

**LAW OFFICE OF
MARIA SCHEURING**

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CLIENT FACT SHEET

DATE: _____

CLIENT NAME: _____

OTHER NAMES KNOWN BY: _____

ADDRESS: _____

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

CELL: _____

EMAIL: _____

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

HIGHEST GRADE OF EDUCATION: _____
(important for Enhanced Earnings)

REFERRED BY: _____

SOCIAL SECURITY NUMBER: _____

OPPONENT'S NAME: _____

OTHER NAMES KNOWN BY: _____

ADDRESS: _____

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

CELL: _____

EMAIL: _____

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

HIGHEST GRADE OF EDUCATION: _____
(important for Enhanced Earnings)

SPOUSE SOCIAL SECURITY NUMBER: _____

CLIENT NAME: _____

DATE: _____

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SPOUSE'S ATTORNEY/ADDRESS: _____

DATE OF MARRIAGE: _____ PLACE: _____

CIVIL OR RELIGIOUS: _____

(important for Maintenance Issues and Grounds – “irretrievable breakdown” = “no fault divorce”)

WIFE'S MAIDEN NAME: _____

ISSUE OF MARRIAGE (CHILDREN): _____

(important for occupancy issues & older kids need to stay in community; child support; disability; college)

NAMES: _____

DATES OF BIRTH: _____

SOC. SEC. NOS. OF CHILDREN: _____

CURRENT ADDRESS OF EACH CHILD: _____

PRIOR MARRIAGES: HUSBAND: _____ WIFE: _____

PRESENT EMPLOYMENT:

HUSBAND: _____

(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)

ADDRESS: _____

JOB TITLE: _____ SALARY: _____

LENGTH OF TIME IN JOB: _____

FRINGE BENEFITS/INSURANCE: _____

PENSION AND ADDRESS: _____

PROFIT SHARING: _____

WIFE: _____

(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)

CLIENT NAME: _____

DATE: _____

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ADDRESS: _____

JOB TITLE: _____ **SALARY:** _____

LENGTH OF TIME IN JOB: _____
(Time off to have and raise children?)

FRINGE BENEFITS/INSURANCE: _____

PENSION AND ADDRESS: _____

PROFIT SHARING: _____

MARITAL PROPERTY:

RESIDENCE: _____

TITLE HELD BY: _____

APPROXIMATE VALUE: _____

MORTGAGE HELD WITH: _____

SECOND MORTGAGE HELD: _____

MORTGAGE PAYMENTS: _____

LIENS: _____ **PURCHASE DATE:** _____

OTHER REAL PROPERTY:

LOCATION: _____

TITLE HELD BY: _____

APPROXIMATE VALUE: _____

LIENS: _____ **PURCHASE DATE:** _____

VEHICLES:

AUTOMOBILES: _____ **VALUE:** _____

BOATS: _____ **VALUE:** _____

OTHER: _____ **VALUE:** _____

CLIENT NAME: _____

DATE: _____

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DRIVERS LICENSES AND NUMBERS: _____

OTHER LICENSES AND NUMBERS: _____

STOCKS:

_____ **TITLE:** _____

_____ **TITLE:** _____

BONDS:

_____ **TITLE:** _____

_____ **TITLE:** _____

LAWSUITS/WINNINGS: _____

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

LIFE INSURANCE: WIFE

(only Whole Life has value, not term)

HOLDER: _____ **INSURER:** _____

INSURER ADDRESS: _____

PHONE NUMBER: _____

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

PLAN ADMINISTRATOR: _____

LIFE INSURANCE: HUSBAND

HOLDER: _____ **INSURER:** _____

INSURER ADDRESS: _____

CLIENT NAME: _____

DATE: _____

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PHONE NUMBER: _____

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

PLAN ADMINISTRATOR: _____

MEDICAL INSURANCE: WIFE

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

HOLDER: _____ **INSURER:** _____

INSURER ADDRESS: _____

PHONE NUMBER: _____

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

PLAN ADMINISTRATOR: _____

MEDICAL INSURANCE: HUSBAND

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:

BANK AND LOCATION: _____

CLIENT NAME: _____

DATE: _____

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ACCOUNT HOLDERS/NUMBERS: _____

SOCIAL SECURITY: _____

DISABILITY: _____

DEBTS:

MARITAL: _____

SOLE: _____

EXPLANATIONS, FURTHER DETAILS AND MISC. INFORMATION:
