

## TRENEFF COZZA LAW, LLC CLIENT INFORMATION

**INSTRUCTIONS:** Please complete the following providing as much detail as possible. If answer is based on estimated figures, so indicate (Est.). If an item does not apply, so indicate (N/A). Attach additional sheets if necessary.

### CLIENT

### SPOUSE

Full Legal Name \_\_\_\_\_

Full Legal Name \_\_\_\_\_

Residence \_\_\_\_\_

Residence \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (work) \_\_\_\_\_

Phone Number (work) \_\_\_\_\_

Phone Number (home) \_\_\_\_\_

Phone Number (home) \_\_\_\_\_

Phone Number (cell) \_\_\_\_\_

Phone Number (cell) \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Social Security Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

How long has client been a resident of:

How long has spouse been a resident of:

County? \_\_\_\_\_

County? \_\_\_\_\_

State? \_\_\_\_\_

State? \_\_\_\_\_

Former (legal/maiden) name \_\_\_\_\_

Former (legal/maiden) name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Client referred by: \_\_\_\_\_

### MARITAL STATUS

Date of this marriage \_\_\_\_\_

Place of this marriage (city or village, county & state) \_\_\_\_\_

Number of prior marriages: Client \_\_\_\_\_ Spouse \_\_\_\_\_

Is client presently living with spouse? \_\_\_\_\_

Who left? \_\_\_\_\_

Date Couple Separated \_\_\_\_\_

**CHILDREN BY THIS MARRIAGE** (or former marriage if after divorce):

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Year in School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Year in School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Year in School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Year in School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Year in School \_\_\_\_\_

**RESIDENCES OF CHILDREN FOR LAST FIVE YEARS:**

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

Residing with \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

Residing with \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

Residing with \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

Residing with \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

Residing with \_\_\_\_\_

List any health problems for either party or dependent children: \_\_\_\_\_

**CHILDREN BY OTHER MARRIAGES/RELATIONSHIPS**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child residing at \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child residing at \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child residing at \_\_\_\_\_

For children by other marriages/relationships, please state the following (if applicable): 1) if you pay/receive child support for said child(ren), 2) the annual amount of the support order, and 3) the county and case number for the support action. \_\_\_\_\_

**EMPLOYMENT**

**CLIENT**

**SPOUSE**

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Address: \_\_\_\_\_

How long? \_\_\_\_\_

How long? \_\_\_\_\_

Position/Title \_\_\_\_\_

Position/Title \_\_\_\_\_

Gross earnings per pay \_\_\_\_\_

Gross earnings per pay \_\_\_\_\_

How often are you paid? \_\_\_\_\_

How often is spouse paid? \_\_\_\_\_

Deductions **other than** taxes and social security: \_\_\_\_\_

\_\_\_\_\_

**Net pay per period** \_\_\_\_\_

**Net pay per period** \_\_\_\_\_

Describe, if applicable: \_\_\_\_\_

Describe, if applicable: \_\_\_\_\_

Overtime \_\_\_\_\_

Overtime \_\_\_\_\_

Bonus \_\_\_\_\_

Bonus \_\_\_\_\_

Commissions \_\_\_\_\_

Commissions \_\_\_\_\_

Other benefits \_\_\_\_\_

Other benefits \_\_\_\_\_

**OTHER INCOME**

If other income is received, state details including source, amount and frequency:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IF UNEMPLOYED**

Last employer's:

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Date of last employment \_\_\_\_\_

Date of last employment \_\_\_\_\_

Unemployment benefits \_\_\_\_\_

Unemployment benefits \_\_\_\_\_

Since \_\_\_\_\_ Since \_\_\_\_\_  
 Prior salary \_\_\_\_\_ Prior salary \_\_\_\_\_  
 Worker's Comp. Acct. No. \_\_\_\_\_ Worker's Comp. Acct. No. \_\_\_\_\_

**EDUCATION, EMPLOYMENT SKILLS**

What level of education does each party currently have?

Client \_\_\_\_\_ Spouse \_\_\_\_\_

What level of education did each party have at the time the parties were married?

