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CLIENT INFORMATION-

Full Legal Name: _____

Addresses where you lived for past 5 years Date Moved In Date Moved Out

Addresses where you lived for past 5 years	Date Moved In	Date Moved Out

Phone Number: Home _____ Mobile _____

Date of Birth: _____ Social Security Number: _____

Email Address: _____

Please briefly describe the events that led you to contact a lawyer? _____

OPPOSING PARTY Information

Full Legal Name: _____

Residence Address: _____

Phone Number: Home _____ Mobile _____

Date of Birth: _____ Social Security Number: _____

Email Address: _____

Is the other party represented by an attorney: Y / N

Attorney Name and Phone number if yes: _____

CRIMINAL HISTORY: Have (1) you, (2) anyone living with you, (3) the opposing party; or (4) anyone living with them been convicted of or pled guilty to any criminal offense?

MARITAL STATUS

Were you married to the opposing party? Y / N

Date of Marriage _____ Place of Marriage (City, State / Country) _____

Date Separated: _____ Is there a Legal Separation? Y / N

CHILD SUPPORT

Is there a Child Support Order? *Yes No* **Who Pays?** *Me / Opposing Party / Someone Else* .

Monthly Amount: _____ Are you currently in Arrears? *Y / N*

Do you currently pay any child support for any other children? *YES NO*

of other children currently supporting: _____ Monthly Amount: _____

CHILDREN Your Children with Spouse / Opposing Party

Name: _____ DOB: _____

Age: _____ Lives With: _____

Name: _____ DOB: _____

Age: _____ Lives With: _____

Name: _____ DOB: _____

Age: _____ Lives With: _____

Name: _____ DOB: _____

Age: _____ Lives With: _____

Name: _____ DOB: _____

Age: _____ Lives With: _____

Do you have any other children from previous relationships or marriages?

Name: _____ DOB: _____

Age: _____ Lives With: _____

Name: _____ DOB: _____

Age: _____ Lives With: _____

Name: _____ DOB: _____

Age: _____ Lives With: _____

EMPLOYMENT (List positions in the past 5 years)

Employer / Position / Address	Wage / Salary	Overtime / Bonus / Commission	Dates Employed

PREVIOUS THREE YEARS

INCOME

YOURSELF

OTHER PARTY

Base yearly income	\$ _____ \$ _____ \$ _____	3 years ago 2 years ago Last year	20 ____ 20 ____ 20 ____	\$ _____ \$ _____ \$ _____
Yearly overtime, commissions and/or bonuses	\$ _____ \$ _____ \$ _____	3 years ago 2 years ago Last year	20 ____ 20 ____ 20 ____	\$ _____ \$ _____ \$ _____

CURRENT YEAR

Base yearly income \$ _____ \$ _____

Average yearly overtime, commissions and/or bonuses over last 3 years (from part A) \$ _____ \$ _____

Unemployment compensation \$ _____ \$ _____

Disability benefits

Workers' Compensation

Social Security

Other: _____ \$ _____ \$ _____

Retirement benefits

Social Security

Other: _____ \$ _____ \$ _____

Spousal support received \$ _____ \$ _____

Interest and dividend income (source)

\$ _____ \$ _____

Other income (type and source)

\$ _____ \$ _____

TOTAL YEARLY INCOME \$ _____ \$ _____

Supplemental Security Income (SSI) or public assistance \$ _____ \$ _____

Court-ordered child support that you receive for minor and/or dependent child(ren) not of the marriage or relationship \$ _____ \$ _____

CUSTODY / PARENTING TIME ISSUES

What is your ideal custody arrangement?

What arrangement does the opposing party want?

Are you willing to consider shared parenting YES NO Maybe

HEALTH INSURANCE

Who has health insurance on the children? *Me / Opposing Party / Neither / Both*

Do you have health insurance available to you? *Y N*

Insurance Company _____ Work Policy? *Y / N*

Cost to Insure

You Alone _____ You+ Spouse _____ Family Coverage _____

DAYCARE EXPENSES

Name & Address of Daycare _____

Cost of Daycare: _____

ONLY FILL OUT THE REMAINING PAGES IF YOU ARE DOING A DIVORCE OR DISSOLUTION. Please use additional paper or copies of any relevant pages if you need additional space.

