

**LAURIE E. BAKER, P.A**

515 9th Street East, Suite 100  
Bradenton, FL 34208  
Phone (941) 747-0888 Fax: (941) 747-0934  
www.bakerandpaul.com

Laurie E. Baker, Esq.

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

Reason for Consultation: \_\_\_\_\_ Who can we thank for the referral? \_\_\_\_\_

Home Address: \_\_\_\_\_ Mailing Address for Billing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ *May we contact you at this number?* Yes No  
Cellular Telephone: \_\_\_\_\_ *May we contact you on this cellular number?* Yes No  
E-mail Address: \_\_\_\_\_ *May we contact you using this address?* Yes No

If you answered no above, tell us how you want us to contact you: \_\_\_\_\_

<b>YOUR INFORMATION:</b>	
Employer: _____	Occupation: _____
Employer Addr: _____	Last Year's Annual Income: _____
Date of Birth: _____	Social Security Number: _____
Driver's Lic #: _____	Issue Date of Driver's License: _____
<b>SPOUSE/OTHER PARTY:</b>	
Address: _____	Occupation: _____
Employer: _____	Social Security: _____
Date of Birth: _____	Last Yr Income: _____

If you are consulting the attorney about your **Current Spouse/Companion:**

Date of Marriage: \_\_\_\_\_ Separated?: Yes No On what Date: \_\_\_\_\_  
City/State Married: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Last Address you and your spouse maintained together: \_\_\_\_\_

If you are consulting the attorney about your **Prior Spouse/Companion:**

Date of Divorce: \_\_\_\_\_ County: \_\_\_\_\_

Spouse/Other Party's Attorney, if known: \_\_\_\_\_

Client: \_\_\_\_\_

<b>Real Property</b>		<i>All Properties Owned by Husband and/or Wife</i>	<i>Original Date</i>	<i>Current</i>	<i>Principal Amount</i>	<i>Mortgage</i>	<i>Monthly</i>	<i>(H/W/J)</i>
		<i>Address</i>	<i>Of Purchase</i>	<i>Value</i>	<i>Owed on Mortgage</i>	<i>Company</i>	<i>Payment</i>	<i>Titled To:</i>
P1	Marital Home:							
P2	Other Property:							
P3	Other Property:							
P4	Other Property:							
P5	Other Property:							
P6	Other Property:							
P7	Other Property:							
P8	Other Property:							
P9	Other Property:							

<b>Vehicles</b>		<i>Include Motorcycles, Boats, Trailers, ATV/4 Wheelers</i>	<i>Leased or</i>	<i>Monthly</i>	<i>(H/W/J)</i>		
<i>Year of Vehicle</i>	<i>Description of Vehicle</i>	<i>Purchase Date</i>	<i>Purchased?</i>	<i>Estimated Value</i>	<i>Amount Owed</i>	<i>Payment</i>	<i>Titled to:</i>
V1							
V2							
V3							
V4							
V5							
V6							
V7							
V8							
V9							
V10							

Who is on the title for the vehicle(s) you primarily drive? \_\_\_\_\_

If any cars or recreational vehicles are located away from the marital home, please specify their locations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are any of the vehicles primarily used by a child or other relative? If yes, please specify the vehicle, the driver and the insurance carrier:

\_\_\_\_\_

\_\_\_\_\_

Client: \_\_\_\_\_

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<b>Accounts</b>	<i>Checking, Savings, CD, 401K, IRA, Investment (specify type)</i>				<i>Account exist</i>	<i>ApproxBalance</i>
<i>Account With</i>	<i>Account Number</i>	<i>Account Type</i>	<i>Current Balance</i>	<i>Titled to: (H/W/J)</i>	<i>when married?</i>	<i>at marriage</i>
A1						
A2						
A3						
A4						
A5						
A6						
A7						
A8						
A9						
A10						
A11						
A12						
A13						
A14						
A15						
A16						
A17						
A18						
A19						
A20						
A21						
A22						
A23						
A24						
A24						

Does your spouse have access to any of these accounts? If yes, please specify which accounts: \_\_\_\_\_  
 \_\_\_\_\_

Does any third party have access to any of these accounts? If yes, please specify: \_\_\_\_\_  
 \_\_\_\_\_

Client: \_\_\_\_\_

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<b>Other Assets</b> <i>Businesses, Jewelry, Collections, Antiques, Guns, Computer Equip, Electronics, Household Furnishings, if over \$500</i>						
<i>Asset</i>	<i>Description</i>	<i>Value</i>	<i>Date of Value</i>	<i>Titled to: (H/W/J)</i>	<i>Amt Owned Before Marriage</i>	
O1	Household Furn					
O2						
O3						
O4						
O4						
O6						
O7						
O8						
O9						
O10						
O11						
O12						
O13						
O14						
O15						
O16						
O17						
O18						
O19						
O20						
O21						
O22						
O23						
O24						
O25						