Client \_\_\_\_\_ Spouse \_\_\_\_\_

Did either party help finance the other's education? \_\_\_\_\_

If so, who? \_\_\_\_\_ How? \_\_\_\_\_

To what extent? \_\_\_\_\_

Does client wish to pursue an education or job training? \_\_\_\_\_

What field of study or program? \_\_\_\_\_

How long will it take to complete the field of study or program? \_\_\_\_\_

What is the estimated expense to complete the field of study or program? \_\_\_\_\_

**ASSETS**

**1. REAL ESTATE** (Supply copy of Deed(s), if available.)

**A. Address** \_\_\_\_\_

Name(s) on Deed \_\_\_\_\_

Date of Purchase	Purchase Price	Present Value
_____	_____	_____

Name(s) of Lender(s) \_\_\_\_\_

Balance Due Lender(s)	Monthly Payment	Interest Rate
_____	_____	_____

Real Estate Taxes: Yearly \_\_\_\_\_ Included in mortgage payment? \_\_\_\_\_

Are mortgage payments/taxes current? \_\_\_\_\_ How many months in arrears? \_\_\_\_\_

Use of property (Residence, Recreational, Investments, etc.) \_\_\_\_\_

Other liens? \_\_\_\_\_

If so, indicate name and address of lien holder, date and balance due:

\_\_\_\_\_

Listed for sale? \_\_\_\_\_ If so, with whom? \_\_\_\_\_

Listing price \_\_\_\_\_ When listed \_\_\_\_\_

**B. Address** \_\_\_\_\_

Name(s) on Deed \_\_\_\_\_

Date of Purchase	Purchase Price	Present Value
_____	_____	_____

Name(s) of Lender(s) \_\_\_\_\_

Balance Due Lender(s)	Monthly Payment	Interest Rate
_____	_____	_____

Real Estate Taxes: Yearly \_\_\_\_\_ Included in mortgage payment? \_\_\_\_\_

Are mortgage payments/taxes current? \_\_\_\_\_ How many months in arrears? \_\_\_\_\_

Use of property (Residence, Recreational, Investments, etc.) \_\_\_\_\_

Other liens? \_\_\_\_\_

If so, indicate name and address of lien holder, date and balance due:

\_\_\_\_\_

Listed for sale? \_\_\_\_\_ If so, with whom? \_\_\_\_\_

Listing price \_\_\_\_\_ When listed \_\_\_\_\_

**C. Address** \_\_\_\_\_

Name(s) on Deed \_\_\_\_\_

Date of Purchase	Purchase Price	Present Value
_____	_____	_____

Name(s) of Lender(s) \_\_\_\_\_

Balance Due Lender(s)	Monthly Payment	Interest Rate
_____	_____	_____

Real Estate Taxes: Yearly \_\_\_\_\_ Included in mortgage payment? \_\_\_\_\_

Are mortgage payments/taxes current? \_\_\_\_\_ How many months in arrears? \_\_\_\_\_

Use of property (Residence, Recreational, Investments, etc.) \_\_\_\_\_

Other liens? \_\_\_\_\_

If so, indicate name and address of lien holder, date and balance due:  
 \_\_\_\_\_

Listed for sale? \_\_\_\_\_ If so, with whom? \_\_\_\_\_

Listing price \_\_\_\_\_ When listed \_\_\_\_\_

**2. MOTOR VEHICLES** (Cars, Trucks, Motorcycles, Boats, RV's, etc.)

**A.** Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Name(s) on title \_\_\_\_\_ Principal driver \_\_\_\_\_

Purchase Price \_\_\_\_\_ Present Value \_\_\_\_\_ Name(s) of Lender(s) \_\_\_\_\_ Balance Due \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Mileage \_\_\_\_\_ Payment current \_\_\_\_\_

**B.** Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Name(s) on title \_\_\_\_\_ Principal driver \_\_\_\_\_

Purchase Price \_\_\_\_\_ Present Value \_\_\_\_\_ Name(s) of Lender(s) \_\_\_\_\_ Balance Due \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Mileage \_\_\_\_\_ Payment current \_\_\_\_\_

**C.** Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Name(s) on title \_\_\_\_\_ Principal driver \_\_\_\_\_

Purchase Price \_\_\_\_\_ Present Value \_\_\_\_\_ Name(s) of Lender(s) \_\_\_\_\_ Balance Due \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Mileage \_\_\_\_\_ Payment current \_\_\_\_\_

**D.** Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Name(s) on title \_\_\_\_\_ Principal driver \_\_\_\_\_

Purchase Price \_\_\_\_\_ Present Value \_\_\_\_\_ Name(s) of Lender(s) \_\_\_\_\_ Balance Due \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Mileage \_\_\_\_\_ Payment current \_\_\_\_\_

**3. LIFE INSURANCE**

Insured	Company	Policy Number	Amount	Beneficiary	Cash Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**4. SAVINGS ACCOUNTS** (Include credit union and Money Market accounts.)

Name of Institution	Type of Account	Account Number	Name(s) on Account	Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**5. CHECKING ACCOUNTS**

Name of Institution	Account Number	Name(s) on Account	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**6. CERTIFICATE OF DEPOSITS**

Name of Institution	Account Number	Name(s) on Account	Maturity Date	Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**7. SECURITIES** (Stocks, bonds, etc.)

Company	Number of Shares	Name(s) on Certificate	Purchase Date	Cost	Present Value	Date of Valuation
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Are any securities pledged or encumbered? \_\_\_\_\_

If so, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**8. ACCOUNTS/NOTES RECEIVABLE** (Supply copy of Note.)

