

JOSEPH M. LUCAS & ASSOCIATES, L.L.C.
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MARITAL FACT SHEET

SECTION 1

Date: _____

Personal Information

Please complete the following information:

	Wife	Husband
Name (include maiden name)		
Home Address County Telephone Number(s)		
Driver's License No.		
Age		
Date of Birth		
City and State of Birth		
Social Security Number		
Race (please specify if of Hispanic Origin)		
Specify Any Serious Health Conditions or Disabilities		
Level of Education (please specify in number of years)		
Universities or Trade Schools Attended		
Degrees Obtained, if any, or Majors Studied		
State Number of Years Out of Work Force to Raise Children		

SECTION 2
Employment History

As to yours and your spouse's employment, please state as follows (if not employed, please give information on last employer):

	Wife	Husband
Name of Employer FEIN No.		
Work Address and Telephone		
Dates of Employment		
Occupation		
Pay Period (Weekly, Every 2 Weeks, Bimonthly)		
Gross Income Per Pay Period		
Net Income Per Pay Period		
Commissions Paid		
Bonuses Received		
Side Job Money		
Social Security Benefits		
Other Income		

SECTION 3
Marital Information

Please complete the following information:

Date of Marriage	
Length of Marriage in Years	
City, County, State of Marriage	
County in Which Marriage is Registered	
Date of Separation	

As to any previous marriages of yours or your spouse's, please state as follows:

	Wife	Husband
Previous Marriages (how many and how did they end ie. divorce, death, etc.)		
Children by Previous Marriages (please list names and ages)		
Who Has Custody of Children		
What are the Child Support Arrangements for the Children		

As to any children born to or adopted by you and your spouse, please state:

Name of Child	Age	Date of Birth	Who Has Custody of the Children	Amount of Child Support Being Paid	Serious Health Conditions of the Child

As to any marital difficulties you and your spouse may have had, please state:

Whether you or your spouse have filed for a divorce during this marriage (list specifics)	
Whether you or your spouse have consulted with an attorney for a divorce or separation during this marriage (list specifics)	
Whether you or your spouse attended counseling for marital problems during this marriage (list specifics)	

Please check any of the following that describe marital problems that you or your spouse have experienced in the past or are still experiencing:

	Wife	Husband
Financial		
Incompatibility		
Lack of Communication		
Lack of Interest		
Infidelity		
Drinking Problems		
Physical Abuse		
Mental Abuse		
Lack of Common Interests		
Frequent or Ongoing Arguments		
Frequent Absence from Residence		
Disagreements Over the Children		
Other		

SECTION 4

Money on Deposit and Investments

As to any monies on deposit in any financial institution or investments, state the following (if there is additional accounts, please provide the information on a separate sheet):

	Name of Institution	Account Number	Approx. Balance
Joint Checking			
Wife's Checking			
Husband's Checking			

	Name of Institution	Account Number	Approx. Balance
Joint Savings			
Wife's Savings			
Husband's Savings			

	Name of Institution	Account Number	Approx. Balance
Joint Money Market			
Wife's Money Market			
Husband's Money Market			

	Name of Institution	Account Balance	Approx. Balance
Joint Cert. of Deposit			
Wife's Cert. of Deposit			
Husband's Cert. of Deposit			

	Name of Stock	Number of Shares	Value Per Share
Joint Stock			
Wife's Stock			
Husband's Stock			

SECTION 5
Real Estate

As to the any real estate owned jointly or separately, please state:

Address of Property	Titled in Whose Name?	Purchase Date	Amount of Equity	1 st Mortgage Co. & Balance	2 nd Mortgage Co. & Balance

SECTION 6
Automobiles

As to any automobiles owned by you or your spouse, please state:

	Year	Make and Model	Acquisition Date	Current Value	Balance Owed	Finance Company
Wife's Vehicle						
Husband's Vehicle						
Extra Vehicle						

SECTION 7
Other Assets

If either you or your spouse have any assets which have not been listed herein and have an amount over \$500.00, please state:

Owner (Wife/Husband)	Description of Asset	Acquisition Date	How Asset Was Acquired	Current Value

SECTION 8
Business Interests

If either you or your spouse have an interest in any business, please state the following:

Name of Business	Type of Organization (Sole Proprietorship, Partnership, Corp.)	Who Has An Interest in the Business (Wife/Husband/Both)	Date Business Was Started	Anticipated Value of Business

SECTION 9
Deferred Compensation & Retirement Plans

If you or your spouse have a deferred-income or retirement plan (ie. ESOP, Profit Sharing, Pension Plans, 401(k) Plans, SEP, IRA, Money Purchase Plans, or Other Deferred Compensation Plans), please state:

Whose Benefit? (Wife/Husband)	Name and Type of Plan	Value of Plan	Percent Vested	Employer Providing Plan

SECTION 10
Life Insurance

If either you or your spouse carry a life insurance policy, whether individually or through employment, please state:

Owner of Plan	Name of Insurance Company	Plan Number	Amount of Death Benefit	Beneficiary

SECTION 11
Health Insurance

If either you or your spouse carry a health insurance policy, whether individually or through employment, please state:

Cardholder	Name of Insurance Company	Provider of Insurance (ie. employer)	Plan Number	Your Premium Cost	Individuals Covered by Health Insurance

SECTION 12
Debts

As to each debt owed by either you or your spouse, please state:

Creditor	Whose Debt (Wife/Husband)	Approximate Balance	Monthly Payment

SECTION 13
Spouse's Attorney

Please provide us with the following information on your spouse's attorney:

NAME	
FIRM NAME	
ADDRESS	
TELEPHONE	
FACSIMILE	

