

# FAMILY LAW INFORMATION SHEET

## CLIENT INFORMATION

FULL NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

Please note that time sensitive/confidential information will be mailed to this address

BILLING ADDRESS (if different from mailing address) \_\_\_\_\_

How do you prefer to receive documents from us? U.S. Mail or Email (circle one)

YOUR EMAIL ADDRESS: \_\_\_\_\_

Please note that time sensitive/confidential information will be emailed to this address

HOME # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK # \_\_\_\_\_

EMPLOYER NAME/ADDRESS \_\_\_\_\_

INCOME \$ \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ RACE \_\_\_\_\_

NUMBER OF THIS MARRIAGE \_\_\_\_\_ HIGHEST EDUCATION COMPLETED \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DRIVER'S LICENSE STATE/# \_\_\_\_\_

Please give receptionist your license to photocopy

REFERRED BY \_\_\_\_\_ PENDING COURT DATES \_\_\_\_\_

## SPOUSE/OPPOSING PARTY'S INFORMATION

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK: \_\_\_\_\_

EMPLOYER NAME/ADDRESS \_\_\_\_\_

INCOME \$ \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ RACE \_\_\_\_\_

NUMBER OF THIS MARRIAGE \_\_\_\_\_ HIGHEST EDUCATION COMPLETED \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DRIVER'S LICENSE STATE/# \_\_\_\_\_

## FAMILY LAW INFORMATION SHEET

DATE OF MARRIAGE \_\_\_\_\_ PLACE OF MARRIAGE \_\_\_\_\_

DATE OF SEPARATION \_\_\_\_\_ CITY LAST RESIDED TOGETHER \_\_\_\_\_

WIFE: DO YOU WANT TO RESUME YOUR MAIDEN NAME?      YES NO (please circle)

If YES, please list all names by which you have been known since birth:

BIRTH NAME \_\_\_\_\_

AS A RESULT OF MARRIAGE \_\_\_\_\_

AS A RESULT OF MARRIAGE \_\_\_\_\_

AS A RESULT OF MARRIAGE \_\_\_\_\_

### CHILDREN BORN OF THE MARRIAGE/UNION

| NAME | DATE OF BIRTH | SOCIAL SECURITY # |
|------|---------------|-------------------|
|------|---------------|-------------------|

|      |               |                   |
|------|---------------|-------------------|
| NAME | DATE OF BIRTH | SOCIAL SECURITY # |
|------|---------------|-------------------|

|      |               |                   |
|------|---------------|-------------------|
| NAME | DATE OF BIRTH | SOCIAL SECURITY # |
|------|---------------|-------------------|

Do either you or your spouse have a child/ren from a previous relationship? YES OR NO (please circle)

If YES please list

|      |               |               |
|------|---------------|---------------|
| NAME | DATE OF BIRTH | MOTHER/FATHER |
|------|---------------|---------------|

|      |               |               |
|------|---------------|---------------|
| NAME | DATE OF BIRTH | MOTHER/FATHER |
|------|---------------|---------------|

### MEDICAL, DENTAL & VISION INSURANCE

Who pays for insurance for the child/ren? \_\_\_\_\_ Monthly premium amount \$ \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

### DAYCARE

Who pays for daycare for the child/ren? \_\_\_\_\_ Monthly amount \$ \_\_\_\_\_

PROVIDER \_\_\_\_\_

**CONFLICT OF INTEREST DATA**

**CLIENT:**

Name: \_\_\_\_\_

Former names (if any),  
including maiden name: \_\_\_\_\_

Current address: \_\_\_\_\_

Phone and Email: \_\_\_\_\_

Employer and Job Description: \_\_\_\_\_

Employer address: \_\_\_\_\_

Type of case: \_\_\_\_\_

**ADVERSE PARTY:**

Name: \_\_\_\_\_

Former names (if any),  
including maiden name: \_\_\_\_\_

Current address: \_\_\_\_\_

Phone and Email: \_\_\_\_\_

Employer and Job Description: \_\_\_\_\_

Employer address: \_\_\_\_\_

# COMMONWEALTH OF VIRGINIA - REPORT OF DIVORCE OR ANNULMENT

## Department of Health - Division of Vital Records - Richmond

NOTE:  
ITEMS 1-30 ON THIS  
FORM TO BE  
COMPLETED BY  
PETITIONER OR  
ATTORNEY AND FILED  
WITH CLERK OF COURT  
WITH PETITION OR  
DECREE

|  |                         |
|--|-------------------------|
| 1. CIRCUIT COURT FOR CITY OR COUNTY OF _____ | STATE FILE NUMBER _____ |
|--|-------------------------|

**PARTY A** (check one)  HUSBAND  WIFE  SPOUSE

|  |                                 |
|--|---------------------------------|
| 2. FULL NAME (first, middle, last, suffix) _____ (maiden name, if any) _____ | 3. SOCIAL SECURITY NUMBER _____ |
|--|---------------------------------|

|  |                        |               |              |
|--|------------------------|---------------|--------------|
| 4. PLACE OF BIRTH (state or foreign country) _____ | 5. DATE OF BIRTH _____ | 6. RACE _____ | 7. SEX _____ |
|--|------------------------|---------------|--------------|

|  |   |
|--|---|
| 8. NUMBER OF THIS MARRIAGE (first, second, etc.) _____ | 9. EDUCATION (specify only highest grade completed)<br>Elementary or Secondary (0-12) _____ College (1-4 or 5+) _____ |
|--|---|

|   |
|---|
| 10. USUAL RESIDENCE (street number or rural route number) _____ (city or town) _____ (county if not independent city) _____ (state) _____ |
|---|

