



5354 Cemetery Rd.
Hilliard, Ohio 43026
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Fax: 614-319-7569

50 N. Sandusky St.
Delaware, Ohio 43015
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DIVORCE/DISSOLUTION PACKET - GENERAL INFORMATION

CLIENT

Full Legal Name _____
Residence _____
City _____
State _____ Zip Code _____
Phone Number (work) _____
Phone Number (home) _____
Social Security Number _____
Driver's License:
Number _____
Issued by the State of _____
How long has client been a resident of:
County? _____
State? _____
Former (legal/maiden) name: _____
Restore to maiden name: Yes No
Birth date _____ Age _____

SPOUSE

Full Legal Name _____
Residence _____
City _____
State _____ Zip Code _____
Phone Number (work) _____
Phone Number (home) _____
Social Security Number _____
Driver's License:
Number _____
Issued by the State of _____
How long has client been a resident of:
County? _____
State? _____
Former (legal/maiden) name: _____
Restore to maiden name: Yes No
Birth date _____ Age _____

MARITAL STATUS

1. Date of this marriage: _____
2. Place of marriage:
 - a. City: _____ State: _____ County: _____
3. Number of prior marriages: Client _____ Spouse _____
4. Other marriage(s) ended by (death, divorce, annulment):
Client _____ Spouse _____
5. Is Client presently living with spouse (check one)? Yes No
If no, who left? _____

Date of separation _____

6. Is the wife currently pregnant? (check one)? Yes No

a. If yes, when is the baby expected to be born? _____

CHILDREN BY THIS RELATIONSHIP

Gender	Full Name	Age	Birth date	Social Security Number
Male <input type="checkbox"/>	_____	_____	_____	_____
Female <input type="checkbox"/>	_____	_____	_____	_____
Male <input type="checkbox"/>	_____	_____	_____	_____
Female <input type="checkbox"/>	_____	_____	_____	_____
Male <input type="checkbox"/>	_____	_____	_____	_____
Female <input type="checkbox"/>	_____	_____	_____	_____
Male <input type="checkbox"/>	_____	_____	_____	_____
Female <input type="checkbox"/>	_____	_____	_____	_____

Children attend school in who's school district Father Mother Open enrollment Other, please explain _____

Residences of Children for last five years:

1. From ____/____/____ To PRESENT DATE Residing with _____

Complete Address: _____

2. From ____/____/____ To ____/____/____ Residing with _____

Complete Address: _____

3. From ____/____/____ To ____/____/____ Residing with _____

Complete Address: _____

4. From ____/____/____ To ____/____/____ Residing with _____

Complete Address: _____

5. From ____/____/____ To ____/____/____ Residing with _____

Complete Address: _____

6. From ____/____/____ To ____/____/____ Residing with _____

Complete Address: _____

7. From ____/____/____ To ____/____/____ Residing with _____

Complete Address: _____

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List any health problems for either party or dependent children _____

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CHILDREN BY OTHER MARRIAGES

1. Name _____ Age _____ Birth date ____/____/____

Residing at _____

2. Name _____ Age _____ Birth date ____/____/____

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Residing at _____

3. Name _____ Age _____ Birth date ____/____/____

Residing at _____

HEALTH INSURANCE

MOTHER

FATHER

- 1. Are your child(ren) currently enrolled in a low-income government-assisted health care program (Healthy Start/Medicaid)? Yes No Yes No
- 2. Are you enrolled in an individual (non-group or COBRA) health insurance plan? Yes No Yes No
- 3. Are you enrolled in a health insurance plan through a group (employer or other organization)? Yes No Yes No
- 4. If you are not enrolled, do you have health insurance available through a group employer or other organization? Yes No Yes No
- 5. Does the available insurance cover primary care services within 30 miles of the child(ren)'s home? Yes No Yes No
- 6. Under the available insurance, what would be the annual premium for a plan covering you and the child(ren) of this relationship? YEARLY AMOUNT \$ _____ YEARLY AMOUNT \$ _____
- 7. Under the available insurance, what would be the annual premium for a plan covering you along (NOT including children or spouse)? YEARLY AMOUNT \$ _____ YEARLY AMOUNT \$ _____
- 8. If you are enrolled in a health insurance plan through a group or individual plan, which of the following people is/are covered?
 - Yourself _____ Yes No Yes No
 - Your spouse _____ Yes No Yes No
 - Minor child(ren) of this relationship _____ Yes No Yes No
Number _____ Number _____
 - Other individuals _____ Yes No Yes No

