

Marital History:

Case _____

As of _____

Husband

Wife

1. Full name	_____	_____
2. Telephone	_____	_____
Work	_____	_____
Home	_____	_____
3. Residence	_____	_____
Street	_____	_____
City	_____	_____
State/zip	_____	_____
Residence in state (years of)	_____	_____
Presently living with spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Social Security number	_____	_____
5. Maiden name	_____	
Other prior names	_____	
Does Wife wish to resume maiden/prior name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Present occupation	_____	_____
Present employer	_____	_____
Type of work during most of working life, including business	_____	_____
7. Date of birth	_____	_____
Place of birth	_____	_____
8. Race	_____	_____
<i>(e.g., African American, Native American, White)</i>		
9. Ever in military service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Recipient of state aid? Type?	_____	_____
11. Highest education level	_____	_____

Marital History continued...

Case _____

As of _____

12. Date of this marriage _____

Place (*city and state*) _____

13. Date of separation _____

14. Any interest in reconciliation Yes No (Husband) Yes No (Wife)

15. Number of this marriage 1st 2nd Other _____ 1st 2nd Other _____

16. Prior marriages ended by Yes No Yes No
(*death, divorce, annulment*)

If divorce or annulment, date _____

• Where _____

• Which court _____

• Children of prior marriage

Names

Birth date & age

Names	Birth date & age
_____	_____
_____	_____
_____	_____
_____	_____

• Who has custody of minor children of prior marriage(s)

Husband

Wife

• Support obligations (*state amount*) _____

• College obligation _____

• Alimony/maintenance (*state amount*) _____

• Child support _____

17. Children of this marriage

Names

Birth date & age

Born (B) or Adopted (A) _____

Names	Birth date & age
_____	_____
_____	_____
_____	_____
_____	_____

Marital History continued...

Case _____

As of _____

Is the wife pregnant at this time? Yes No

Address(es) of children
for the past five years

Names

Address

Names	Address
_____	_____
_____	_____
_____	_____
_____	_____

Custody/visitation dispute expected? Yes No

What custodial arrangements are now in place (*formally or informally*)? _____

Any special needs for gifted or challenged child? _____

Do any of your children have exceptional health needs? Name child and describe.

18. Any prior action for divorce from present spouse? Yes No

If so, for each, state:

Date commenced _____ Court _____

Outcome (*dismissed/divorced granted, etc.*) _____

Date of disposition _____ Attorneys involved _____

Who has custody of minor children of prior marriage(s) _____

19. Are you or your spouse involved in any other legal actions? Yes No

If yes, describe.

20. Is there a prenuptial agreement? Yes No

If so, date (*attach copy of agreement*) _____

Attorneys involved _____

21. Have you/your spouse/dependent children received benefits or public assistance from any state/country agency within the last five years? Yes No

If so, state benefit _____

Name of person receiving benefit _____ Relationship to you _____

County and state of agency _____

Marital History continued...

Case _____

As of _____

22. Have any restraining orders to prevent domestic violence or abuse been issued against either party within the last 90 days?

Yes No

If so, state:

Whether temporary or permanent _____ Name of restrained party _____

Subject matter/incident _____

23. Are any aspects of family member's medical history relevant to this case? Yes No

If yes, describe.

Have you had any major health problems during the marriage? Yes No

If yes, describe.

Has your spouse had any major health problems during the marriage? Yes No

If yes, describe.

Are you under treatment for any chronic illness or condition? Yes No

If yes, describe.

Is your spouse under treatment for any chronic illness or condition? Yes No

If yes, describe.

24. Does your spouse have an attorney?

If yes, state:

Name _____

Address _____

Telephone _____