\_

RESPONDENT

Petitioner  Respondent submits under oath the following Verified Disclosure Statement pursuant to FCRPP 2 OR FCRPP 3, which requires full and prompt disclosure of the following information:

**NOTE: A response of "see attached" is not appropriate for any portion of this statement. Attach documents requested herein only.**

**I. IDENTIFYING INFORMATION OF BOTH PARTIES**

Petitioner

Respondent

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Phone #: \_\_\_\_\_

Age: \_\_\_\_\_ Phone #: \_\_\_\_\_

**II. INCOME AND EMPLOYMENT INFORMATION OF BOTH PARTIES** *(If self-employed name of company and adjusted gross monthly income)*

Petitioner

Respondent

Employer Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Gross monthly income: \$ \_\_\_\_\_

Gross monthly income: \$ \_\_\_\_\_

Other income: \$ \_\_\_\_\_

Other income: \$ \_\_\_\_\_

**III. MARRIAGE INFORMATION**

Date of Marriage: \_\_\_\_\_

Date of separation: \_\_\_\_\_

Place of Marriage (city, county & state): \_\_\_\_\_

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**IV. CHILDREN'S INFORMATION** (If more than 3 children, continue on a separate sheet)

A. Minor children born to parties (number \_\_\_\_\_)

More CHILDREN attached?

Name	Current Age

B. Monthly child care/day care expenses: Cost \$ \_\_\_\_\_ Paid by \_\_\_\_\_

C. Monthly medical, dental and vision insurance for children: Cost \$ \_\_\_\_\_ Paid by \_\_\_\_\_

D. Either party court-ordered to pay child support for a child born before the children born of this marriage?  Yes  No

Paying party \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Children: (List names and ages) \_\_\_\_\_

**V. SUMMARY OF ASSETS & DEBTS**

A. REAL ESTATE (If more than 2 properties, continue on a separate sheet)

Are you making a non-marital claim?  Yes  No If yes, you must comply with Section IX below.

Property 1:

Address: \_\_\_\_\_

1st Mortgage Company: \_\_\_\_\_

1st Mortgage Payoff Amount: \_\_\_\_\_

2nd Mortgage Company or Home Equity Loan: \_\_\_\_\_

2nd Mortgage or Home Equity Loan Payoff Amount: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Valuation Date: \_\_\_\_\_ Equity: \_\_\_\_\_

Property 2:

Address: \_\_\_\_\_

1st Mortgage Company: \_\_\_\_\_

1st Mortgage Payoff Amount: \_\_\_\_\_

2nd Mortgage Company or Home Equity Loan: \_\_\_\_\_

2nd Mortgage or Home Equity Loan Payoff Amount: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Valuation Date: \_\_\_\_\_ Equity: \_\_\_\_\_

More REAL ESTATE attached?  Yes  No

Total Real Estate Equity: \_\_\_\_\_

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B. VEHICLES - Automobiles, Motorcycles, Boats, Trucks, Motor Homes, etc. (If more than 3 vehicles, continue on a separate sheet) Are you making a non-marital claim?  Yes  No If yes, you must comply with Section IX below.

Vehicle 1:

Primary Driver: \_\_\_\_\_ Year, Make & Model: \_\_\_\_\_

NADA Value: \_\_\_\_\_ Valuation Date: \_\_\_\_\_ Debt Owed: \_\_\_\_\_

Lien Holder: \_\_\_\_\_ Equity: \_\_\_\_\_

Is this a leased vehicle?  Yes  No If yes, please complete the following: Monthly Payment: \_\_\_\_\_

Lease Term Ends: \_\_\_\_\_

Vehicle 2:

Primary Driver: \_\_\_\_\_ Year, Make & Model: \_\_\_\_\_

NADA Value: \_\_\_\_\_ Valuation Date: \_\_\_\_\_ Debt Owed: \_\_\_\_\_

Lien Holder: \_\_\_\_\_ Equity: \_\_\_\_\_

Is this a leased vehicle?  Yes  No If yes, please complete the following: Monthly Payment: \_\_\_\_\_

Lease Term Ends: \_\_\_\_\_

Vehicle 3:

Primary Driver: \_\_\_\_\_ Year, Make & Model: \_\_\_\_\_

NADA Value: \_\_\_\_\_ Valuation Date: \_\_\_\_\_ Debt Owed: \_\_\_\_\_

Lien Holder: \_\_\_\_\_ Equity: \_\_\_\_\_

Is this a leased vehicle?  Yes  No If yes, please complete the following: Monthly Payment: \_\_\_\_\_

Lease Term Ends: \_\_\_\_\_

More VEHICLES attached?  Yes  No Total Vehicle Equity: \_\_\_\_\_

C. BANK ACCOUNTS – Checking, Savings, CDs, Money Market accounts, etc. (If more than 3 accounts, continue on a separate sheet) (Do not list account numbers)

Are you making a non-marital claim?  Yes  No If yes, you must comply with Section IX below.

