

Print this Worksheet and Fill in the Information

Date:

First Name:

Last Name:

Current Address:

Street
County:

City/Town:

State:

Zip:

Marital Residence:

How long have you been a resident of New York State?

2 years or more:

1 - 2 years:

less than 1 year:

Telephone #s:

home

work

auto

Date of Birth:

Place of Birth:

Social Security:

Previous Marriages:

How Ended?

Divorce

Annulment:

Death:

Other:

Are you still living with your spouse? Yes

No

If no, when did you separate?

Month Year

Where were you and your spouse living when you separated?

Street Address
City State

Are you currently receiving support money from your spouse?

Yes

No

High School :

College :

Degree Yr. of Grad. or Level Completed:

Graduate School

Place/ Degree/ Yr. of

Vocational School:

Place/ Degree/ Yr. of

Other :

Present Condition(s) :

Diagnosis Prognosis

Past Problems :

Internist Name:

Address

Dentist Name:

Address

Mental Health Professional(s):

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

Frequency of Visits:

Present Employer:

Date Started:

Address:

Title/Position:

Annual Salary Weekly Take-home:

Work Schedule:

Past Work Schedule(*include place, title, dates, etc*):

1:

2:

3:

Full Name:

Last:

First:

Middle initial (Maiden):

Current Address

Street /County:

City/Town:

State:

Zip Code:

Marital Residence:

How long a resident of New York State?

2 yrs. or more:

1 - 2 yrs:

less than 1 yr:

Telephone #s:

home: _____

Social Security:

Previous Marriage (#):

How ended?

Divorce or
Annulment:

Death:

Other:

High School (Name/Place) :

Yr. of Grad. or Grade Completed

College :

Degree

Yr. of Grad. or Level Completed

Graduate School :

Degree

Yr. of Grad.

Vocational School:

Degree

Yr. of Grad.

Other :

Present Condition(s):

Diagnosis/Prognosis:

Past Problems:

Internist:

Address:

Dentist:

Address:

Mental Health Professional(s)

Name:

Address:

Name:

Address:

Name:

Address:

Frequency of Visits :

Present Employer :

Date Started:

Address:

Title/Position:

Annual Salary /Weekly/ Take-home

Work Schedule

Past Work Schedule (*include place, title, dates, etc*)

1:

2:

3:

Date:

Place:

City/Town:

County/State :

Type of Ceremony (religious, justice, etc):

Number of Children Born Alive:

Number of Grandchildren Born Alive :

Number of Children from Previous Marriage

Husband:

Wife:

Date of Physical Separation, if any:

Number of Past Physical Separations:

Duration:

Agreements Between Parties?

Date(s)

Judgments?

Orders?

Specify nature of Order (Order of Support, Order of Protection, etc.)

*Bring a copy of any court order(s) and court papers with you to the next conference.

Family Court Proceedings?

Adoptions?

Law Suits of any kind?

Name of Counselor:

Dates :

Results, if any :

Family Lawyers :

Business Lawyers :

Family Accountants :

Business Accountants :