FATHER - Name of the group (employer or organization that provides health insurance):

Name of Health Insurance Provider:

Complete Address: _____

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City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Policy Number: _____

MOTHER - Name of the group (employer or organization that provides health insurance):

Name of Health Insurance Provider:

Complete Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Policy Number: _____

CRIMINAL CASES

Do you or anyone in the household have any criminal convictions, including guilty pleas? Yes No

If so, please complete the following:

Name: _____ What crime: _____

Case Number: _____ County: _____

EMPLOYMENT

CLIENT

SPOUSE/OPPOSING PARTY

Employer _____

Employer _____

Payroll Address _____

Payroll Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

How long? _____

How long? _____

Position/Title _____

Position/Title _____

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Scheduled pay per year: 12 24 26 52

Scheduled pay per year: 12 24 26 52

BASE YEARLY INCOME

\$ _____	3 years ago – 20 ____	\$ _____
\$ _____	2 years ago – 20 ____	\$ _____
\$ _____	Last year – 20 ____	\$ _____

YEARLY OVERTIME, COMMISSIONS AND/OR BONUSES

\$ _____	3 years ago – 20 ____	\$ _____
\$ _____	2 years ago – 20 ____	\$ _____
\$ _____	Last year – 20 ____	\$ _____

CURRENT INCOME

\$ _____	Base yearly income	\$ _____
\$ _____	Average Overtime Commission/Bonus from last three years	\$ _____
\$ _____	Unemployment	\$ _____
\$ _____	Disability (Worker’s Comp, Social Security, Other)	\$ _____
\$ _____	Retirement Benefits	\$ _____
\$ _____	Spousal Support Received	\$ _____
\$ _____	Interest and dividend income	\$ _____
\$ _____	Other income	\$ _____
_____	Please specify _____	
\$ _____	TOTAL YEARLY INCOME	\$ _____
\$ _____	Supplemental Security Income (SSI or public assistance)	\$ _____
\$ _____	Court-ordered child support received for minor or dependent child(ren) NOT of this relationship	\$ _____

EDUCATION/EMPLOYMENT SKILL

1. What level of education do the parties have at this time

Client: _____ Spouse: _____

2. Did each party have at the time the parties were married?

Client: Yes No Spouse: Yes No

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3. Did either party help finance the other's education? If so, who? _____

How? _____ To what extent? _____

4. Does client wish to pursue an education or job training? _____

If so, in what field of study or program? _____

How long will it take to complete the field of study or program? _____

What is the estimated expense to complete the field of study or program? _____

ASSETS

CASH ON HAND Total \$ _____

REAL ESTATE – property 1

Complete Address: _____

City: _____ State: _____ Zip Code: _____

Name on Mortgage: _____

Name on Deed: _____

Date of Purchase: _____ Purchase Price: _____ Present Value: _____

Name of Lender: _____

Complete Address of Lender: _____

City: _____ State: _____ Zip Code: _____

Balance Due to Lender: _____ Monthly Payment: _____

Are payments current: Yes No If no, how many months in arrearages: _____

Real Estate Taxes:

Included in Mortgage: Yes No Yearly: _____

Listed for sale: Yes No If yes, name of Realty Company: _____

Date listed: _____ Listing Price: _____

Other Lien holders:

Name of Lender: _____

Complete Address of Lender: _____

City: _____ State: _____ Zip Code: _____

Balance Due to Lender: _____ Monthly Payment: _____

Are payments current: Yes No If no, how many months in arrearages: _____

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REAL ESTATE – property 2

Complete Address: _____

City: _____ State: _____ Zip Code: _____

Name on Mortgage: _____

Name on Deed: _____

Date of Purchase: _____ Purchase Price: _____ Present Value: _____

Name of Lender: _____

Complete Address of Lender: _____

City: _____ State: _____ Zip Code: _____

Balance Due to Lender: _____ Monthly Payment: _____

Are payments current: Yes No If no, how many months in arrearages: _____

Real Estate Taxes:

Included in Mortgage: Yes No Yearly: _____

Listed for sale: Yes No If yes, name of Realty Company: _____

Date listed: _____ Listing Price: _____

Other Lien holders:

Name of Lender: _____

Complete Address of Lender: _____

City: _____ State: _____ Zip Code: _____

Balance Due to Lender: _____ Monthly Payment: _____

Are payments current: Yes No If no, how many months in arrearages: _____

IF ADDITIONAL PROPERTIES EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR ADDITIONAL PROPERTY

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MOTOR VEHICLES (Cars, Trucks, Motorcycles, Boats, RV's, etc.)

1. Year: _____ Make: _____ Model: _____

Name of principal driver: _____

Name on Title: _____

Date of Purchase: _____ Purchase Price: _____ Present Value: _____

Name of Lender: _____

Complete Address of Lender: _____

City: _____ State: _____ Zip Code: _____

Balance Due to Lender: _____ Monthly Payment: _____

Are payments current: Yes No If no, how many months in arrearages: _____

2. Year: _____ Make: _____ Model: _____

Name of principal driver: _____

Name on Title: _____

Date of Purchase: _____ Purchase Price: _____ Present Value: _____

Name of Lender: _____

Complete Address of Lender: _____

City: _____ State: _____ Zip Code: _____

Balance Due to Lender: _____ Monthly Payment: _____

Are payments current: Yes No If no, how many months in arrearages: _____

3. Year: _____ Make: _____ Model: _____

Name of principal driver: _____

Name on Title: _____

Date of Purchase: _____ Purchase Price: _____ Present Value: _____

Name of Lender: _____

Complete Address of Lender: _____

City: _____ State: _____ Zip Code: _____

Balance Due to Lender: _____ Monthly Payment: _____

Are payments current: Yes No If no, how many months in arrearages: _____

4. Year: _____ Make: _____ Model: _____

Name of principal driver: _____

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Name on Title: _____

Date of Purchase: _____ Purchase Price: _____ Present Value: _____

Name of Lender: _____

Complete Address of Lender: _____

City: _____ State: _____ Zip Code: _____

Balance Due to Lender: _____ Monthly Payment: _____

Are payments current: Yes No If no, how many months in arrearages: _____

IF ADDITIONAL VEHICLES EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR ADDITIONAL VEHICLES

FINANCIAL ACCOUNTS

1. Name of Institution: _____

Account Number: _____ Titled to: Husband Wife Both

Description of account (Checking, savings, CDs, POD accounts, money market accounts, etc): _____

Value: _____ Date of Value: _____

2. Name of Institution: _____

Account Number: _____ Titled to: Husband Wife Both

Description of account (Checking, savings, CDs, POD accounts, money market accounts, etc): _____

Value: _____ Date of Value: _____

3. Name of Institution: _____

Account Number: _____ Titled to: Husband Wife Both

Description of account (Checking, savings, CDs, POD accounts, money market accounts, etc): _____

Value: _____ Date of Value: _____

4. Name of Institution: _____

Account Number: _____ Titled to: Husband Wife Both

Description of account (Checking, savings, CDs, POD accounts, money market accounts, etc): _____