REAL ESTATE

Property Address: _____

Name on Title: _____ Date of Purchase: _____

Purchase Price: _____ Present Value: _____

Lender: _____ Monthly Payment: _____

Balance Due: _____ Who Gets: Me / They Do

Property Address: _____

Name on Title: _____ Date of Purchase: _____

Purchase Price: _____ Present Value: _____

Lender: _____ Monthly Payment: _____

Balance Due: _____ Who Gets: Me / They Do

BANK ACCOUNTS / INVESTMENT ACCOUNTS

Name(s) on Acct.	Bank / Company	Type	Balance	Account Number

VEHICLES

Year	Make / Model	Titled	FMV	Owned / Leased	Owed
<i>2012</i>	<i>Honda Accord</i>	<i>Both</i>	<i>\$14,500</i>	<i>Leased in wife name</i>	<i>\$18,000</i>

DEBTS

Creditor & Account / Credit Card No.	Balance Due	In whose name?	Monthly	Purpose
<i>Chase Bank</i>	<i>\$4,500</i>	<i>Wife</i>	<i>255</i>	<i>Credit Card</i>

Have you or your spouse ever filed Bankruptcy? Y / N

Debtor: Me / Spouse / Joint

Case No: _____ Court: _____ Chapter _____

Date of Discharge: _____

LIFE INSURANCE

Policy Company	Type	Cash Value	Face Value	On Whose Life	Beneficiary
<i>New York Life</i>	<i>While Life</i>	<i>\$56,000</i>	<i>400k</i>	<i>Wife</i>	<i>Kids</i>

BUSINESS

Do either you or the other party own or operate any type of business? Y / N

If so please describe: _____

Gross Annual Revenue:

This year _____ Last Year _____ Two Years Ago _____

Net Annual Revenue:

This year _____ Last Year _____ Two Years Ago _____

Type of Company: Sole / Partnership / S Corp / C Corp / LLC / Other _____

BUDGET: List your monthly expenses. If an expense is paid other than monthly, please notate it.

Monthly Housing Expenses

Rent or first mortgage (including taxes and insurance)	\$	_____
Real estate taxes (if not included above)	\$	_____
Real estate/homeowner's insurance (if not included above)	\$	_____
Second mortgage/equity line of credit	\$	_____
Utilities		
o Electric	\$	_____
o Gas, fuel oil, propane	\$	_____
o Water and sewer	\$	_____
o Telephone	\$	_____
o Trash collection	\$	_____
o Cable/satellite television	\$	_____
Cleaning, maintenance, repair	\$	_____
Lawn service, snow removal	\$	_____
Other: _____	\$	_____
_____	\$	_____

Monthly Living Expenses

Food		
o Groceries (including food, paper, cleaning products, toiletries, other)	\$	_____
o Restaurant	\$	_____
Transportation		
o Vehicle loans, leases	\$	_____
o Vehicle maintenance (oil, repair, license)	\$	_____
o Gasoline	\$	_____
o Parking, public transportation	\$	_____
Clothing		
o Clothes (other than children's)	\$	_____
o Dry cleaning, laundry	\$	_____
Personal grooming		
o Hair, nail care	\$	_____
o Other _____	\$	_____
Cell phone	\$	_____
Internet (if not included elsewhere)	\$	_____
Other _____	\$	_____

Child Related Expenses

Work/education-related child care	\$	_____
Other child care	\$	_____
Unusual parenting time travel	\$	_____
Special and unusual needs of child(ren) (not included elsewhere)	\$	_____
Clothing	\$	_____
School supplies	\$	_____
Child(ren)'s allowances	\$	_____
Extracurricular activities, lessons	\$	_____
School lunches	\$	_____
Other _____	\$	=====

Insurance Expenses

Life	\$	_____
Auto	\$	_____
Health	\$	_____
Disability	\$	_____
Renters/personal property (if not included in part A above)	\$	_____
Other _____	\$	=====

Educational Expenses

Tuition		
o Self	\$	_____
o Child(ren)	\$	_____
Books, fees, other	\$	_____
College loan repayment	\$	_____
Other _____	\$	_____
	\$	=====

Health Care Expenses

Physicians	\$	_____
Dentists	\$	_____
Optometrists/opticians	\$	_____
Prescriptions	\$	_____
Other _____	\$	_____
	\$	=====

Misc. Expenses

Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren)	\$	
Child support for children who were not born of this marriage or relationship and were not adopted of this marriage	\$	
Spousal support paid to former spouse(s)	\$	
Subscriptions, books	\$	
Entertainment	\$	
Charitable contributions	\$	
Memberships (associations, clubs)	\$	
Travel, vacations	\$	
Pets	\$	
Gifts	\$	
Bankruptcy payments	\$	
Attorney fees	\$	
Required deductions from wages (excluding taxes, Social Security and Medicare) (type) _____	\$	
Additional taxes paid (not deducted from wages) (type) _____	\$	
Other _____	\$	
	\$	

Installment Expenses (credit cards / other debts / etc)

To whom paid	Purpose	Balance due	Monthly payment
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$