

FINCH & ASSOCIATES LAW OFFICE, PLLC

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CHECKLIST FOR DISSOLUTION OF MARRIAGE

Client Name: _____ Address: _____
Client Phone: _____ Cell Phone: _____
Client e-mail: _____
Client Work: _____ Work Phone: _____
Preferred method of contact: ___home phone ___cell phone ___mail ___e-mail
Client: Date of birth: _____ Age: _____ Education: _____ years
Client: Place of birth: (City/State/County): _____

Opposing Party Name: _____ Address: _____
Phone: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Date of birth: _____ Age: _____ Education: _____ years
Place of birth: (City/State/County): _____

Date of marriage: _____
Place of Marriage: (City, County, State): _____, _____, _____
Date of separation: _____

Do you want your former (or maiden) name returned to you: _____ yes _____ no
If yes, please state what your former name is: _____

Children:		
Name	Social Security Number	Date of Birth

Pregnant: _____ yes _____ no

Children presently in care and custody of: _____

Other dependents of _____ client _____ opposing party:

Name	Social Security Number	Date of birth
_____	_____	_____
_____	_____	_____

Child support obligations of you or opposing party currently:

Amount:\$_____ Paid to: _____

Financial background (note, this information is needed for mandatory disclosures required by the Idaho Rules of Family Law Procedure, and may be needed for any temporary support and/or custody motions to be filed).

1. Employer: _____
 Address/Phone number: _____
2. Dates of pay (monthly, weekly): _____
3. Monthly gross wage/salary: _____
4. Opposing party, monthly gross wage/salary: _____
5. Opposing party: Employer: _____
6. Opposing party: Employer, address: _____
7. Statement of income:

		You	Spouse
Gross Wages (monthly)			
Deductions:	Federal tax		
	State tax		
	FICA		
	Retirement		
	Savings		
	Loan		
	Medical Ins.		
	Profit Sharing		
	Other		
Net Wages (monthly):			

8. Other income, from all sources

Income Source	Gross Income/monthly
Rent	
Bonuses	
Child Support	
Disability	
Social Security	
Gifts	
Inheritance	
Trust income	
Dividends/Interest	
Other	

9. Monthly expenses

Expense	Amount
Mortgage or rent	
Water	
Gas	
Electricity	
Telephone	
Cell Phone	
Garbage/sewer	
Clothing	
Transportation	
Car payment	
Food	
Dental	
Medical	
Insurance, Life	
Dues	
Insurance, Auto	
Insurance, Homeowners	
School	
Recreation	
Household repair	
Household supplies	

Child care	
Children extracurricular activities	
Charities	
Savings Plan	
Retirement	
Child Support	
Other	

10. Debts.

Name/address of creditor	Reason debt incurred`	Date Incurred	Unpaid balance	Amount of Monthly Payment	Payment now being made by H/W

11. Assets.

Real Property	Location	Mortgage, balance if any	Fair Market Value	H / W / J

Stocks / Bonds Money Market, etc.	Purchase Date	Purchase Price (Basis)	Present Value	H / W / J

Motor vehicles	Make/Model	Present Value	Debt	Net Equity	H / W / J

Bank Accounts	Type (Savings, Checking, Certificate of Deposit)	Account Number	Present Balance	H / W / J

Insurance	Type (Term/Whole)	Cash Value / (Loans against value)	Present beneficiary	H / W / J

Other Assets (Description)	Husband	Wife	Value	H/W/J
Personal Injury settlement				
Workmen's compensation				
Patents/Trademarks				
Copyrights				
Social Security				
Retirement: 401K, including name of Employer/Plan				
IRA's				
Other				

PROPOSED CUSTODY/PARENTING PLAN:

Custody/Support of Minor children:

Present Custody: _____

Desired Custody: _____

Tax Exemption for children: _____ Mother _____ Father

Proposed or desired terms of visitation/parent plan time:

Days	Child with Mother	Child with Father	Even or Odd Year or other
Child(s) birthday			
Mother's birthday			
Father's birthday			
New Year's Day			
Easter			
Spring Break			
Memorial Day			
Fourth of July			
Labor Day			
Halloween			
Thanksgiving			
Christmas Eve			
Christmas Day			
Christmas School Break			
Summer/Vacation			