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Value: _____

Date of Value: _____

IF ADDITIONAL ACCOUNTS EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR ADDITIONAL ACCOUNTS

RETIREMENT ACCOUNTS/PENSION

1. Name of Institution: _____

Account Number: _____ Titled to: Husband Wife Both

Description of account (profit-sharing, IRA's, 401K plans, etc.): _____

Value: _____

Date of Value: _____

2. Name of Institution: _____

Account Number: _____ Titled to: Husband Wife Both

Description of account (profit-sharing, IRA's, 401K plans, etc.): _____

Value: _____

Date of Value: _____

3. Name of Institution: _____

Account Number: _____ Titled to: Husband Wife Both

Description of account (profit-sharing, IRA's, 401K plans, etc.): _____

Value: _____

Date of Value: _____

IF ADDITIONAL ACCOUNTS EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR ADDITIONAL ACCOUNTS

PUBLICLY HELD STOCKS, BONDS, SECURITIES, MUTUAL FUNDS

1. Name of Institution: _____

Account Number: _____ Titled to: Husband Wife Both

Description of account: _____

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Value: _____

Date of Value: _____

2. Name of Institution: _____

Account Number: _____

Titled to: Husband Wife Both

Description of account: _____

Value: _____

Date of Value: _____

3. Name of Institution: _____

Account Number: _____

Titled to: Husband Wife Both

Description of account: _____

Value: _____

Date of Value: _____

IF ADDITIONAL ACCOUNTS EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR ADDITIONAL ACCOUNTS

CLOSELY HELD STOCKS & OTHER BUSINESS INTERESTS AND NAME OF COMPANY

1. Name: _____

Titled to: Husband Wife Both

Description of account (type of ownership and number): _____

Value: _____

Date of Value: _____

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2. Name: _____

Titled to: Husband Wife Both

Description of account (type of ownership and number): _____

Value: _____

Date of Value: _____

IF ADDITIONAL ACCOUNTS EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR ADDITIONAL ACCOUNTS

LIFE INSURANCE

1. Name of Institution: _____
 Account Number: _____ Titled to: Husband Wife Both
 Description of account: Term (only good upon death) Whole Life
 Cash Value: _____ Date of Value: _____

2. Name of Institution: _____
 Account Number: _____ Titled to: Husband Wife Both
 Description of account: Term (only good upon death) Whole Life
 Cash Value: _____ Date of Value: _____

IF ADDITIONAL ACCOUNTS EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR ADDITIONAL ACCOUNTS

SAFE DEPOSIT BOX

1. Name of location: _____
 Titled to: Husband Wife Both
 Description of contents: _____

 Value: _____ Date of Value: _____

2. Name of location: _____
 Titled to: Husband Wife Both
 Description of contents: _____

 Value: _____ Date of Value: _____

IF ADDITIONAL BOXES EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR ADDITIONAL BOXES

FURNITURE & APPLIANCES (list those in your possession and in spouses possession)

1. Description: _____
 Who has possession: Husband Wife Both

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Value: _____

Date of Value: _____

2. Description: _____

Who has possession: Husband Wife Both

Value: _____

Date of Value: _____

3. Description: _____

Who has possession: Husband Wife Both

Value: _____

Date of Value: _____

4. Description: _____

Who has possession: Husband Wife Both

Value: _____

Date of Value: _____

5. Description: _____

Who has possession: Husband Wife Both

Value: _____

Date of Value: _____

6. Description: _____

Who has possession: Husband Wife Both

Value: _____

Date of Value: _____

7. Description: _____

Who has possession: Husband Wife Both

Value: _____

Date of Value: _____

8. Description: _____

Who has possession: Husband Wife Both

Value: _____

Date of Value: _____

9. Description: _____

Who has possession: Husband Wife Both

Value: _____

Date of Value: _____

IF ADDITIONAL FURNITURE/APPLIANCES EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR ADDITIONAL FURNITURE/APPLIANCES

TRANSFER OF ASSETS

(Name and address of any person, other than creditors, that has received money or property from you exceeding \$300.00 in value in the past 12 months and the reason for each transfer)

1. Name: _____

Complete Address: _____

City: _____ State: _____ Zip Code: _____

Titled to: Husband Wife Both

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Description of transfer: _____

