

# CONFIDENTIAL CLIENT HISTORY

1. FULL NAME \_\_\_\_\_  
Home Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Lived at present address since \_\_\_\_\_  
All home addresses for past two years: \_\_\_\_\_ Dates  
\_\_\_\_\_ (From \_\_\_\_\_ to \_\_\_\_)  
\_\_\_\_\_ (From \_\_\_\_\_ to \_\_\_\_)

2. SPOUSE'S FULL NAME \_\_\_\_\_  
Spouse's home address \_\_\_\_\_  
\_\_\_\_\_  
Home Phone \_\_\_\_\_  
Spouse=s attorney \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

3. MARRIAGE: Date \_\_\_\_\_ Place \_\_\_\_\_  
A. Date of Birth: Self: \_\_\_\_\_ Spouse: \_\_\_\_\_  
B. Social Security No.: Self: \_\_\_\_\_ Spouse: \_\_\_\_\_

4. CHILDREN OF THIS MARRIAGE:

| <u>Full Name</u> | <u>Date of Birth</u> | <u>Grade In School</u> | <u>Living With</u> |
|------------------|----------------------|------------------------|--------------------|
| _____            | _____                | _____                  | _____              |
| _____            | _____                | _____                  | _____              |
| _____            | _____                | _____                  | _____              |
| _____            | _____                | _____                  | _____              |

5. Are you and your spouse living together now? \_\_\_\_\_. If not, state date of separation \_\_\_\_\_, and where you were living at the time of separation \_\_\_\_\_.  
\_\_\_\_\_. If separated, and if all of your addresses since separation are not listed in #1 above, please list others here:  
\_\_\_\_\_ (From \_\_\_\_\_ to \_\_\_\_\_)  
\_\_\_\_\_ (From \_\_\_\_\_ to \_\_\_\_\_)

6. Have you an interest in reconciliation? \_\_\_\_\_ Does your spouse (as far as you know?) \_\_\_\_\_

7. Please give dates and names of personal or marital counselors seen by you or your spouse.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Do you anticipate a dispute about custody of the children? \_\_\_\_\_

9. EMPLOYMENT:

| <u>Self</u>           | <u>Spouse</u> |
|-----------------------|---------------|
| Employer: _____       | _____         |
| Address: _____        | _____         |
| Telephone: _____      | _____         |
| Job Title: _____      | _____         |
| Employed Since: _____ | _____         |
| Nature of Job: _____  | _____         |

| <u>Self</u> | <u>Spouse</u> |
|-------------|---------------|
| Salary:     |               |
| Base _____  | _____         |
| Gross _____ | _____         |
| Net _____   | _____         |

Overtime  
& Bonus:

|             |       |
|-------------|-------|
| Gross _____ | _____ |
| Net _____   | _____ |

Previous Employment & Dates: (Indicate whether self or spouse)

|       | <u>Dates</u>          |
|-------|-----------------------|
| _____ | (From _____ to _____) |
| _____ | (From _____ to _____) |
| _____ | (From _____ to _____) |
| _____ | (From _____ to _____) |

10. EDUCATIONAL BACKGROUND:

Self \_\_\_\_\_

Spouse \_\_\_\_\_

11. List all prior marriages of yourself and of your present spouse. (Include names of all prior spouses of each, how, when and where prior marriages terminated, and provide copies of relevant court orders and separation agreements.)

Self \_\_\_\_\_

Spouse \_\_\_\_\_

12. List names and ages of *any* children of yourself or your spouse other than those listed in #4, state with whom such children live, who has their legal custody, and whether they have been adopted.

