

**DISSOLUTION OF MARRIAGE  
INITIAL WORKSHEET**

	<u>Client</u>	<u>Spouse</u>
Name	_____	_____
Other Names	_____	_____
Mailing Address	_____	_____
City, State, Zip	_____	_____
Residential Address	_____	_____
Home Telephone	_____	_____
Work Telephone	_____	_____
E-mail address	_____	_____
S.S.#	_____	_____
Driver's License #	_____	_____
Occupation	_____	_____
Employer	_____	_____
Address of Employer	_____	_____
Phone # of Employer	_____	_____
Birthdate	_____	_____
Race	_____	_____
Birthplace	_____	_____
Highest education completed	_____	_____
MT Resident since:	_____	_____
Number of this Marriage	_____	_____
Date of Previous Marriage	_____	_____
Place of Previous Marriage	_____	_____
Maiden Name	_____	_____
Restore Name?	_____	_____

**(Can you be contacted at the above phone number? \_\_\_\_\_**  
**If not, provide alternate phone number \_\_\_\_\_**

This Marriage: City of \_\_\_\_\_ State of \_\_\_\_\_  
County of \_\_\_\_\_  
Date of this Marriage \_\_\_\_\_ Date of Separation \_\_\_\_\_

Children: Number Born Alive of this Marriage \_\_\_\_\_ Number under 18 \_\_\_\_\_  
Number of other (prior) minor children in household Client \_\_\_\_\_ Spouse \_\_\_\_\_

<u>Name</u>	<u>Date of Birth</u>	<u>SS No.</u>	<u>Sex</u>	<u>School</u>	<u>Age/Grade</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Is Wife now pregnant? \_\_\_\_\_ If yes, child of this marriage? \_\_\_\_\_  
Is either party on assistance? \_\_\_\_\_ (If so – give notice to CS&D!)

**SERVICE INSTRUCTIONS**

Description of Respondent

Height \_\_\_\_\_ weight \_\_\_\_\_ build \_\_\_\_\_  
Eye color \_\_\_\_\_ hair color \_\_\_\_\_  
Other distinguishing features such as tattoos,  
piercings, beard, mustache, etc. \_\_\_\_\_  
Vehicle: \_\_\_\_\_

	<u>Client</u>	<u>Spouse</u>
<b>Income:</b>		
W-2 or hourly	_____	_____
Social Security	_____	_____
Pension/Annuity	_____	_____
Business/self-employment	_____	_____
<b>Monthly Expenses:</b>		
Rent/Mortgage	_____	_____
Vehicles/Loans	_____	_____
Utilities	_____	_____
Food	_____	_____
Clothing	_____	_____
Student Loans	_____	_____
Transportation	_____	_____
Auto Insurance	_____	_____
Home Insurance	_____	_____
Health/Medical Insurance	_____	_____
Child Support	_____	_____
Other	_____	_____

<b>Assets, Debt &amp; Expenses:</b>	Monthly Payment	Balance Owed On Debt	Current Value Of Asset	Wife or Husband Gets Asset
Residence: Do you <input type="checkbox"/> own or <input type="checkbox"/> rent				
1 <sup>st</sup> Mortgage Creditor:				
2 <sup>nd</sup> Mortgage Creditor:				
3 <sup>rd</sup> Mortgage / Judgment lien Creditor:				
Car 1 - Year:    Make:    Model: Creditor:				
Car 2 - Year:    Make:    Model: Creditor:				
Car 3 - Year:    Make:    Model: Creditor:				
Boat - Year:      Model: Creditor:				
Trailer - Year:    Model: Creditor:				
Motorcycle - Year:    Model: Creditor:				
Other items of value over \$600.00				
Asset:            Creditor:				
Asset:            Creditor:				
Asset:            Creditor:				
Total Credit Card Debt				
Total Student Loan Debt				
Total Medical Debt				
Other Debt including personal loans				