Owner(s)	Institution Name [NO ACCOUNT NUMBERS]	Type of Account	Valuation Date	Balance
More BANK ACCOUNTS attached? <input type="checkbox"/> Yes <input type="checkbox"/> No			Total Current Balances:	

D. STOCKS, BONDS, PORTFOLIOS, MUTUAL FUNDS, ETC. (If more than 3, continue on a separate sheet)

Are you making a non-marital claim?  Yes  No If yes, you must comply with Section IX below.

Institution Name	Stock/Portfolio Name	Valuation Date	Current Value
More INVESTMENTS attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Current Values:	

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E. RETIREMENT BENEFITS – IRA, Keogh, 401(K), 403(b), Pension, etc. (If more than 3, continue on a separate sheet)  
Are you making a non-marital claim?  Yes  No If yes, you must comply with Section IX below.

Participant	Plan Name	Contrib/Non	Vested/Non	Pay Status?	Valuation Date	Balance
More RETIREMENT BENEFITS attached? <input type="checkbox"/> Yes <input type="checkbox"/> No				Total Retirement Benefits Values:		

Have any loans been taken out against any of these Retirement Benefits?  Yes  No

If so, describe: \_\_\_\_\_

F. LIFE INSURANCE (If more than 3 policies, continue on a separate sheet)  
Are you making a non-marital claim?  Yes  No If yes, you must comply with Section IX below.

Policy 1:

Company: \_\_\_\_\_ Party Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Term/Whole: \_\_\_\_\_

Policy #: \_\_\_\_\_ Valuation Date: \_\_\_\_\_ Cash Surrender Value: \_\_\_\_\_

Policy 2:

Company: \_\_\_\_\_ Party Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Term/Whole: \_\_\_\_\_

Policy #: \_\_\_\_\_ Valuation Date: \_\_\_\_\_ Cash Surrender Value: \_\_\_\_\_

Policy 3:

Company: \_\_\_\_\_ Party Insured: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Term/Whole: \_\_\_\_\_

Policy #: \_\_\_\_\_ Valuation Date: \_\_\_\_\_ Cash Surrender Value: \_\_\_\_\_

More LIFE INSURANCE attached?  Yes  No Total Cash Value: \_\_\_\_\_

G. BUSINESS INTERESTS (If more than 3 businesses, continue on a separate sheet)  
Are you making a non-marital claim?  Yes  No If yes, you must comply with Section IX below.

Name of Business & Owner: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Corporation, Sole Proprietorship, Partnership, Etc.: \_\_\_\_\_

Valuation Date: \_\_\_\_\_ Business Loan(s) Balance: \_\_\_\_\_ Value of Interest: \_\_\_\_\_

Name of Business & Owner: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Corporation, Sole Proprietorship, Partnership, Etc.: \_\_\_\_\_

Valuation Date: \_\_\_\_\_ Business Loan(s) Balance: \_\_\_\_\_ Value of Interest: \_\_\_\_\_

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Name of Business & Owner: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Corporation, Sole Proprietorship, Partnership, Etc.: \_\_\_\_\_

Valuation Date: \_\_\_\_\_ Business Loan(s) Balance: \_\_\_\_\_ Value of Interest: \_\_\_\_\_

**More BUSINESS INTERESTS attached?**  Yes  No **Total Values:** \_\_\_\_\_

**H. HOUSEHOLD GOODS:**

*Are you making a non-marital claim?*  Yes  No *If yes, you must comply with Section IX below.*

Agreed Division?  Yes  No, but not expected to be in dispute.