Self \_\_\_\_\_

Spouse \_\_\_\_\_

13. Please list any joint bank accounts to which you or your spouse have access.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Please list credit cards and charge accounts, who can use them and who is responsible for the bill.

| <u>Account</u> | <u>May be used by</u> |          | <u>Responsible Party</u> |          |
|----------------|-----------------------|----------|--------------------------|----------|
|                | <u>H</u>              | <u>W</u> | <u>H</u>                 | <u>W</u> |
| _____          | _____                 | _____    | _____                    | _____    |
| _____          | _____                 | _____    | _____                    | _____    |
| _____          | _____                 | _____    | _____                    | _____    |
| _____          | _____                 | _____    | _____                    | _____    |
| _____          | _____                 | _____    | _____                    | _____    |
| _____          | _____                 | _____    | _____                    | _____    |
| _____          | _____                 | _____    | _____                    | _____    |
| _____          | _____                 | _____    | _____                    | _____    |

15. Please indicate names and addresses of your living parents and siblings:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can you look to any of these people for financial or other assistance if necessary?

\_\_\_\_\_

\_\_\_\_\_

16. Who referred you to us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. ASSETS (of you and your spouse):

Estimate the value of each of the following items of property. If any item is located outside of Massachusetts, indicate where such item is located and, if necessary, give details on a separate sheet. Indicate how much of each asset was contributed by husband (H) and how much by wife (W), or, where noted, joint (J).

A. Bank Accounts

| <u>(Savings &amp; Checking):<br/>Item</u> | <u>In Whose Name</u> | <u>% Contributed by Each</u> |          | <u>Present Value</u> | <u>Location of Article</u> |
|---|----------------------|------------------------------|----------|----------------------|----------------------------|
|   |                      | <u>H</u>                     | <u>W</u> |                      |                            |
| _____                                     | _____                | _____                        | _____    | _____                | _____                      |
| _____                                     | _____                | _____                        | _____    | _____                | _____                      |
| _____                                     | _____                | _____                        | _____    | _____                | _____                      |
| _____                                     | _____                | _____                        | _____    | _____                | _____                      |
| _____                                     | _____                | _____                        | _____    | _____                | _____                      |
| _____                                     | _____                | _____                        | _____    | _____                | _____                      |

B. Stocks and Bonds

| <u>(Include number of shares)<br/>Item</u> | <u>In Whose Name</u> | <u>% Contributed by Each</u> |          | <u>Present Value</u> | <u>Location of Article</u> |
|--|----------------------|------------------------------|----------|----------------------|----------------------------|
|  |                      | <u>H</u>                     | <u>W</u> |                      |                            |
| _____                                      | _____                | _____                        | _____    | _____                | _____                      |
| _____                                      | _____                | _____                        | _____    | _____                | _____                      |
| _____                                      | _____                | _____                        | _____    | _____                | _____                      |
| _____                                      | _____                | _____                        | _____    | _____                | _____                      |
| _____                                      | _____                | _____                        | _____    | _____                | _____                      |
| _____                                      | _____                | _____                        | _____    | _____                | _____                      |

C. Miscellaneous Property:  
(Patents; trademarks;  
copyrights; royalties;  
limited partnership  
interests; proprietary  
interests; and other  
investments.)

| <u>Item</u> | <u>In Whose Name</u> | <u>% Contributed by Each</u> |          | <u>Present Value</u> | <u>Location of Article</u> |
|-------------|----------------------|------------------------------|----------|----------------------|----------------------------|
|             |                      | <u>H</u>                     | <u>W</u> |                      |                            |
| _____       | _____                | _____                        | _____    | _____                | _____                      |
| _____       | _____                | _____                        | _____    | _____                | _____                      |
| _____       | _____                | _____                        | _____    | _____                | _____                      |
| _____       | _____                | _____                        | _____    | _____                | _____                      |
| _____       | _____                | _____                        | _____    | _____                | _____                      |
| _____       | _____                | _____                        | _____    | _____                | _____                      |

D. Significant Personal Effects  
(Automobiles; jewelry; art;  
antiques; boats; aircraft;  
collections; furs; tangible  
personal property)

| <u>Item</u> | <u>In Whose Name</u> | <u>% Contributed by Each</u> |          | <u>Present Value</u> | <u>Location of Article</u> |
|-------------|----------------------|------------------------------|----------|----------------------|----------------------------|
|             |                      | <u>H</u>                     | <u>W</u> |                      |                            |
| _____       | _____                | _____                        | _____    | _____                | _____                      |
| _____       | _____                | _____                        | _____    | _____                | _____                      |
| _____       | _____                | _____                        | _____    | _____                | _____                      |
| _____       | _____                | _____                        | _____    | _____                | _____                      |
| _____       | _____                | _____                        | _____    | _____                | _____                      |
| _____       | _____                | _____                        | _____    | _____                | _____                      |

E. Real Estate:

| <u>Location</u> | <u>Purchase Date</u> | <u>Purchase Price</u> | <u>Present Value</u> | <u>Mortgage Balance</u> | <u>Owned by (H, W or J)</u> | <u>% Contributed By Each</u> |
|-----------------|----------------------|-----------------------|----------------------|-------------------------|-----------------------------|------------------------------|
| _____           | _____                | _____                 | _____                | _____                   | _____                       | _____                        |
| _____           | _____                | _____                 | _____                | _____                   | _____                       | _____                        |
| _____           | _____                | _____                 | _____                | _____                   | _____                       | _____                        |
| _____           | _____                | _____                 | _____                | _____                   | _____                       | _____                        |

F. Business Interests, including sole proprietorship, corporations, partnerships:

| <u>Item</u> | <u>Owned by (H, W or J)</u> | <u>Value</u> |
|-------------|-----------------------------|--------------|
| _____       | _____                       | _____        |
| _____       | _____                       | _____        |
| _____       | _____                       | _____        |
| _____       | _____                       | _____        |

G. Money owed to you or your spouse:

| <u>Reason</u> | <u>Amount</u> | <u>By Whom</u> | <u>When Due</u> |
|---------------|---------------|----------------|-----------------|
| _____         | _____         | _____          | _____           |
| _____         | _____         | _____          | _____           |
| _____         | _____         | _____          | _____           |
| _____         | _____         | _____          | _____           |
| _____         | _____         | _____          | _____           |

H. Employee Benefits:  
Pension; retirement; profit-sharing plans, regardless of whether presently vested or by whom contributed; company car; expense account; etc.

| <u>Item</u> |
|-------------|
| _____       |
| _____       |
| _____       |
| _____       |
| _____       |

I. Insurance:

1. Life insurance for you and your spouse:

(a) Individually Acquired:

|          | <u>Insured H or W</u> | <u>Company</u> | <u>Face Value</u> | <u>Type</u> | <u>Owner</u> | <u>Beneficiary</u> |
|----------|-----------------------|----------------|-------------------|-------------|--------------|--------------------|
| Pol. (1) | _____                 | _____          | _____             | _____       | _____        | _____              |
| Pol. (2) | _____                 | _____          | _____             | _____       | _____        | _____              |
| Pol. (3) | _____                 | _____          | _____             | _____       | _____        | _____              |
| Pol. (4) | _____                 | _____          | _____             | _____       | _____        | _____              |

|                 | <u>Existing Loan</u> | <u>Premium &amp;<br/>Who Pays</u> | <u>Cash<br/>Surrender<br/>Value</u> |
|-----------------|----------------------|-----------------------------------|-------------------------------------|
| Pol. (1) cont=d | _____                | _____                             | _____                               |
| Pol. (2) cont=d | _____                | _____                             | _____                               |
| Pol. (3) cont=d | _____                | _____                             | _____                               |
| Pol. (4) cont=d | _____                | _____                             | _____                               |

(b) Employment-Related:

|          | <u>Insured<br/>H or W</u> | <u>Company</u> | <u>Face<br/>Value</u> | <u>Type</u> | <u>Owner</u> | <u>Beneficiary</u> |
|----------|---------------------------|----------------|-----------------------|-------------|--------------|--------------------|
| Pol. (1) | _____                     | _____          | _____                 | _____       | _____        | _____              |
| Pol. (2) | _____                     | _____          | _____                 | _____       | _____        | _____              |
| Pol. (3) | _____                     | _____          | _____                 | _____       | _____        | _____              |
| Pol. (4) | _____                     | _____          | _____                 | _____       | _____        | _____              |

|                 | <u>Existing Loan</u> | <u>Premium &amp;<br/>Who Pays</u> | <u>Cash<br/>Surrender<br/>Value</u> |
|-----------------|----------------------|-----------------------------------|-------------------------------------|
| Pol. (1) cont=d | _____                | _____                             | _____                               |
| Pol. (2) cont=d | _____                | _____                             | _____                               |
| Pol. (3) cont=d | _____                | _____                             | _____                               |
| Pol. (4) cont=d | _____                | _____                             | _____                               |

