

**WILLIAM G. MATHEWS**  
**DIVORCE INFORMATION SHEET**  
**DATE: \_\_\_\_\_**

<b>NAME</b>			
<b>ADDRESS</b>			
<b>PHONE #</b>	<b>WORK</b>	<b>CELLULAR</b>	
Has your spouse retained an attorney? If yes who?			

**HUSBAND INFORMATION**

<b>NAME</b>		<b>DATE OF BIRTH</b>	
<b>ADDRESS</b> ----- Inside City Limits Y or N		<b>SOCIAL SECURITY NO. AND PHONE #</b>	<b>SS#</b>  Phone:
<b>COUNTY</b>		<b>STATE</b>	
<b>EMPLOYER</b> (including Address & Phone)		<b>OCCUPATION</b>	
Last Employer – Name, Address & Phone		Last position title & average monthly salary for last year at employment	
<b>INCOME – hourly/monthly gross</b>		<b>OTHER INCOME</b>	
Amount incurred monthly for child care		Are children covered by your health insurance?	
I pay the following monthly for insurance coverage:	Submit only what you pay for the children excluding yourself	\$	
<b>EDUCATION (0-12)</b>		<b>COLLEGE (1-4+)</b>	
Number of this Marriage		<b>RACE</b>	
How did last marriage end?	(Divorce, Death, Dissolution, Annulment)		
Pre-existing child support payment?	<b>YES or NO</b>	If yes, how much?	\$

**WIFE INFORMATION**

<b>NAME</b>		<b>DATE OF BIRTH</b>	
<b>ADDRESS</b> ----- Inside City Limits Y or N		<b>SOCIAL SECURITY NO. AND PHONE #</b>	<b>SS#</b>  Phone:
<b>COUNTY</b>		<b>STATE</b>	
<b>EMPLOYER</b> (including Address & Phone)		<b>OCCUPATION</b>	
Last Employer – Name, Address		Last position title & average monthly	

& Phone		salary for last year at employment	
<b>INCOME – hourly/monthly gross</b>		<b>OTHER INCOME</b>	
Amount incurred monthly for child care		Are children covered by your health insurance?	
I pay the following monthly for insurance coverage:	Submit only what you pay for the children excluding yourself	\$	
<b>EDUCATION (0-12)</b>		<b>COLLEGE (1-4+)</b>	
Number of this Marriage		<b>RACE</b>	
How did last marriage end?	(Divorce, Death, Dissolution, Annulment)		
Pre-existing child support payment?	<b>YES or NO</b>	If yes, how much?	\$

### MARRIAGE INFORMATION

DATE OF MARRIAGE (Month, Day, Year)	
PLACE OF MARRIAGE (City, County, State)	
DATE OF SEPARATION (Date that you stopped living together as husband and wife)	
PLACE OF SEPARATION (City, County, State)	

### DEPENDANT CHILDREN OF MARRIAGE

FIRST, MIDDLE, LAST NAME	AGE / SEX	DATE OF BIRTH	SOCIAL SECURITY #
<b>NUMBER OF CHILDREN LIVING WITH YOU:</b>			

### PROPERTY


### AUTOMOBILES

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**DEBTS  
(MORTGAGE, CREDIT CARDS, ETC.)**


<b>PREFERENCE AS TO CUSTODY OF CHILD(REN):</b>	
<b>ARE YOU ASKING FOR CHILD SUPPORT?</b>	
<b>GROUND(S) FOR WANTING DIVORCE (incompatibility, imprisonment, physical or mental cruelty, desertion, adultery, insanity, etc.)</b>	
<b>WHO IS TO BE ALLOWED TO CLAIM THE EXEMPTION FOR WHICH CHILD, FOR INCOME TAX PURPOSES?</b>	
<b>WHAT SCHOOL SYSTEM IS TO BE DESIGNATED?</b>	

**PREVIOUS ADDRESSES OF CHILD(REN) FOR THE PAST SIX (6) YEARS**  
Include the Dates that the Children lived at each:

<b>CHILD'S NAME:</b>	<b>ADDRESS:</b>	<b>DATE OF RESIDENCY</b>