**PARTY B** (check one)  HUSBAND  WIFE  SPOUSE

|   |                                  |
|---|----------------------------------|
| 11. FULL NAME (first, middle, last, suffix) _____ (maiden name, if any) _____ | 12. SOCIAL SECURITY NUMBER _____ |
|---|----------------------------------|

|   |                         |                |               |
|---|-------------------------|----------------|---------------|
| 13. PLACE OF BIRTH (state or foreign country) _____ | 14. DATE OF BIRTH _____ | 15. RACE _____ | 16. SEX _____ |
|---|-------------------------|----------------|---------------|

|   |  |
|---|--|
| 17. NUMBER OF THIS MARRIAGE (first, second, etc.) _____ | 18. EDUCATION (specify only highest grade completed)<br>Elementary or Secondary (0-12) _____ College (1-4 or 5+) _____ |
|---|--|

|   |
|---|
| 19. USUAL RESIDENCE (street number or rural route number) _____ (city or town) _____ (county if not independent city) _____ (state) _____ |
|---|

|  |                            |                              |
|--|----------------------------|------------------------------|
| 20. PLACE OF MARRIAGE (city or town) _____ (county) _____ (state or foreign country) _____ | 21. DATE OF MARRIAGE _____ | 22. DATE OF SEPARATION _____ |
|--|----------------------------|------------------------------|

|  |   |
|--|---|
| 23. NUMBER OF CHILDREN UNDER 18 IN THIS FAMILY _____ | 24. NUMBER OF CHILDREN UNDER 18 IN THIS FAMILY WHOSE PHYSICAL CUSTODY WAS AWARDED TO:<br>Party A _____ Party B _____ Joint (Party A/Party B) _____ Other _____ <input type="checkbox"/> No Children |
|--|---|

|  |   |  |
|--|---|--|
| 25. PLAINTIFF<br><input type="checkbox"/> PARTY A <input type="checkbox"/> PARTY B <input type="checkbox"/> BOTH | 26. DIVORCE GRANTED TO<br><input type="checkbox"/> PARTY A <input type="checkbox"/> PARTY B <input type="checkbox"/> BOTH | 27. LEGAL GROUND OR CAUSE OF DIVORCE (if annulment - so state) _____ |
|--|---|--|

|                                 |   |
|---------------------------------|---|
| 28. INFORMANT'S SIGNATURE _____ | <input type="checkbox"/> PETITIONER<br><input type="checkbox"/> ATTORNEY FOR PETITIONER |
|---------------------------------|---|

|   |   |
|---|---|
| 29. NAME OF INFORMANT (Type or Print) _____ | 30. ADDRESS OF INFORMANT (street number or rural route number) _____ (city or town) _____ (state) _____ |
|---|---|

I CERTIFY THAT A FINAL DECREE OF \_\_\_\_\_ WAS ENTERED \_\_\_\_\_ CONCERNING THE ABOVE  
(divorce or annulment) (date of divorce or annulment)

MARRIAGE AND WAS NUMBERED \_\_\_\_\_ SIGNATURE OF CLERK OF COURT OR DEPUTY \_\_\_\_\_  
(court file number)

NAME OF CLERK OR DEPUTY \_\_\_\_\_  
(Type or Print)

PLEASE PREPARE BY  
TYPEWRITER OR PRINT  
IN BLACK UNFADING INK.  
THIS IS A PERMANENT  
RECORD

CLERK OF COURT WILL  
CERTIFY AND FORWARD  
TO STATE REGISTRAR BY  
10TH DAY OF MONTH  
FOLLOWING DATE FINAL  
DECREE IS GRANTED

Section 32.1-268  
CODE OF VIRGINIA

Statutory Notices Required by Virginia Code § 20-60.3

1. The name, date of birth, and last four digits of the social security number of each parent of the child and, unless otherwise ordered, each parent's residential and, if different, mailing address, residential and employer telephone number, driver's license number, and the name and address of his or her employer:

The following information is provided as to the Payor (*party paying child support*):

Name:

Date of Birth:

Last four digits of SSN:

Residential Address:

Mailing Address:

Residential telephone number:

Employer telephone number:

Driver's License number:

Name and address of employer:

The following information is provided as to the Payee (*party receiving child support*):

Name:

Date of Birth:

Last four digits of SSN:

Residential Address:

Mailing Address:

Residential telephone number:

Employer telephone number:

Driver's License number:

Name and address of employer:

2. The name, date of birth, and last four digits of the social security number of each child to whom a duty of support is then owed by the parent:

Child 1:

Child 2:

Child 3:

Child 4:

3. Do you or the other party possess any license, certificate, registration or other authorization to engage in a profession, trade, business, occupation, or recreational activity issued by the Commonwealth?

If yes, please identify the type of authorization held by either or both parties:

4. Is your child severely and permanently mentally and/or physically disabled?
5. Will your child be over the age of 18 before he or she graduates from high school?
6. Please provide your child(ren)'s health insurance policy information:

Policy Holder:

Policy Company:

Plan Name:

Type of Coverage:

Amount for the child(ren) ONLY:

7. If you are the party to receive payments: Are you requesting payments to be made directly to you or through the Department of Child Support Enforcement?
8. How do you wish to handle unreimbursed medical expenses? Usually one party will pay and seek reimbursement within a certain timeframe (typically 30 days after receipt of the invoice or bill), or the parties can each pay their share directly the provider (if the medical practice allows the same).

