



# Domestic Case

## CLIENT INFORMATION

1. Your Name \_\_\_\_\_
2. Your Social Security Number \_\_\_\_\_
3. Your Date Of Birth \_\_\_\_\_
4. Your Address \_\_\_\_\_
5. Your Home Phone Number \_\_\_\_\_
6. Your Cell Phone Number \_\_\_\_\_
7. Your Email \_\_\_\_\_
8. Your Work Phone Number \_\_\_\_\_
9. Your Health Insurance Carrier \_\_\_\_\_
10. Address \_\_\_\_\_
11. Policy Number \_\_\_\_\_
12. Date Of Marriage \_\_\_\_\_
13. Date Separated \_\_\_\_\_
14. Where Married (City, State) \_\_\_\_\_
15. 

Children's Name	Age	Date Of Birth	Soc Sec.
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____

Children's Addresses For The Previous 5 Years:

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16. Spouse's Name \_\_\_\_\_
17. Spouse's Social Security Number \_\_\_\_\_
18. Spouse's Date Of Birth \_\_\_\_\_
19. Spouse's Address \_\_\_\_\_
- \_\_\_\_\_
20. Spouse's Driver's License Number \_\_\_\_\_

## EMPLOYMENT HISTORY

1. Name Of Your Employer \_\_\_\_\_
2. Your Position \_\_\_\_\_
3. Length Of Employment \_\_\_\_\_
4. Salary \_\_\_\_\_ Hourly \_\_\_\_\_ Or Yearly Salary \_\_\_\_\_
5. Hours Worked Per Week \_\_\_\_\_
6. Any Overtime \_\_\_\_\_ Work Hours Are From \_\_\_\_\_ to \_\_\_\_\_
7. Do You Have A Pension \_\_\_\_\_ \$ \_\_\_\_\_
8. Do You Have a 401(K) \_\_\_\_\_ \$ \_\_\_\_\_
9. Do You Have Profit Sharing Or Commission \_\_\_\_\_
10. Your Education Level \_\_\_\_\_
11. Address Of Your Employer \_\_\_\_\_
- \_\_\_\_\_
12. Your Spouse's Employer \_\_\_\_\_
13. Length Of Employment \_\_\_\_\_
14. Salary \_\_\_\_\_ Hourly \_\_\_\_\_ Or Yearly Salary \_\_\_\_\_
15. Hours Worked Per Week \_\_\_\_\_
16. Any Overtime \_\_\_\_\_ Work Hours Are From \_\_\_\_\_ to \_\_\_\_\_
17. Does Your Spouse Have A Pension \_\_\_\_\_ \$ \_\_\_\_\_
18. Does Your Spouse Have A 401(K) \_\_\_\_\_ \$ \_\_\_\_\_
19. Does Your Spouse Have Profit Sharing/Commission \_\_\_\_\_
20. Spouse's Education Level \_\_\_\_\_
21. Address Of Spouse's Employer \_\_\_\_\_
- \_\_\_\_\_

## BANK ACCOUNT INFORMATION

1. Savings Account Institution \_\_\_\_\_  
Account Number \_\_\_\_\_  
Joint Or Individual Amounts \_\_\_\_\_
2. Savings Account Institution \_\_\_\_\_  
Account Number \_\_\_\_\_  
Joint Or Individual Amounts \_\_\_\_\_
3. Checking Account Institution \_\_\_\_\_  
Account Number \_\_\_\_\_  
Joint Or Individual Amounts \_\_\_\_\_

### ANY OTHER BANK ACCOUNT INFORMATION

4. Savings Account Institution \_\_\_\_\_  
Account Number \_\_\_\_\_  
Joint Or Individual Amounts \_\_\_\_\_
5. Checking Account Institution \_\_\_\_\_  
Account Number \_\_\_\_\_  
Joint Or Individual Amounts \_\_\_\_\_

### MUTUAL FUNDS

1. Account Number \_\_\_\_\_  
\$ Amount \_\_\_\_\_
2. Account Number \_\_\_\_\_  
\$ Amount \_\_\_\_\_
3. Account Number \_\_\_\_\_  
\$ Amount \_\_\_\_\_

### AUTOMOBILES

1. You Drive (Vehicle) \_\_\_\_\_  
Monthly Payment \$ \_\_\_\_\_  
Loan Or Lease \_\_\_\_\_
2. Spouse Drives (Vehicle) \_\_\_\_\_  
Monthly Payment \$ \_\_\_\_\_  
Loan Or Lease \_\_\_\_\_

**(ANY OTHER VEHICLES)**

3. Who Drives \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Loan Or Lease \_\_\_\_\_

4. Who Drives \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Loan Or Lease \_\_\_\_\_

**MOTORCYCLES, BOAT, RVS, MOTOR HOMES**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**HOME MORTGAGE OR HOME EQUITY LOANS**

**HOME MORTGAGE**

1. Company Name \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Amount Borrowed \$ \_\_\_\_\_

2. Company Name \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Amount Borrowed \$ \_\_\_\_\_

**HOME EQUITY LOANS**

1. Company Name \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Amount Borrowed \$ \_\_\_\_\_

2. Company Name \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Amount Borrowed \$ \_\_\_\_\_

**OTHER LOANS**

1. Company Name \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Amount Borrowed \$ \_\_\_\_\_

2. Company Name \_\_\_\_\_  
Monthly Payment \$ \_\_\_\_\_  
Amount Borrowed \$ \_\_\_\_\_

### TAX DEBT - BANKRUPTCIES

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

### CREDIT CARD DEBT

1. Individual Or Joint \_\_\_\_\_  
Name Of Card \_\_\_\_\_  
Monthly Payment \_\_\_\_\_  
Total Amount On Card \$ \_\_\_\_\_

2. Individual Or Joint \_\_\_\_\_  
Name Of Card \_\_\_\_\_  
Monthly Payment \_\_\_\_\_  
Total Amount On Card \$ \_\_\_\_\_

3. Individual Or Joint \_\_\_\_\_  
Name Of Card \_\_\_\_\_  
Monthly Payment \_\_\_\_\_  
Total Amount On Card \$ \_\_\_\_\_

4. Individual Or Joint \_\_\_\_\_  
Name Of Card \_\_\_\_\_  
Monthly Payment \_\_\_\_\_  
Total Amount On Card \$ \_\_\_\_\_

5. Individual Or Joint \_\_\_\_\_  
Name Of Card \_\_\_\_\_  
Monthly Payment \_\_\_\_\_  
Total Amount On Card \$ \_\_\_\_\_

6. Individual Or Joint \_\_\_\_\_  
Name Of Card \_\_\_\_\_  
Monthly Payment \_\_\_\_\_  
Total Amount On Card \$ \_\_\_\_\_

**MONTHLY EXPENSES**

- 1. Mortgage/Rent \$ \_\_\_\_\_
- 2. Electric \$ \_\_\_\_\_
- 3. Gas/Water \$ \_\_\_\_\_
- 4. Phone \$ \_\_\_\_\_
- 5. Food \$ \_\_\_\_\_
- 6. Daycare \$ \_\_\_\_\_
- 7. Clothes \$ \_\_\_\_\_
- 8. Auto/Gas/Oil \$ \_\_\_\_\_
- 9. Auto Lease \$ \_\_\_\_\_
- 10. Insurance/Car \$ \_\_\_\_\_
- 11. Entertainment \$ \_\_\_\_\_
- 12. Legal \$ \_\_\_\_\_
- 13. Medical/Dental \$ \_\_\_\_\_
- 14. Cable \$ \_\_\_\_\_
- 15. Haircuts/Toiletries \$ \_\_\_\_\_
- 16. Family Counseling \$ \_\_\_\_\_
- 17. Student Loan \$ \_\_\_\_\_
- 18. Gifts \$ \_\_\_\_\_
- 19. Dry Cleaner \$ \_\_\_\_\_
- 20. School Fees \$ \_\_\_\_\_
- 21. Pager/Cellular Phone \$ \_\_\_\_\_
- 22. Children's Lessons \$ \_\_\_\_\_
- 23. Church Contribution \$ \_\_\_\_\_
- 24. Property Taxes \$ \_\_\_\_\_
- 25. Home Insurance \$ \_\_\_\_\_
- 26. Security System \$ \_\_\_\_\_
- 27. 401 K Contribution \$ \_\_\_\_\_

**CREDIT CARD**

**BALANCE OWED**

**MONTHLY PAYMENTS**

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_  
**TOTAL NET MONTHLY INCOME** \$ \_\_\_\_\_  
**SHORTFALL** (\$ \_\_\_\_\_ )

## REAL ESTATE OWNED

1. Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Fmv \_\_\_\_\_  
Name On Title \_\_\_\_\_

2. Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Fmv \_\_\_\_\_  
Name On Title \_\_\_\_\_

3. Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Fmv \_\_\_\_\_  
Name On Title \_\_\_\_\_

4. Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Fmv \_\_\_\_\_  
Name On Title \_\_\_\_\_

## NON-MARITAL PROPERTY

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

## HOW DID YOU HEAR ABOUT MCDANIEL LAW GROUP, LLC?

Please Circle one:

Business Card

Internet search

Website

Referral

Other

Please explain: \_\_\_\_\_