

HEIDI L. WOLF  
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**WOLF LAW GROUP**  
**ATTORNEYS AT LAW**

PHONE: 269-673-2105  
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Date

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Name:

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Address:

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Home phone:

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Cell phone:

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Work phone:

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**E-mail address:**

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How did you find us:

Allegan County Legal Assistance Center

Facebook

Allegan News

On-line

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Referred by:

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Other (please explain)

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Type of Case

Domestic Violence

Alcohol Related

Criminal

Wills/Trusts

Business Formation

Litigation

Other (please explain):

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**YOURSELF**

FULL NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

D.O.B: \_\_\_\_\_ AGE: \_\_\_\_\_ SSN: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ RACE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

SCARS/IDENTIFYING MARKS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DO YOU CHECK OFTEN? \_\_\_\_\_

Alias / Other Names Used? \_\_\_\_\_

**YOUR SPOUSE / SIGNIFICANT OTHER / EX**

FULL NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

D.O.B: \_\_\_\_\_ AGE: \_\_\_\_\_ SSN: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ RACE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

SCARS/IDENTIFYING MARKS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DO YOU CHECK OFTEN? \_\_\_\_\_

Alias / Other Names Used? \_\_\_\_\_

OPPOSING ATTORNEY (If Any): \_\_\_\_\_

**RECORD OF DIVORCE INFORMATION**

Your Birthplace: \_\_\_\_\_

Number of this Marriage:      1            2            3      \_\_\_\_\_

Your Spouses Birthplace: \_\_\_\_\_

Number of this Marriage:      1            2            3      \_\_\_\_\_

Place of This Marriage: \_\_\_\_\_  
*City, Village or Township                                  County                                  State*

Date of Marriage: \_\_\_\_\_

Date of Seperation: \_\_\_\_\_

Brides Maiden Name or Name Before Marriage: \_\_\_\_\_

**MINOR CHILDREN**

COMPLETE NAMES (FIRST, MIDDLE and LAST.)	D.O.B	SSN - (REQUIRED)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Address of the Minor Children Listed above: \_\_\_\_\_

Custody:    Now \_\_\_\_\_                                  Post Judgment: \_\_\_\_\_

Visitation:    Now \_\_\_\_\_                                  Post Judgment: \_\_\_\_\_

Places where the children have resided over the last 5 years:	With Whom:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name and contact information of anyone else interested in Custody of the Children  
\_\_\_\_\_  
\_\_\_\_\_

Any current cases involving yourself, \_\_\_\_\_  
 your spouse or the minor children? \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

	PROVIDER	PLAN NUMBER	MEDICAL	DENTAL	OPTICAL
<b>Yourself:</b>					
<b>Spouse:</b>					

**EMPLOYMENT**

**Your Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_  
**Time at Job:** \_\_\_\_\_  
**Gross Pay / Week:** \_\_\_\_\_  
**Net Pay / Week:** \_\_\_\_\_  
**Hourly / Avg # Hrs:** \_\_\_\_\_

**Spouse Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_  
**Time at Job:** \_\_\_\_\_  
**Gross Pay / Week:** \_\_\_\_\_  
**Net Pay / Week:** \_\_\_\_\_  
**Hourly / Avg # Hrs:** \_\_\_\_\_

**Other Sources of Income: (I.E. - Unemployment, Pension, Retirement)**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is either party receiveing any sort of state aid? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, Please state what is being received: \_\_\_\_\_

**CHILD SUPPORT**

Temporary Order: \_\_\_\_\_

Final Order: \_\_\_\_\_

No. Dependents	Amount Per Schedule	Agreed Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Amount: \_\_\_\_\_

Case Number: \_\_\_\_\_

**Marital Property**

*Real Property:*

Description	Value	Amount Owed	Payment	Rental?	Name(s) on Deed

*Vehicles: (Automobiles, Campers, ATV, Jet Ski, ect.)*

Year / Make / Model	Value	Amount Owed	Monthly Payment	Name(s) on Title

*Bank Accounts:*

Name of Bank	Type of Account	Joint / Individual	Balance