Debtor	Original Amount	Present Balance	How Paid	Due Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**9. PARTNERSHIPS/JOINT VENTURES OR OTHER BUSINESS INTERESTS**

(Supply tax returns for past two years plus current financial statement.)

Name	Percent of Ownership	Amount Invested	Description of Business
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**10. PROFESSIONAL/BUSINESS EQUIPMENT** (Please describe for you and spouse. State values if known.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**11. SAFE DEPOSIT BOX**

Name of Institution	Address	In What Name(s)
_____	_____	_____
_____	_____	_____

Describe contents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**12. TAX REFUNDS DUE** (Federal, State or City)

Describe, if applicable. Include amounts. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**13. RETIREMENT ACCOUNTS**

(IRA's, KEOUGH, Pension, Profit Sharing, Annuities, Deferred Compensation, etc.)

Please describe and attach relevant documents or plan descriptions, if available. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**14. OTHER ASSETS**

**A.** Household goods and furniture

Please describe any items of significant value or particular importance. \_\_\_\_\_

\_\_\_\_\_





**OTHER PROPERTY**

**Did either spouse own property or possess funds prior to this marriage or inherit any property or funds during marriage or receive a gift during this marriage? (Limit response to items of significant value.)**

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

Source \_\_\_\_\_ When acquired? \_\_\_\_\_

Value at time of marriage or when inherited? \_\_\_\_\_

What happened to it? \_\_\_\_\_

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

Source \_\_\_\_\_ When acquired? \_\_\_\_\_

Value at time of marriage or when inherited? \_\_\_\_\_

What happened to it? \_\_\_\_\_

**MONTHLY LIVING EXPENSES**

**DO NOT INCLUDE ON THIS SHEET ITEMS DEDUCTED FROM YOUR SALARY**

To get the monthly amount, multiply the weekly amount by 4.3 (or divide yearly total by 12.)

(fill out only those items which apply)

(if estimated, so state.)

ITEM OF EXPENSE	AVERAGE AMOUNT PER MONTH	BALANCE DUE
1. If own home: Mortgage payments Name of Lender _____	_____	_____
Home Insurance (if not included in mortgage payments.)	_____	_____
Real Estate Taxes (if not included in mortgage payments.)	_____	_____
2. Rent.....	_____	_____
Gas.....	_____	_____
Cable/Internet.....	_____	_____
Electricity.....	_____	_____
Telephone (including cell phone).....	_____	_____
Water.....	_____	_____
Garbage & Trash Collection.....	_____	_____
3. Household expenses:		
Food & Grocery items for you and family.....	_____	_____
Meals out (your's & children's).....	_____	_____
Repairs & upkeep; small household items.....	_____	_____
Cleaning Services.....	_____	_____
Pet Expenses.....	_____	_____
4. Clothing (include children's).....	_____	_____
Dry cleaning & laundry.....	_____	_____
5. Automobile expenses: Car Payment(s)		
Name of Lender _____	_____	_____
Name of Lender _____	_____	_____
Insurance.....	_____	_____
Gas & Oil.....	_____	_____
Repairs & Upkeep.....	_____	_____
Annual License Plate Renewal Fee.....	_____	_____
6. Personal expenses; such as drug items, cosmetics, etc.....	_____	_____
Church contributions and dues.....	_____	_____
Barber & beauty shops (including children's).....	_____	_____
Gifts (include Christmas & birthdays).....	_____	_____

ITEM OF EXPENSE	AVERAGE AMOUNT PER MONTH	BALANCE DUE
Newspapers, magazines & books.....	_____	_____
Entertainment & hobbies.....	_____	_____
Club dues Name of club _____	_____	_____
Babysitter.....	_____	_____
7. Doctor & Dental expenses.....	_____	_____
8. School expenses (include tuition) Children..... Yours.....	_____	_____
9. Insurance (except car & home).....	_____	_____
Life Insurance: Face amount of policy _____ Payable to: _____	_____	_____
Medical, dental, vision (if not deducted from salary)..... Other (such as disability, mortgage insurance, contents of home, accident, endowments, etc.) _____	_____	_____
10. Loans (except car payment & home mortgage): Lender _____ Lender _____	_____	_____
11. Charge accounts (include gasoline credit cards only if in arrears). _____ _____ _____	_____	_____
12. Other outstanding debts (such as attorney fees., miscellaneous bills not paid, and other obligations.) _____ _____ _____	_____	_____
13. Miscellaneous expenses (Unexpected expenses, job related expenses, etc. not itemized on this list.) _____ _____ _____	_____	_____
<b>TOTAL OF ITEMS 1 THROUGH 13.....</b>	_____	_____