2. Other Insurance: (Include insurer, persons covered, nature and extent of coverage and whether group or individual, by whom paid and how much, and whether both spouses can remain covered after divorce is final.)

(a) Medical:

(i) Hospital: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(ii) Dental: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(iii) Other Insurance: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(b) Disability: \_\_\_\_\_  
 \_\_\_\_\_

(c) Legal Insurance: \_\_\_\_\_  
 \_\_\_\_\_

(d) Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

J. Children=s Assets and Income:

\_\_\_\_\_  
 \_\_\_\_\_

K. Expected Gifts or Inheritance (you, your spouse, and children): When, by whom, from whom, and in what amount (if known).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. LIABILITIES (of you and your spouse):

A. Mortgages on Real Estate:

| <u>Item:</u> | <u>Owed by</u><br><u>(H, W or J)</u> | <u>Present</u><br><u>Amount</u> | <u>When</u><br><u>Due</u> |
|--------------|--------------------------------------|---------------------------------|---------------------------|
| _____        | _____                                | _____                           | _____                     |
| _____        | _____                                | _____                           | _____                     |
| _____        | _____                                | _____                           | _____                     |

B. Notes or Loans Owed to Banks and Others:

| <u>Item:</u> | <u>Owed by</u><br><u>(H, W or J)</u> | <u>Present</u><br><u>Amount</u> | <u>When</u><br><u>Due</u> |
|--------------|--------------------------------------|---------------------------------|---------------------------|
| _____        | _____                                | _____                           | _____                     |
| _____        | _____                                | _____                           | _____                     |
| _____        | _____                                | _____                           | _____                     |

C. Other Debts: (i.e., care and tuition loans, consumer credit or alimony obligations)

| <u>Item:</u> | <u>Owed by</u><br><u>(H, W or J)</u> | <u>Present</u><br><u>Amount</u> | <u>When</u><br><u>Due</u> |
|--------------|--------------------------------------|---------------------------------|---------------------------|
| _____        | _____                                | _____                           | _____                     |
| _____        | _____                                | _____                           | _____                     |
| _____        | _____                                | _____                           | _____                     |

D. Special Medical and Educational Needs:

| <u>Item:</u> | <u>Owed by</u><br><u>(H, W or J)</u> | <u>Present</u><br><u>Amount</u> | <u>When</u><br><u>Due</u> |
|--------------|--------------------------------------|---------------------------------|---------------------------|
| _____        | _____                                | _____                           | _____                     |
| _____        | _____                                | _____                           | _____                     |
| _____        | _____                                | _____                           | _____                     |

If any of your children have special educational needs, please explain on a separate sheet.

If you, or your spouse or your children are presently receiving medical (including psychological or psychiatric) care, please provide full details on a separate sheet, including names and addresses of doctors, term, frequency and cost.

19. ANNUAL INCOME:

|                          | <u>Self</u> | <u>Spouse</u> | <u>Joint</u> |
|--------------------------|-------------|---------------|--------------|
| Gross Salary _____       | _____       | _____         | _____        |
| Dividend Income _____    | _____       | _____         | _____        |
| Interest Income _____    | _____       | _____         | _____        |
| Income from Trusts _____ | _____       | _____         | _____        |
| Rental Income _____      | _____       | _____         | _____        |
| Other Income _____       | _____       | _____         | _____        |

TOTAL ANNUAL INCOME  
 (Sum of Above) \_\_\_\_\_

Existing arrangements, including court orders, as to support, visitation, family finances.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_