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**Divorce & Injury Attorneys**

## UNCONTESTED INFORMATION SHEET

Please complete this information sheet and return with copies of the documents listed below **within 10 days**.

- Taxes – Copy of last filed tax return for personal and any business.
- Income – last three paycheck stubs for each spouse
- Bank and Savings – Copy of recent statements for any and all checking, savings, investment or credit union accounts.
- Retirement Accounts - Copy of recent statements for retirement or pension plan, 401(K), IRA's, any stocks and/or mutual funds, etc.
- Debts - Copy of recent statements for all credit cards, auto loan statements, mortgage statements, regardless of whose name the account is in.
- Vehicles – Copy of insurance ID cards with VIN#.
- Health Insurance – Copy of declaration pages and/or identification cards for any health insurance.
- Life Insurance – Copy of declaration pages and/or identification cards for any health insurance.

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

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

City & State of Marriage: \_\_\_\_\_

Does wife wish to keep married name? Yes \_\_\_\_\_ No \_\_\_\_\_

Name wife wishes to take:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**CHRONOLOGY**

Chronology of events that would be relevant to financial or custody issues. Example; We were married in Sacramento, CA on June 20, 2001. Bought house in November, 2005. We had a child in January, 2006. There was a domestic violence situation in February, 2007. Noticed a gambling problem in June, 2008. We were separated on March 5, 2009.

**CHRONOLGY OF YOUR RELATIONSHIP- Attached separate sheet if needed**

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**PROPERTY**

(Marital Residence) Address: \_\_\_\_\_  
Date Purchased: \_\_\_\_\_ Amount Due: \_\_\_\_\_ Current Value (Est): \_\_\_\_\_  
Down payment provided by: \_\_\_\_\_ Amount: \_\_\_\_\_ 1<sup>st</sup> Mortgage acct # \_\_\_\_\_  
2<sup>nd</sup> Mortgage acct # \_\_\_\_\_ Husband  Wife

Address: \_\_\_\_\_  
Date Purchased: \_\_\_\_\_ Amount Due: \_\_\_\_\_ Current Value (Est): \_\_\_\_\_  
Down payment provided by: \_\_\_\_\_ Amount: \_\_\_\_\_ 1<sup>st</sup> Mortgage acct # \_\_\_\_\_  
2<sup>nd</sup> Mortgage acct # \_\_\_\_\_ Husband  Wife

Address: \_\_\_\_\_  
Date Purchased: \_\_\_\_\_ Amount Due: \_\_\_\_\_ Current Value (Est): \_\_\_\_\_  
Down payment provided by: \_\_\_\_\_ Amount: \_\_\_\_\_ 1<sup>st</sup> Mortgage acct # \_\_\_\_\_  
2<sup>nd</sup> Mortgage acct # \_\_\_\_\_ Husband  Wife

**VEHICLES**

Vehicle: Model \_\_\_\_\_ Year \_\_\_\_\_ Vin # \_\_\_\_\_ Husband  Wife

Vehicle: Model \_\_\_\_\_ Year \_\_\_\_\_ Vin # \_\_\_\_\_ Husband  Wife

Vehicle: Model \_\_\_\_\_ Year \_\_\_\_\_ Vin # \_\_\_\_\_ Husband  Wife

**PERSONAL PROPERTY**

**(Property worth over \$200 in value or sentimental value)**

\_\_\_\_\_ Value \_\_\_\_\_ Husband  Wife

\_\_\_\_\_ Value \_\_\_\_\_ Husband  Wife

\_\_\_\_\_ Value \_\_\_\_\_ Husband  Wife

\_\_\_\_\_ Value \_\_\_\_\_ Husband  Wife

\_\_\_\_\_ Value \_\_\_\_\_ Husband  Wife

\_\_\_\_\_ Value \_\_\_\_\_ Husband  Wife

\_\_\_\_\_ Value \_\_\_\_\_ Husband  Wife

\_\_\_\_\_ Value \_\_\_\_\_ Husband  Wife

\_\_\_\_\_ Value \_\_\_\_\_ Husband  Wife

\_\_\_\_\_ Value \_\_\_\_\_ Husband  Wife

\_\_\_\_\_ Value \_\_\_\_\_ Husband  Wife

\_\_\_\_\_ Value \_\_\_\_\_ Husband  Wife

\_\_\_\_\_ Value \_\_\_\_\_ Husband  Wife

**PETS**

NAME \_\_\_\_\_ Type \_\_\_\_\_ Husband  Wife

NAME \_\_\_\_\_ Type \_\_\_\_\_ Husband  Wife

NAME \_\_\_\_\_ Type \_\_\_\_\_ Husband  Wife

**BANK ACCOUNTS**

Bank: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Approximate Balance: \_\_\_\_\_ Account # \_\_\_\_\_ Husband  Wife

