

**INFORMATION SHEET**

Client's Gender:     Male     Female

**Date and Place of Marriage:**

<b>Date of Marriage:</b>	<b>County</b>	<b>State:</b>

**General Information:**

Are you and your spouse currently separated?  Yes  No

If applicable, approximate date of separation:

Do you have children with your current spouse?  Yes  No    If yes, how many? \_\_\_\_\_

Are there children from a previous relationship?  Yes  No    If yes, how many? \_\_\_\_\_

Have you been married before?  Yes  No    If yes, how many times? \_\_\_\_\_

Has your current spouse been married before?  Yes  No    If yes, how many times? \_\_\_\_\_

Are you employed?         Full-time  Part-time  Self-Employed  Retired     Unemployed

Spouse employed?         Full-time  Part-time  Self-Employed  Retired     Unemployed

Are you or have you ever served in the military?  Yes  No

Is your spouse or has your spouse ever served in the military?  Yes  No

**CLIENT INFORMATION**

<b>Full Name:</b>			
<i>If applicable, Maiden Name:</i>			
<b>Social Security No.</b>		<b>Date of Birth:</b>	
<b>Mother's Name:</b>		<b>Father's Name:</b>	
<b>Religion:</b>			
<b>Place of Birth:</b>			
<b>County</b>	<b>City</b>	<b>State</b>	
<b>Phone Numbers and E-mail:</b>			
<b>Home</b>	<b>Cell/Page</b>	<b>Work</b>	
<b>Please indicate the best number to reach you at:</b>			
<b>E-mail Address:</b>			
<b>Address and Residency Information:</b>			
<b>Current Street Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Length of Residence in Kentucky (years &amp; months):</b>	_____ years	_____ months	
<b>Prior Marriage Information If Applicable:</b>			
<b>Former Spouse's Name</b>	<b>How Marriage Ended</b>		
<b>Employment Information If Applicable:</b>			
<b>Employer</b>	<b>Job Title</b>		
<b>Education – <input type="checkbox"/> Less than 12 yrs <input type="checkbox"/> 12 to 15 yrs <input type="checkbox"/> 16 years <input type="checkbox"/> Over 16 yrs</b>			
<b>Name of High School</b>	<b>Name of College</b>	<b>Name of Post-Grad School</b>	
<b>Military Information - Are you currently in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>			
<b>If Yes, select one of the following: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve</b>			
<b>Branch:</b>			
<b>Dates Served</b>	<b>From:</b>	<b>To:</b>	

## SPOUSE INFORMATION

<b>Full Name:</b>			
<i>If applicable, Maiden Name:</i>			
<b>Social Security No.</b>		<b>Date of Birth:</b>	
<b>Mother's Name:</b>		<b>Father's Name:</b>	
<b>Religion:</b>			
<b>Place of Birth:</b>			
<b>County</b>	<b>City</b>	<b>State</b>	
<b>Phone Numbers and E-mail:</b>			
<b>Home</b>	<b>Cell/Page</b>	<b>Work</b>	
<b>Please indicate the best number to reach you at:</b>			
<b>E-mail Address:</b>			
<b>Address and Residency Information:</b>			
<b>Current Street Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Length of Residence in Kentucky (years &amp; months):</b>	_____ years	_____ months	
<b>Prior Marriage Information If Applicable:</b>			
<b>Former Spouse's Name</b>		<b>How Marriage Ended</b>	
<b>Employment Information If Applicable:</b>			
<b>Employer</b>		<b>Job Title</b>	
<b>Education – <input type="checkbox"/> Less than 12 yrs <input type="checkbox"/> 12 to 15 yrs <input type="checkbox"/> 16 years <input type="checkbox"/> Over 16 yrs</b>			
<b>Name of High School</b>	<b>Name of College</b>	<b>Name of Post-Grad School</b>	
<b>Military Information - Are you currently in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>			
<b>If Yes, select one of the following: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve</b>			
<b>Branch:</b>			
<b>Dates Served</b>	<b>From:</b>	<b>To:</b>	

**CHILDREN FROM THIS MARRIAGE INFORMATION**

<b>Full Legal Name</b>	<b>Date of Birth</b>	<b>Social Security No.</b>

**Where and with whom do the children reside?**

**List all addresses of where children have resided during the last five years (please indicate dates at each address and with whom the children resided at each address):**

<b>Address</b>	<b>Dates</b>	<b>Resided with?</b>

**CHILDREN NOT OF THIS MARRIAGE INFORMATION**

<b>Full Legal Name</b>	<b>Date of Birth</b>	<b>Social Security No.</b>

**CONTACT PERSON (WHEN YOU ARE NOT AVAILABLE)**

<b>Name</b>	<b>Address</b>	<b>Phone Number</b>

I authorize the Law Office of Ruth B. Jackson to contact the above named person at times when her office is not able to reach me.

**Please list your most important priorities in this matter**

**Please state why you are seeking to end your marriage**

**Who referred you to this office?**