Do you have a will? *Yes No*      Does your spouse have access to the bo. *Yes No*  
 Did you execute a Power-of-Attorney? *Yes No*      Do you have access to the bo: *Yes No*  
 Do you have a safety deposit box? *Yes No*      Where is the box located? \_\_\_\_\_

Client: \_\_\_\_\_

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<b>Liabilities</b>		<i>Include Credit Cards, Student Loans, Vehicles, Personal Notes, Etc.</i>					<i>Who is making the payments</i>
<i>Account With</i>	<i>Account Number</i>	<i>Acct Type</i>	<i>Owed By:(H/W/J)</i>	<i>Amount Owed</i>	<i>Owed as of:</i>		
D1							
D2							
D3							
D4							
D5							
D6							
D7							
D8							
D9							
D10							
D11							
D12							
D13							
D14							
D15							
D16							
D17							
D18							
D19							
D20							
D21							
D22							
D23							
D24							
D25							

Did any of these accounts exist before your marriage? \_\_\_\_\_ If yes, do you know the balances at your date of marriage? \_\_\_\_\_

Which accounts have credit available for use? (List credit amount available also) \_\_\_\_\_  
 Which of these accounts can be accessed by your spouse? \_\_\_\_\_

Client: \_\_\_\_\_

<b>Minor Children</b>						
<i>Date of Birth</i>	<i>Full Name</i>	<i>Gender</i>	<i>Grade</i>	<i>School / Daycare</i>	<i>SSN</i>	<i>Activities</i>
1						
2						
3						
4						
5						
6						
7						

Do any of the children have any medical or health issues:

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Do any of the children have any learning issues, IEPs, therapies, etc?

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Client: \_\_\_\_\_

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*Please List Each Child's Address for the Last Five Years*

*Please indicate with whom the child resided*

Child's Name	Address	From Date	To Date	Resided with Whom
1				
2				
3				
4				
5				
6				
7				
8				

**Current Contact Schedule:**

*Print Parent Name below:*

Parent A: \_\_\_\_\_

M \_\_\_\_\_  
 T \_\_\_\_\_  
 W \_\_\_\_\_  
 R \_\_\_\_\_  
 F \_\_\_\_\_  
 S \_\_\_\_\_  
 S \_\_\_\_\_

*Print Parent Name below:*

Parent B: \_\_\_\_\_

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

**Desired Contact Schedule:**

*Print Parent Name below:*

Parent A: \_\_\_\_\_

M \_\_\_\_\_  
 T \_\_\_\_\_  
 W \_\_\_\_\_  
 R \_\_\_\_\_  
 F \_\_\_\_\_  
 S \_\_\_\_\_  
 S \_\_\_\_\_

*Print Parent Name below:*

Parent B: \_\_\_\_\_

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

Client: \_\_\_\_\_

**1 Before your marriage:**

What did you own:

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

Where were you employed?

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

How much did you earn?

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

What did your spouse own:

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

Where was your spouse employed?

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

How much did your spouse earn?

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

**2 During your marriage:**

Did you inherit anything?, If so, please describe:

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

Did you receive any large gifts?

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

Did your spouse inherit anything?

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

Did your spouse receive any large gifts?

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

**3 Health Issues:**

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

Medications:

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

Spouse's Health issues:

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

Medications

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

**4 Health insurance:**

Who provides health insurance coverage? \_\_\_\_\_ From which insurance carrier? \_\_\_\_\_

What pre-existing conditions do you maintain? \_\_\_\_\_ What pre-existing conditions does your spouse maintain? \_\_\_\_\_

Client: \_\_\_\_\_



**5 Life Insurance:**

Do you have life insurance: \_\_\_\_\_

If yes:

\_\_\_\_\_ Amount of Whole Life Policy  
\_\_\_\_\_ Beneficiary(ies) of Whole Life Policy  
\_\_\_\_\_ Amount of Term Life Policy  
\_\_\_\_\_ Beneficiary(ies) of Term Life Policy

Does your spouse have life insurance? \_\_\_\_\_

If yes:

\_\_\_\_\_ Amount of Whole Life Policy  
\_\_\_\_\_ Beneficiary(ies) of Whole Life Policy  
\_\_\_\_\_ Amount of Term Life Policy  
\_\_\_\_\_ Beneficiary(ies) of Term Life Policy

**6 Electronic Access:**

What internet accounts do you maintain? (ie. E-mail, bill paying, banking access, facebook, myspace, etc.)

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

When did you last change your passwords? \_\_\_\_\_

When did you last change your security questions? \_\_\_\_\_

**7 What address do you use for your financial mail?**

Does your spouse have access to the mail at this address?

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

**8 If you are separated:**

Since separation, what bills have you paid?

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

Since separation, what bills did your spouse pay?

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

**7 Name Change:**

Do you wish to return to your former name?

Yes

No

Does Not Apply

If yes, please provide the full name you wish to use after the divorce:

\_\_\_\_\_

Other Information you wish to provide to the attorney:

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

Client: \_\_\_\_\_