Bank: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Approximate Balance: \_\_\_\_\_ Account # \_\_\_\_\_ Husband  Wife

Bank: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Approximate Balance: \_\_\_\_\_ Account # \_\_\_\_\_ Husband  Wife

Bank: \_\_\_\_\_ Name on Account: \_\_\_\_\_

Approximate Balance: \_\_\_\_\_ Account # \_\_\_\_\_ Husband  Wife

**STOCK / BONDS**

Account Name: \_\_\_\_\_ Account # \_\_\_\_\_ Husband  Wife

Account Name: \_\_\_\_\_ Account # \_\_\_\_\_ Husband  Wife

Account Name: \_\_\_\_\_ Account # \_\_\_\_\_ Husband  Wife

Account Name: \_\_\_\_\_ Account # \_\_\_\_\_ Husband  Wife

**PENSION & RETIREMENT BENEFITS**

Husband's Retirement:

Account: \_\_\_\_\_ Balance \_\_\_\_\_ Account # \_\_\_\_\_ Husband  Wife

Account: \_\_\_\_\_ Balance \_\_\_\_\_ Account # \_\_\_\_\_ Husband  Wife

Wife's Retirement:

Account: \_\_\_\_\_ Balance \_\_\_\_\_ Account # \_\_\_\_\_ Husband  Wife

Account: \_\_\_\_\_ Balance \_\_\_\_\_ Account # \_\_\_\_\_ Husband  Wife

**DEBTS**

Company Name: \_\_\_\_\_ Account # \_\_\_\_\_ Husband  Wife

Company Name: \_\_\_\_\_ Account # \_\_\_\_\_ Husband  Wife

Company Name: \_\_\_\_\_ Account # \_\_\_\_\_ Husband  Wife

Company Name: \_\_\_\_\_ Account # \_\_\_\_\_ Husband  Wife

Company Name: \_\_\_\_\_ Account # \_\_\_\_\_ Husband  Wife

Company Name: \_\_\_\_\_ Account # \_\_\_\_\_ Husband  Wife

Any pending tax refund? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount: \_\_\_\_\_

If yes, who should receive refund? \_\_\_\_\_

Husband's Life Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Value: \_\_\_\_\_ Husband  Wife

Wife's Life Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Value: \_\_\_\_\_ Husband  Wife

**HEALTH INSURANCE POLICY:**

Carrier: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Who is list on Policy: \_\_\_\_\_

Who will maintain policy: \_\_\_\_\_

Unreimbursed medical expenses to be equally divided? Yes \_\_\_\_\_ No \_\_\_\_\_

**ALIMONY & SPOUSAL SUPPORT**

Each party waives spousal support? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please indicate:

Name: \_\_\_\_\_ will pay to Name: \_\_\_\_\_

In the amount of \$ \_\_\_\_\_ for \_\_\_\_\_ months.

**CHILD CUSTODY & SUPPORT**

List children of this marriage or adopted by both parents, age 18 and under, or age 19 if still in high school

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Legal Custody of Child(ren): Husband  Wife  Joint

**VISITATION SCHEDULE**

(Alternately, See Attached Sheets)

Mom's Preferred Visitation Schedule:

Days of week: \_\_\_\_\_

Dad's Preferred Visitation Schedule:

Days of week: \_\_\_\_\_

Requested Holiday(s):

\_\_\_\_\_  
\_\_\_\_\_

Other Visitation Instructions:

\_\_\_\_\_  
\_\_\_\_\_

**CHILD SUPPORT**

Each party waives child support? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please indicate:

Name: \_\_\_\_\_ will pay to Name: \_\_\_\_\_

In the amount of \$ \_\_\_\_\_

Who will provide medical/health insurance for the minor child(ren)? Husband  Wife

Who will pay unreimbursed medical & health costs? Husband  Wife

**PROCESS SERVICE**

Description of Opposing Party: (Height, Weight, Hair Color, Ethnicity)

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Vehicle Description

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Where would you like Opposing Party Served?

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

Work Hours: \_\_\_\_\_ Days Worked : \_\_\_\_\_

**WITNESSES RELEVANT TO YOUR CASE**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Anticipated testimony of witness: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Anticipated testimony of witness: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Anticipated testimony of witness: \_\_\_\_\_