No, but dispute anticipated (Suggested appraiser: \_\_\_\_\_)

**Attached is a list of the disputed household items**

**I. OTHER ASSETS – Cash, Travelers Checks, Debts Others Owe You, Copyrights, Trademarks, Pets or Animals, Jewelry, Collectibles, Tools, Inventions, Other "Liquid Assets," etc. (If more than 5 items, continue on a separate sheet)**

*Are you making a non-marital claim?*  Yes  No *If yes, you must comply with Section IX below.*

Item 1:

Item Description: \_\_\_\_\_

Who Holds Possession: \_\_\_\_\_ Valuation Date: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Net Value or Equity: \_\_\_\_\_

Item 2:

Item Description: \_\_\_\_\_

Who Holds Possession: \_\_\_\_\_ Valuation Date: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Net Value or Equity: \_\_\_\_\_

Item 3:

Item Description: \_\_\_\_\_

Who Holds Possession: \_\_\_\_\_ Valuation Date: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Net Value or Equity: \_\_\_\_\_

Item 4:

Item Description: \_\_\_\_\_

Who Holds Possession: \_\_\_\_\_ Valuation Date: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Net Value or Equity: \_\_\_\_\_

Item 5:

Item Description: \_\_\_\_\_

Who Holds Possession: \_\_\_\_\_ Valuation Date: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Net Value or Equity: \_\_\_\_\_

**More OTHER ASSETS attached?**  Yes  No **Total Values:** \_\_\_\_\_

**VI. OTHER DEBTS NOT PREVIOUSLY LISTED** (Do not list account numbers) Includes credit card balances, credit union loans, signature loans and other unsecured debt. (If more than 5 debts, continue on a separate sheet)

Creditor 1:

Creditor: \_\_\_\_\_

Party Named on Debt: \_\_\_\_\_ Premarital Account? \_\_\_\_\_

Valuation Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Total Balance: \_\_\_\_\_

Creditor 2:

Creditor: \_\_\_\_\_

Party Named on Debt: \_\_\_\_\_ Premarital Account? \_\_\_\_\_

Valuation Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Total Balance: \_\_\_\_\_

Creditor 3:

Creditor: \_\_\_\_\_

Party Named on Debt: \_\_\_\_\_ Premarital Account? \_\_\_\_\_

Valuation Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Total Balance: \_\_\_\_\_

Creditor 4:

Creditor: \_\_\_\_\_

Party Named on Debt: \_\_\_\_\_ Premarital Account? \_\_\_\_\_

Valuation Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Total Balance: \_\_\_\_\_

Creditor 5:

Creditor: \_\_\_\_\_

Party Named on Debt: \_\_\_\_\_ Premarital Account? \_\_\_\_\_

Valuation Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Total Balance: \_\_\_\_\_

More DEBTS attached?  Yes  No

Total Debt Balances: \_\_\_\_\_

**VII. EXPECTED POST-DIVORCE LIVING EXPENSES SCHEDULE** (Do not include debts)

Not necessary if maintenance or child support are not being claimed.

Do the parties' combined gross incomes exceed \$15,000 per month?  Yes  No

If **NO**, do not include children's personal expenses below.

If **YES**, list children's personal expenses such as private school tuition, tutors, camps, activity fees, clothing, etc. on a separate sheet.  Attached

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A. COMMON EXPENSES FOR FAMILY (Party and any children of the marriage)	
FOOD/GROCERIES FOR FAMILY (Non-entertainment)	
HOUSING	
Cable	
Garbage collection	
Electric, gas, propane & oil utilities	
Home maintenance & repairs	
Homeowner's insurance	
Household supplies	
Maid service	
Property taxes	
Rent or 1st mortgage	
2nd mortgage/home equity loan	
Telephone	
Mobile phone	
Vet/pet supplies	
Yard expense/maintenance	
Water/sewage	
TRANSPORTATION	
Gas and oil	
Liability insurance	
License/taxes/tag	
Payment/loan	
Repairs/maintenance	
Other – bus, taxi, tolls & parking	
OTHER FAMILY EXPENSES (list):	
Sub-total from attached other family expenses, if needed <input type="checkbox"/> Attached	
SUBTOTAL (Column A)	

B. YOUR PERSONAL EXPENSES ( <u>not</u> including any children's expenses)	
Church and charitable donations	
Clothing	
Cosmetics, hygiene & toiletries	
Disability insurance	
Dry cleaning & laundry	
Entertainment, including restaurants & movies	
Hair care (barber, salon, etc.)	
Internet access	
Life insurance (whole life or term)	
Manicures & pedicures	
Newspapers, magazines & books	
Professional dues or uniforms	
Sports, exercise, hobbies, crafts, etc.	
Travel (monthly average)	
MEDICAL	
Dental (including orthodontics)	
Eyeglasses, contacts & hearing aids, exams and testing	
Insurance (hospitalization)	
Medical doctor(s)	
Prescription medication	
OTHER PERSONAL EXPENSES (list):	
Sub-total from attached other personal expenses, if needed <input type="checkbox"/> Attached	
SUBTOTAL FROM COLUMN B	
SUBTOTAL FROM COLUMN A	
SUBTOTAL FROM CHILDREN'S EXPENSE LIST ATTACHMENT	
GRAND TOTAL OF COLUMN A, B, AND ATTACHMENTS	

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**VIII. OTHER**

A. Special needs of parties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Bankruptcy: \_\_\_\_\_

C. Lawsuits: \_\_\_\_\_

**IX. REQUIRED ATTACHMENTS** (to be sent ONLY to opposing party or opposing counsel and not filed with the Court):

To complete this section, you must attach all of the following documents and/or provide the requested information on a separate sheet and attach to this form. In the spaces provided, mark as follows:

“A” = to indicate that the requested document/information is attached.

“U” = to indicate that the requested document/information is unavailable (Provide explanation on a separate page)

“N/A” = if not applicable

A. PERSONAL INFORMATION OF BOTH PARTIES

B. INCOME AND EMPLOYMENT OF BOTH PARTIES

A, U, N/A	Item #	
	1.	Three (3) most recent paycheck stubs
	2.	Federal Income Tax Return for the last year filed
	3.	State Income Tax Return for the last year filed
	4.	Documentation of all other income for the past 48 months, including source of income and amount of income received year-to-date

C. CHILDREN

A, U, N/A	Item #	
	1.	Verification of work-related child care expenses
	2.	Verification of cost of health/dental insurance for children’s portion (e.g. difference between cost of single and family plan)

D. ASSET SCHEDULES

A, U, N/A	Item #	
	1.	Most recent statement of each bank account
	2.	Most recent brokerage statement or documentation of purchase and/or value for each investment
	3.	Explanation of source of cash holdings, location and amount of cash
	4.	For each piece of real estate, copy of deed, documentation of all indebtedness (i.e., mortgage, home equity loan, liens, etc.) including unpaid balance and payoff (with date payoff amount obtained) for each debt, and current tax assessment
	5.	Declaration page of life insurance policies and documentation of cash surrender

A, U, N/A	Item #	
	6.	Documentation of benefits accrued in pension, profit sharing, 401(k) or other retirement plans, including most recent statements of each such plan and the name, address and phone number of plan administrator
	7.	For each vehicle, provide amount of payoff of any indebtedness (including date payoff amount obtained) and copy of title
	8.	For each business interest, list name of business, extent of interest or title in business (i.e. owner, shareholder, partner, etc.), provide a copy of last income tax return filed by business and documentation of income earned (or portion received) through business during last twenty-four (24) months
	9.	Provide a list describing any other assets you have an interest in, including any documentation as to the value of the non-marital interest, date asset was acquired, and source of non-marital interest (trace and document non-marital funds used to acquire each asset)
	10.	<b>NON-MARITAL INTEREST.</b> For each asset in which you claim a non-marital interest, provide the basis and approximate value of non-marital claim. Documentation tracing any non-marital asset shall be produced if available, and if not currently available, shall be produced when available, or as specified by separate court order

E. DEBT SCHEDULE

A, U, N/A	Item #	
	1.	For each debt, provide the last statement or documentation of unpaid balance, or explain why documentation is not available
	2.	For each debt designated as "non-marital", list the party you think should assume responsibility for said debt and why

# ***PART C***

## ***Emotional Aspects of Your Divorce***

### **Current Marital Circumstances**

**Check one of the following:**

Did you expect this separation?		Do you want this separation/divorce?	
Yes, for a long time	_____	Not at all	_____
Yes, but only recently	_____	Have mixed feelings	_____
Unexpected	_____	Want it very much	_____
		No, but am resigned to it	_____
		Feel it is for the best	_____

**CHECK ALL OF THE FOLLOWING WHICH APPLY:**

**Factors contributing to the decision to separate or divorce:**

Domestic violence	_____	Abuse or neglect of children	_____
Recently had difficulty communicating	_____	Job or school commitment	_____
Always had difficulty communicating	_____	Suspiciousness, jealousy	_____
Differences in interests	_____	Neglect of home	_____
Differences in education level	_____	Trouble with in-laws	_____
Differences in ethnic or racial background	_____	Drinking	_____
Differences in expectations about marriage	_____	Drug use	_____
Differences in expectations about family life	_____	Physical abuse	_____
Changes in lifestyle, values	_____	Depression	_____
Lacked love for one another	_____	Sexual abuse	_____
Verbal abuse	_____	Addiction to porn, on-line gaming, social networking (Facebook, MySpace, etc.)	_____
Bored	_____	Other (explain): _____	_____
Sexual difficulties	_____	_____	_____
In love with another person	_____	_____	_____
Financial problems	_____	_____	_____
Unfaithful, infidelity	_____		