Reason for transfer: _____

Value: _____

Date of transfer: _____

2. Name: _____

Complete Address: _____

City: _____ State: _____ Zip Code: _____

Titled to: Husband Wife Both

Description of transfer: _____

Reason for transfer: _____

Value: _____

Date of transfer: _____

3. Name: _____

Complete Address: _____

City: _____ State: _____ Zip Code: _____

Titled to: Husband Wife Both

Description of transfer: _____

Reason for transfer: _____

Value: _____

Date of transfer: _____

IF ADDITIONAL TRANSFERS EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR ADDITIONAL TRANSFER

ANY OTHER ASSETS NOT LISTED ABOVE

1. _____

Titled to: Husband Wife Both

Description: _____

Value: _____

Date of Value: _____

2. _____

Titled to: Husband Wife Both

Description: _____

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Value: _____

Date of Value: _____

IF ADDITIONAL ASSETS EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR ADDITIONAL ASSETS

SEPARATE PROPERTY CLAIM

1. Category: Pre-marital Inheritance Acquired after separation Other, please explain

Description: _____

Why do you claim separate property: _____

Fair Market Value: _____

2. Category: Pre-marital Inheritance Acquired after separation Other, please explain

Description: _____

Why do you claim separate property: _____

Fair Market Value: _____

3. Category: Pre-marital Inheritance Acquired after separation Other, please explain

Description: _____

Why do you claim separate property: _____

Fair Market Value: _____

IF ADDITIONAL EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR THE SAME

DEBTS

SECURED

1. Type (Mortgage, Vehicles, etc.): _____

Name of Creditor: _____

Name(s) on account: Husband Wife Both

Total Debt Due: _____ Monthly Payment: _____

2. Type (Mortgage, Vehicles, etc.): _____

Name of Creditor: _____

Name(s) on account: Husband Wife Both

Total Debt Due: _____ Monthly Payment: _____

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3. Type (Mortgage, Vehicles, etc.): _____

Name of Creditor: _____

Name(s) on account: Husband Wife Both

Total Debt Due: _____ Monthly Payment: _____

4. Type (Mortgage, Vehicles, etc.): _____

Name of Creditor: _____

Name(s) on account: Husband Wife Both

Total Debt Due: _____ Monthly Payment: _____

5. Type (Mortgage, Vehicles, etc.): _____

Name of Creditor: _____

Name(s) on account: Husband Wife Both

Total Debt Due: _____ Monthly Payment: _____

6. Type (Mortgage, Vehicles, etc.): _____

Name of Creditor: _____

Name(s) on account: Husband Wife Both

Total Debt Due: _____ Monthly Payment: _____

7. Type (Mortgage, Vehicles, etc.): _____

Name of Creditor: _____

Name(s) on account: Husband Wife Both

Total Debt Due: _____ Monthly Payment: _____

8. Type (Mortgage, Vehicles, etc.): _____

Name of Creditor: _____

Name(s) on account: Husband Wife Both

Total Debt Due: _____ Monthly Payment: _____

IF ADDITIONAL EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR THE SAME

UNSECURED (including credit cards)

1. Type: _____

Name of Creditor: _____

Name(s) on account: Husband Wife Both

Total Debt Due: _____ Monthly Payment: _____

2. Type: _____

Name of Creditor: _____

Name(s) on account: Husband Wife Both

Total Debt Due: _____ Monthly Payment: _____

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3. Type: _____

Name of Creditor: _____

Name(s) on account: Husband Wife Both

Total Debt Due: _____ Monthly Payment: _____

4. Type: _____

Name of Creditor: _____

Name(s) on account: Husband Wife Both

Total Debt Due: _____ Monthly Payment: _____

5. Type: _____

Name of Creditor: _____

Name(s) on account: Husband Wife Both

Total Debt Due: _____ Monthly Payment: _____

6. Type: _____

Name of Creditor: _____

Name(s) on account: Husband Wife Both

Total Debt Due: _____ Monthly Payment: _____

7. Type: _____

Name of Creditor: _____

Name(s) on account: Husband Wife Both

Total Debt Due: _____ Monthly Payment: _____

8. Type: _____

Name of Creditor: _____

Name(s) on account: Husband Wife Both

Total Debt Due: _____ Monthly Payment: _____

IF ADDITIONAL EXIST, PLEASE ATTACH A SEPARATE SHEET OF PAPER WITH THE ABOVE INFORMATION FOR THE SAME

BANKRUPTCY - Yes No

1. Filed by: Husband Wife Both

Date of filing: _____ Case Number: _____

Date of discharge or relief from stay: _____

Type of case: 7 11 12 13

Monthly payments: Yes No Amount: _____ Current: Yes No

2. Filed by: Husband Wife Both

Date of filing: _____ Case Number: _____

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Date of discharge or relief from stay: _____

