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**CLIENT FACT SHEET
FAMILY LAW**

DATE: _____

CLIENT NAME: _____

CASE INFO:

CURRENT CASE(S): #1

CAPTION: _____

INDEX: _____

COURT PENDING: _____

JUDGE/PART: _____

CURRENT STATUS: _____

NEXT DATE: _____

CURRENT CASE(S): #2

CAPTION: _____

INDEX: _____

COURT PENDING: _____

JUDGE/PART: _____

CURRENT STATUS: _____

NEXT DATE: _____

***ATTACH EXTRA SHEETS IF MORE CASES**

CLIENT NAME: _____

DATE: _____

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CLIENT INFORMATION:

OTHER NAMES KNOWN BY: _____

ADDRESS: _____

TELEPHONE NOS. – HOME: _____ **BUSINESS:** _____

CELL: _____ **BEEPER:** _____

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

HIGHEST GRADE OF EDUCATION: _____

(important for Enhanced Earnings)

REFERRED BY: _____

SOCIAL SECURITY NUMBER: _____

OPPONENT'S NAME: _____

IS OPPONENT PLAINTIFF/PETITIONER? ___ OR

DEFENDANT/RESPONDENT? ___

OTHER NAMES KNOWN BY: _____

RELATIONSHIP TO OPPONENT: _____

ADDRESS: _____

TELEPHONE NOS. – HOME: _____ **BUSINESS:** _____

CELL: _____ **BEEPER:** _____

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

HIGHEST GRADE OF EDUCATION: _____

(important for Enhanced Earnings)

OPPONENT'S ATTORNEY: _____

DATE OF MARRIAGE: _____ **PLACE:** _____

DATE OF DIVORCE: _____ **PLACE:** _____

WIFE'S MAIDEN/OTHER NAME: _____

ISSUE OF MARRIAGE (CHILDREN): _____

NAMES: _____

CLIENT NAME: _____

DATE: _____

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DATES OF BIRTH: _____

SOC. SEC. NOS. OF CHILDREN: _____

PRIOR MARRIAGES: HUSBAND: _____ **WIFE:** _____

PRESENT EMPLOYMENT:

SELF: _____

ADDRESS: _____

JOB TITLE: _____ **SALARY:** _____

LENGTH OF TIME IN JOB: _____

FRINGE BENEFITS/INSURANCE: _____

PENSION AND ADDRESS: _____

PROFIT SHARING: _____

OPPONENT: _____

ADDRESS: _____

JOB TITLE: _____ **SALARY:** _____

LENGTH OF TIME IN JOB: _____

(Time off to have and raise children?)

FRINGE BENEFITS/INSURANCE: _____

PENSION AND ADDRESS: _____

PROFIT SHARING: _____

(Who is breadwinner for child support, maintenance, pension, own business or whether it has to be valued and who needs to do it; cash business? Evaluate life style)

DURING THE RELATIONSHIP:

WHO MADE MORE MONEY (EST): _____

SELF-EMPLOYMENT? _____

CLIENT NAME: _____

DATE: _____

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SIDE JOBS/OFF THE BOOKS?: _____

CASH BUSINESS?: _____

MARITAL PROPERTY STILL AT ISSUE IF ANY:

RESIDENCE: _____

TITLE HELD BY: _____

APPROXIMATE VALUE: _____

MORTGAGE HELD WITH: _____

SECOND MORTGAGE HELD: _____

MORTGAGE PAYMENTS: _____

LIENS: _____ **PURCHASE DATE:** _____

OTHER REAL PROPERTY AT ISSUE:

LOCATION: _____

TITLE HELD BY: _____

APPROXIMATE VALUE: _____

LIENS: _____ **PURCHASE DATE:** _____

VEHICLES AT ISSUE:

AUTOMOBILES: _____ **VALUE:** _____

BOATS: _____ **VALUE:** _____

OTHER: _____ **VALUE:** _____

DRIVERS LICENSES AND NUMBERS:

SELF: _____

OPPONENT: _____

OTHER LICENSES AND NUMBERS:

SELF: _____

OPPONENT: _____

STOCKS:

SELF: _____

CLIENT NAME: _____

DATE: _____

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OPPONENT: _____

BONDS:

SELF: _____

OPPONENT: _____

LAWSUITS/WINNINGS:

SELF: _____

OPPONENT: _____

LOANS FROM PARENTS/FAMILY/FRIENDS (NO PROOF):

SELF: _____

OPPONENT: _____

LIFE INSURANCE: SELF

HOLDER: _____ **INSURER:** _____

INSURER ADDRESS: _____

PHONE NUMBER: _____

POLICY #: _____ **GROUP #:** _____

PLAN ADMINISTRATOR: _____

LIFE INSURANCE: OPPONENT

HOLDER: _____ **INSURER:** _____

INSURER ADDRESS: _____

PHONE NUMBER: _____

POLICY #: _____ **GROUP #:** _____

PLAN ADMINISTRATOR: _____

MEDICAL INSURANCE: SELF

(Who has it and can other spouse afford it?)

HOLDER: _____ **INSURER:** _____

INSURER ADDRESS: _____

PHONE NUMBER: _____

POLICY #: _____ **GROUP #:** _____

PLAN ADMINISTRATOR: _____

CLIENT NAME: _____

DATE: _____

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MEDICAL INSURANCE: OPPONENT

HOLDER: _____ **INSURER:** _____

INSURER ADDRESS: _____

PHONE NUMBER: _____

POLICY #: _____ **GROUP #:** _____

PLAN ADMINISTRATOR: _____

MEDICAL INSURANCE: CHILD/CHILDREN

CHILDREN ON PLAN: _____

HOLDER: _____ **INSURER:** _____

INSURER ADDRESS: _____

PHONE NUMBER: _____

POLICY #: _____ **GROUP #:** _____

PLAN ADMINISTRATOR: _____

OTHER INSURANCE: _____

SAVINGS AND CHECKING ACCOUNTS:

SELF:

BANK AND LOCATION: _____

ACCOUNT HOLDERS/NUMBERS: _____

SOCIAL SECURITY: _____

DISABILITY: _____

OPPONENT (IF KNOWN):

BANK AND LOCATION: _____

ACCOUNT HOLDERS/NUMBERS: _____