**Major life events and/or changes occurring within the last twelve months:**

Started school or training program	_____	Nanny, au pair or aging parent left the household	_____
Graduated from school or training program	_____	Death of a household pet	_____
Entered job market	_____	Pregnancy	_____
Changed job	_____	Miscarriage	_____
Lost job	_____	Abortion	_____
Moved residence	_____	Fertility problems	_____
Financial troubles	_____	Changes in childcare	_____
Increase in financial responsibilities	_____	Children had trouble in school	_____
Legal problems	_____	Onset of menopause	_____
Arrested and/or jailed	_____	Mid-life crisis	_____
Separation or divorce of friend or relative	_____	Victim of a crime	_____
Health problems (self, spouse, children)	_____	Auto accident	_____
Drinking or drug problems	_____	Undertaken major new expenses	_____
Began treatment for drinking or drug problems	_____	Natural disaster	_____
Began psychotherapy	_____	Other (explain): _____	_____
Began new medications	_____	_____	_____
Significant weight gain or loss	_____	_____	_____
Nanny, au pair or aging parent joined the household	_____	_____	_____

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**LEVEL OF CONFLICT:**

On a scale of 1-10, rate the level of conflict and anger in your marriage PRIOR TO THE INITIATION OF THE DIVORCE PROCESS:

<b>BEFORE THE SEPARATION</b>	Lowest										Highest
Level of conflict in marriage	1	2	3	4	5	6	7	8	9	10	
Level of your anger	1	2	3	4	5	6	7	8	9	10	
Level of your spouse's anger	1	2	3	4	5	6	7	8	9	10	

**NOW THAT YOU ARE IN THE DIVORCE PROCESS, rate the level of conflict and anger:**

<b>DURING YOUR DIVORCE</b>	Lowest										Highest
Level of conflict in marriage	1	2	3	4	5	6	7	8	9	10	
Level of your anger	1	2	3	4	5	6	7	8	9	10	
Level of your spouse's anger	1	2	3	4	5	6	7	8	9	10	

**PERSONAL CONCERNS AND PRIORITIES AT TIME OF SEPARATION OR DIVORCE**

*At this time of major change in our family:*

I worry that I will \_\_\_\_\_  
 \_\_\_\_\_

I am concerned that my children will \_\_\_\_\_  
 \_\_\_\_\_

It's important to me that the separation/divorce process \_\_\_\_\_  
 \_\_\_\_\_

I think that my spouse will \_\_\_\_\_  
 \_\_\_\_\_

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With regard to the future:

I worry I will \_\_\_\_\_

\_\_\_\_\_

I am concerned that my children will \_\_\_\_\_

\_\_\_\_\_

It is important to me that \_\_\_\_\_

\_\_\_\_\_

I think that my spouse will \_\_\_\_\_

\_\_\_\_\_

**YOUR SUPPORT SYSTEM**

The following are my current sources of **emotional** support:

Family and Friends	___	Religion or spiritual practice	___
Neighbors	___	Therapist/counselor	___
Co-workers	___	Lawyer	___
Other: _____			

**Your Occupation**

What is your occupation? \_\_\_\_\_

Are you current employed? Yes/No \_\_\_\_\_

If yes, where are you employed? \_\_\_\_\_

How long have you held your current position? \_\_\_\_\_

How satisfied are you with your current job/work situation? \_\_\_\_\_

Very satisfied	___	Moderately satisfied	___
Moderately unhappy	___	Extremely unhappy	___

**Your Personal History**

Have you ever had any physical or mental illnesses, significant health problems or serious accidents that affected you for an extended period of time? If so, please list:

\_\_\_\_\_  
\_\_\_\_\_

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Your health in early childhood was generally:

Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

At present, your health is generally:

Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

Special Health Concerns: \_\_\_\_\_

How long ago was your last physical? \_\_\_\_\_

Are you concerned about your own drug/alcohol use or that of your partner? Yes/No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

List all drugs you are currently taking (including aspirin, vitamins, sleeping pills, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently in couples, family or individual therapy or counseling? Yes/No

If yes, with whom? \_\_\_\_\_

Have you previously been in couples, family or individual therapy or counseling? Yes/No

If yes, what type of counseling was it? \_\_\_\_\_

For how long? \_\_\_\_\_

With whom? \_\_\_\_\_

**Your Income**

What is the approximate gross monthly income you have to live on at the present time? \$\_\_\_\_\_

Describe changes, if any, in your income since your separation: \_\_\_\_\_

\_\_\_\_\_

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