Type of case: 7 11 12 13

Monthly payments: Yes No Amount: _____ Current: Yes No

MONTHLY EXPENSES

Rent or first mortgage _____ \$ _____

Real estate taxes _____ \$ _____

Real estate/homeowners insurance _____ \$ _____

Second mortgage _____
\$ _____

Utilities

Electric _____ \$ _____

Gas, fuel oil, propane _____ \$ _____

Water and sewer _____ \$ _____

Telephone _____ \$ _____

Trash collection _____ \$ _____

Internet/Cable/satellite television _____ \$ _____

Cleaning, maintenance, repair _____ \$ _____

Lawn service, snow removal _____ \$ _____

Food:

Groceries (including food, paper, cleaning products, toiletries) _____ \$ _____

Restaurant _____ \$ _____

Transportation

Vehicle loan/leases _____ \$ _____

Vehicle maintenance (oil, repair, license) _____ \$ _____

Gasoline _____ \$ _____

Parking, public transportation _____ \$ _____

Clothing

Clothes (other than children's) _____ \$ _____

Dry cleaning, laundry _____ \$ _____

Personal grooming

Hair, nail care _____ \$ _____

Cellular phone _____ \$ _____

Work/education-related child care _____ \$ _____

Other child care _____ \$ _____

Unusual parenting time travel _____ \$ _____

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Special and unusual needs of child(ren) _____ \$ _____

Clothing _____

\$ _____

School supplies _____ \$ _____

Extracurricular activities or lessons _____ \$ _____

School lunches _____ \$ _____

Life Insurance _____ \$ _____

Auto Insurance _____ \$ _____

Health Insurance _____ \$ _____

Disability Insurance _____ \$ _____

Education Tuition

o Self _____ \$ _____

o Child(ren) _____ \$ _____

Books, fees, other _____ \$ _____

College loan repayment _____ \$ _____

Healthcare expenses

o Physicians _____ \$ _____

o Dentists _____ \$ _____

o Optometrists/opticians _____ \$ _____

o Prescriptions _____ \$ _____

o Other _____ \$ _____

Extraordinary obligations for other minor/handicapped child(ren) _____ \$ _____

Child support for children who were born of this relationship _____ \$ _____

Spousal support paid to former spouse(s) _____ \$ _____

Subscriptions, books _____ \$ _____

Entertainment _____

\$ _____

Charitable contributions _____

\$ _____

Memberships (associations, clubs) _____

\$ _____

Travel, vacations _____

\$ _____

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Pets _____

\$ _____

Gifts _____

\$ _____

Bankruptcy payments _____

\$ _____

Attorney fees _____

\$ _____

Required deductions from wages (excluding taxes, social security and medicare) _____

\$ _____

Additional taxes paid (not deducted from wages) _____

\$ _____

Other _____

\$ _____

Installment payments (do not repeat any already listed) (ex. Car, credit cards, rent to own, cash advance)

To Whom _____

Purpose _____

Balance Due _____ Monthly payment \$ _____

To Whom _____

Purpose _____

Balance Due _____ Monthly payment \$ _____

To Whom _____

Purpose _____

Balance Due _____ Monthly payment \$ _____

To Whom _____

Purpose _____

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DAILEY LAW OFFICES
www.sdaileylaw.com
(p) 614-771-6000
(f) 614-771-6010

HILLIARD OFFICE
5354 Cemetery Rd.
Hilliard, Ohio 43026

DELAWARE OFFICE
50 N. Sandusky Street
Delaware, Ohio 43015

o To Whom _____

Purpose _____

Balance Due _____ Monthly payment \$ _____

Please provide the following information:

1. How you would like to divide the marital home
2. How you would like to divide the marital vehicles
3. How you would like to divide all joint checking/savings accounts
4. If each spouse will maintain his/her own retirement accounts
5. How you would like to divide all marital debt
6. Describe the shared parenting plan for the minor child(ren)
 - a. Residential parent
 - b. Visitation schedule
 - i. Summer break
 - ii. Spring break
 - iii. Winter break
 - iv. Weekends
 - c. Tax exemption for children (check one)
 - Alternate
 - Client
 - Spouse

Please provide the following documents:

1. Most recent pay advice
2. Income taxes for the last two years
3. Most recent retirement statement

Completed by:

Name

Date

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