

THE LAW OFFICES OF BRIAN D. PERSKIN - (718) 875-7584 - (212) 355-0887

105 COURT STREET, SUITE 402, BROOKLYN, NY 11201 - 41 MADISON AVENUE, 41<sup>ST</sup> FLOOR, NEW YORK, NY 10010

### DIVORCE INFORMATION SHEET

CLIENT'S COMPLETE LEGAL NAME:

***Attorney's Notes Re: Service***

Are you the Husband \_\_\_\_\_ or Wife \_\_\_\_\_

Former/maiden names, if any: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

How long have you resided in New York State? \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail 2 \_\_\_\_\_

Date of Birth \_\_\_\_\_ State/Country of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

***Retainer Fee & Payments:***

SPOUSE'S COMPLETE LEGAL NAME:

\_\_\_\_\_

Former/maiden names, if any \_\_\_\_\_

Spouse's Current Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip \_\_\_\_\_

Spouse's County \_\_\_\_\_

How long has your spouse resided in New York State? \_\_\_\_\_

Spouse's Home Phone Number \_\_\_\_\_

Spouse's Cell Phone Number \_\_\_\_\_

Spouse's E-mail \_\_\_\_\_

Spouse's Date of Birth \_\_\_\_\_ State/Country of Birth \_\_\_\_\_

Spouse's Social Security Number \_\_\_\_\_

Date of marriage \_\_\_\_\_

City, State, County of marriage \_\_\_\_\_

Were you married in a religious or civil ceremony? \_\_\_\_\_

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Are you presently separated? \_\_\_\_\_

If so approx. date of separation \_\_\_\_\_

Who will be Plaintiff (initiating divorce)?

\_\_\_\_\_

What are the grounds for divorce?

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

Is the wife pregnant? no \_\_\_\_\_ yes \_\_\_\_\_

If so when is the child due \_\_\_\_\_

Is spouse the father of the expected child? \_\_\_\_\_

How many children have been born to this marriage? \_\_\_\_\_

Does either party wish to return to use of a former/maiden name?

If so which? \_\_\_\_\_

Please supply the children's information:

NAME:

DATE OF BIRTH:

_____	_____	SS # _____
_____	_____	SS # _____
_____	_____	SS # _____

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\_\_\_\_\_  
SS # \_\_\_\_\_

Will one parent have sole custody of the children? \_\_\_\_\_, or

Will the parents share custody (joint) or split custody of the children?  
\_\_\_\_\_

If so, who shall the children reside with primarily (custodial parent)?  
\_\_\_\_\_ or

Which children with which parent  
\_\_\_\_\_

(this must be agreeable by both parents).

If you do not have a written agreement, regarding visitation, what is the visitation arrangement?

(please be specific with times, days of week/weekends, holidays and birthdays.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which holidays will the children spend with the non-custodial parent?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which holidays will the children spend with the non-custodial parent?

What vacation time, school break periods with the children be with the non-custodial parent?

Who will provide medical insurance for the children?

Father/Mother/Both \_\_\_\_\_

Please provide the medical insurance policy information  
(Attach copy of Insurance Card):

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Group: \_\_\_\_\_

ID# \_\_\_\_\_

Who will pay deductibles and uninsured costs? Father\_\_\_\_\_ Mother\_\_\_\_\_  
Both\_\_\_\_\_

Who will maintain life insurance with the child as beneficiary?  
Father\_\_\_\_\_ Mother\_\_\_\_\_ Both\_\_\_\_\_

IF THERE ARE CHILDREN, A CHILD SUPPORT WORKSHEET SHOULD BE FILLED OUT AND  
A COPY OF THE MOST RECENT W-2 FORM SUPPLIED FOR BOTH PARTIES

DOES YOUR SPOUSE AGREE TO SIGN THE DIVORCE PAPERS? Yes\_\_\_\_\_ No\_\_\_\_\_

Property Division: Please list all property that each person shall take  
from the marriage:

(PLEASE LIST ADDRESSES FOR REAL ESTATE AND MAKE OF CARS).

The Husband should be awarded the following  
property:\_\_\_\_\_

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

The Wife should be awarded the following property:

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

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OUTSTANDING DEBTS TO BE PAID BY EACH SPOUSE (include account numbers and balances):

The Husband shall be responsible for the following bills:

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The Wife shall be responsible for the following bills:

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IMPORTANT INFORMATION REQUIRED IF CHILDREN ARE INVOLVED:

Does either party receive spousal support from a previous marriage? If so, who \_\_\_\_\_

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How much per month? \$\_\_\_\_\_.

Does either party receive child support from a previous marriage or relationship?

If so, who?\_\_\_\_\_ How much per month? \$\_\_\_\_\_.

Does either party pay child support from a previous marriage or relationship?

If so, who?\_\_\_\_\_ How much per month? \$\_\_\_\_\_.

Are there any day care costs relating to the children of this marriage for a spouse to maintain employment?

If so, how much?: \$\_\_\_\_\_ Which spouse need day care so they can work? \_\_\_\_\_ Who pays?\_\_\_\_\_

Does either spouse receive social services or welfare? If so, who?

Father\_\_\_\_\_ Mother\_\_\_\_\_

How much per month? \$\_\_\_\_\_.

I/We are unable to afford the Court filing fees and would like to apply for Poor Person Status \_\_\_\_\_

Where did you hear about our service? Internet\_\_\_\_\_ Referral\_\_\_\_\_ Printed Ad \_\_\_\_\_ Other \_\_\_\_\_

Upon completion of this form, please mail the signed document to:

Law Office of Brian Perskin

105 Court Street, Suite 402



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Brooklyn, NY 11201

PLEASE CALL US IF YOU HAVE QUESTIONS

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