



Robert G. Wellon

Attorney and Counselor at Law
Centennial Tower, Suite 2300
101 Marietta Street, N.W.
Atlanta, Georgia 30303
Phone: (404) 873-3700
Fax: (404) 876-2555
Email: rob@wellonfamilylaw.com
Website: www.Wellonfamilylaw.com

Date: _____

Referred by: _____

Personal CPA: _____

I. GENERAL INFORMATION

Your Name:	Spouse's Name:
Mailing Address (city, state, and zip code):	Mailing Address (city, state, and zip code):
Home Phone:	Home Phone:
Business Phone:	Business Phone:
Cell Phone:	Cell Phone:
Check preferred number <input checked="" type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell	
Email Address:	Email Address:
County of residence:	County of residence:
Date of Birth: Age:	Date of Birth: Age:
Social Security No:	Social Security No:
Place of birth:	Place of birth:
Grew up at:	Grew up at:
Religious and church or synagogue affiliation, if any:	Religious and church or synagogue affiliation, if any:



Education:	Education:
Specify highest degree and school attended:	Specify highest degree and school attended:
Number of previous marriages:	Number of previous marriages:

Approximate dates of each former marriage and termination (indicate by death or divorce):

List the name and ages of any children by previous marriage and please check whether currently living at home or being supported by you:

Name	Age	Living at home	Supported by you	Name	Age	Living at home	Supported by you
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

II. INFORMATION CONCERNING PRESENT MARRIAGE

A. Date of marriage: _____ City: _____ County: _____ State: _____

B. Date of separation: _____

(Note: The date of separation is ordinarily the last time you slept in the same room or had sexual intercourse, whichever occurred last.). If you are living in the same residence, state any plans for either party to move:

C. Please list the full name, sex, date of birth, age and school attending for each of the children of this marriage.

Full Name:	Sex	Date of Birth	Age	School Attending	Assets

D. List the names and addresses of the persons with whom the children have lived during the past five (5) years, and their relationship to the children.

From Date - To Date:	Names/Address	Relationship to Children

E. Please list the child's name and any health problems associated with that child.

Child's Name:	Child's health issues

III. WORK EXPERIENCE

List dates of employment and current or last employer (If self-employed, describe legal entity, e.g., corporation, partnership, LLC):

Yourself	Spouse
(1) <u>Current Employer:</u>	(1) <u>Current Employer:</u>
Position:	Position:
Job Description:	Job Description:
Dates (from/to):	Dates (from/to):
Current Salary or other forms of compensation:	Current Salary or other forms of compensation:

PRE-REQUISITES. Please list prerequisites and amounts (such as use of car, retirement, stock options, medical, and life insurance).

Yourself		Spouse	
(2) Previous Employer:		(2) Previous Employer:	
Position:		Position:	
Job Description:		Job Description:	
Dates (from/to):		Dates (from/to):	
Former Salary or other forms of compensation:		Former Salary or other forms of compensation:	
(3) Previous Employer:		(3) Previous Employer:	
Position:		Position:	
Job Description:		Job Description:	
Dates (from/to):		Dates (from/to):	
Former Salary or other forms of compensation:		Former Salary or other forms of compensation:	

Other Income: Please list all amounts and sources of other income (such as trusts, interest, dividends, second job):

Yourself		Spouse	
Amounts	Source	Amounts	Source

IV. ASSETS

A. Marital Home - Address: _____

City: _____ State: _____ County: _____

Year of purchase: _____ Purchase Price: _____ \$

Down Payment: \$ _____ Purchased out of funds from: _____

Balance owed: \$ _____ Current Value of Home/Lot: \$ _____

First Mortgage: \$ _____ Name of Bank or other Lender: _____

Second Mortgage \$ _____ Name of Bank or other Lender: _____

List any other Financing (such as Line of Credit): _____

Property is held in the names of _____

B. List Previous Homes. Please list how each was titled, approximate equity received and what was done with the net sales proceeds (equity):

C. Other Real Estate Currently Owned:

(1) Address: _____

City: _____ State: _____ County: _____

Year of purchase: _____ Purchase Price: _____ \$

Down Payment \$ _____ Purchased out of funds from: _____

Balance owed: \$ _____ Current Value of Home or Lot: \$ _____

First Mortgage: \$ _____ Name of Bank or other Lender: _____

Second Mortgage: \$ _____ Name of Bank or other Lender: _____

Property is held in the name(s) of: _____

(2) Address: _____

City: _____

State: _____

County: _____

Year of purchase: _____

Purchase Price: _____

\$ _____

Down Payment

\$ _____

Purchased out of funds from: _____

Balance owed: _____

\$ _____

Current Value of Home or Lot: _____

\$ _____

First Mortgage: _____

\$ _____

Name of Bank or other Lender: _____

Second Mortgage: _____

\$ _____

Name of Bank or other Lender: _____

Property held in the name(s) of: _____

E. Stocks, bonds and other securities:

(1) Brokerage Account with: _____

Account Number: _____

Value: \$ _____

Titled in: _____

(2) Brokerage Account with: _____

Account Number: _____

Value: \$ _____

Titled in: _____

(3) Individual Large Holdings: _____

Account Number: _____

Value: \$ _____

Titled in: _____

(4) Individual Large Holdings: _____

Account Number: _____

Value: \$ _____

Titled in: _____

F. Certificates of Deposit:

Name: _____

Value: \$ _____

Titled in: _____

Name: _____

Value: \$ _____

Titled in: _____

G. List all other assets:

(1) Name: _____

Value: \$ _____

Description: _____

(2) Name: _____

Value: \$ _____

Description: _____

H. Retirement Plans and IRAs:

List all retirement plans, pension and profit sharing plans, 401(k) plans, Keough plans, and IRS accounts providing the name of each, how titled, and approximate value:

- (1) Account Name: _____ Value: \$ _____ Titled in: _____
- (2) Account Name: _____ Value: \$ _____ Titled in: _____
- (3) Account Name: _____ Value: \$ _____ Titled in: _____
- (4) Account Name: _____ Value: \$ _____ Titled in: _____
- (5) Account Name: _____ Value: \$ _____ Titled in: _____

V. NON-MARITAL ASSETS

A. List all real estate, stocks, bonds, securities, cash, and any other assets of significant value that you or your spouse owned prior to your current marriage, the value of each, and how titled:

- Description: _____ Value: \$ _____ Titled in: _____
- Description: _____ Value: \$ _____ Titled in: _____
- Description: _____ Value: \$ _____ Titled in: _____
- Description: _____ Value: \$ _____ Titled in: _____
- Description: _____ Value: \$ _____ Titled in: _____

B. List all assets inherited by you or your spouse or transferred or gifted to you by anyone other than your spouse **during** the marriage, the value of each, and how titled:

- Description: _____ Value: \$ _____ Titled in: _____
- Description: _____ Value: \$ _____ Titled in: _____
- Description: _____ Value: \$ _____ Titled in: _____
- Description: _____ Value: \$ _____ Titled in: _____
- Description: _____ Value: \$ _____ Titled in: _____

VI. AUTOMOBILES

1.	Year:		Make:		Model:		How Titled:	
Purchase Price:		\$			Financed: <input type="checkbox"/> Leased: <input type="checkbox"/>			
Amount Owed:		\$			Financed/Leased through:			
2.	Year:		Make:		Model:		How Titled:	
Purchase Price:		\$			Financed: <input type="checkbox"/> Leased: <input type="checkbox"/>			
Amount Owed:		\$			Financed/Leased through:			
3.	Year:		Make:		Model:		How Titled:	
Purchase Price:		\$			Financed: <input type="checkbox"/> Leased: <input type="checkbox"/>			
Owe:		\$			Financed/Leased through:			

VII. BANK ACCOUNTS

1. Checking account with/location: _____

In the name of: _____ Account No.: _____

Joint Separate Balance: \$ _____

2. Checking account with/location: _____

In the name of: _____ Account No.: _____

Joint Separate Balance: \$ _____

3. Savings account with/location: _____

In the name of: _____ Account No.: _____

Joint Separate Balance: \$ _____

VIII. DEBTS

Creditors	Current Balance	Monthly Payment	Purpose of Debt	Party Responsible
1. _____	\$ _____	\$ _____		
2. _____	\$ _____	\$ _____		
3. _____	\$ _____	\$ _____		
4. _____	\$ _____	\$ _____		
5. _____	\$ _____	\$ _____		
6. _____	\$ _____	\$ _____		

IX. INSURANCE

- A. Home Insurance Company: _____ Agent's Name: _____
- B. Household Goods & Furnishings: _____ Agent's Name: _____
- C. Automobile Insurance: _____ Agent's Name: _____
- D. Medical Insurance of Parties: _____

Yourself:

Spouse:

Policy No: _____

Group No: _____

Through by Employer? Yes No

Yes No

Please list the Names of Dependents on Medical Coverage: _____

- D. **Life Insurance** - List the insured, the beneficiaries, all companies, policy numbers, amounts, and cash value (if any):

Insured	Beneficiary	Company	Policy No:	Cash Value
				\$
				\$
				\$

X. COUNSELING

A. List the name and address of any counselor (including psychiatrist, psychologist, MSW, M.Ed., Clergy, etc.)

Yourself	Spouse
1. _____	1. _____
2. _____	2. _____

B. Time and Frequency of visits (weekly, biweekly, etc):

1. _____	1. _____
2. _____	2. _____

C. Purpose of counseling and recommendation of counselor:

1. _____	1. _____
2. _____	2. _____

XI. HEALTH

Describe each party's health and any operations, hospitalizations, major drugs used which deem to be significant:

Yourself	Spouse
_____	_____
_____	_____

XII. CAUSES OF SEPARATION

Detail why you are seeking a divorce and causes of separation:

XIII. CUSTODY

Are you seeking primary physical custody of your children? Yes No

Do you believe there will be a contest over custody/parenting time? Yes No

If yes, please describe reasons why you should have custody or unrestricted parenting time and why your spouse should not have custody or why spouse's parenting time should be limited:

XIV. SETTLEMENT DISCUSSIONS

What discussions have you and your spouse had concerning any settlement of financial and/or custody considerations?
