



294 Whittier Dr
Mastic Beach, NY, 11951
Phone: 631-790-6219
Fax: 631-281-6958
debra.lang@yourserenitysolutions.com

Confidential Client Fact Sheet

Name _____ Maiden Name _____

Home Address _____

Phone: Cell _____ Work _____ Home _____

Date of Birth _____ City _____ County _____ State _____

S.S.# _____ E-mail _____

Marriage: Date _____ City _____ County _____ State _____ Civil ___ Religious ___

Education Completed: H.S. ___ College (years)___ BA___ Graduate School (level) ___

Employment:

Occupation: _____ F/T ___ P/T ___ # of hours work week _____

I am paid: weekly

Job Title: _____

Employer:

Employer's Address:

Length of employment: _____

Previous job title, employer & length of employment: _____

Salary: \$ _____ Weekly ___ every other week ___ Twice each month ___ Monthly ___
Annually ___ Include copies of last pay voucher from all employers.

Monthly payroll deductions from primary employer:

of exemptions claimed _____

Deductions	Amount
Federal withholding tax	\$
Social Security Tax	\$
State Tax	\$
Medical insurance	\$
Life insurance	\$
Union dues	\$
Bonds	\$
Credit union	\$
Other - Describe	\$
Total deductions	\$
Gross monthly income from primary employer	\$
Net monthly income from primary employer	\$

List all other sources and amounts of gross income:

Source	Gross income	Net income	Deductions	Amount
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			

Benefits:

Benefit	Yes	No
Life Insurance		
Medical Coverage		
Dental		
Flexible Spending Account/ Health Savings Account (pre-tax)		
Pension		
Stock Options		
401K		
Savings Plan		

Medical:

ID# _____ Provider _____ Administrator and Address _____

Assets:

Asset	Type	Yes	No
House/Condo/Co-op			
Rental Property			
Vacation Property			
Boat			
Art/Collectibles			
Business			
Checking Account			
Savings Account			
Investments			
Personal Retirement Accounts			

Transportation:

A car ____, If so which brand and model _____ Value: _____

A Motorcycle ____, If so which brand and model _____ Value: _____

Other ____, If so which brand and model _____ Value: _____

Household Finances:

I handle the household finances ____, My partner/spouse ____, We both do ____.

Debt:

Type	Description	Balance owed

Children living in the household:

Full Name	Age	S.S#	D.O.B	School	Grade

With whom and at what address have the children lived for the past five years?

Do any of the children have special education needs? Name: _____

Marital Standing:

Status	Yes	No
They know something happened		
They know we've separated or are separating		
They think we are working on it		
They know nothing		
They know we are divorcing		

Which party introduced divorce/separation? _____

How did the other party respond? _____

Are you still living together? Yes ____ No ____

If your response to the question above is no then answer 1 & 2, if it was yes, ignore 1 & 2.

1) On which date did you separate? _____

2) Who initiated the move from the home? _____

Does either of you live in the marital home? If so whom? _____

Whose idea was it to begin mediation? _____

Does the other party agree freely to mediation? Yes ____ No ____

If applicable, do you foresee a custody dispute Yes ____ No ____ Possibly ____

Current perspective:

Status	Yes	No
I want to keep working on the marriage		
I want to try separation		
I'm numb and confused		

I want to be legally separated		
I just want to get it over with		
I want to legally separated then divorce if reconciliation is impossible		

Professionals:

Professional	Date	Individual/ which party	Both	Marriage related
Attorney				
Financial Planner				
Therapist/Marriage Counselor				

Prior Marriages:

Divorce ___ # ___

Annulment ___ # ___

Death ___ # ___

Children from prior marriage:

Age ___ Lives with _____

Age ___ Lives with _____

Age ___ Lives with _____

Age ___ Lives with _____

Are there any financial ties or agreements between you and your prior ex-spouse? If so, explain in detail:
