



600 South Tonopah, Suite 300
Las Vegas, Nevada 89106
Tel: (702) 914-0400
Fax: (702) 914-0256
Divorce & Custody Attorneys

DIVORCE INFORMATION SHEET

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

- Bank and investment statements - 6 months of statements for any and all checking, savings, or credit union accounts, and for any investment accounts.
- Retirement assets - 6 months of statements for retirement or pension plan, 401(K), IRA's, any stocks and/or mutual funds, PERS, TSP.
- Credit Card and Debt statements - 6 months of statements for all credit cards, auto loan statements, mortgage statements, regardless of whose name the account is in.
- Tax returns - 2 years of personal & business tax returns, including W2's, 1099's and K-1's.
- 6 months of paychecks or paystubs.
- Copy of your credit report Go to the following website to obtain a copy of your free credit report: www.AnnualCreditReport.com
- Real Property - Copy of most recent appraisal on the residence. Go to the following website for a basic estimate for real property: www.zillow.com.
- Vehicles - An appraisal or Kelley Blue Book evaluation for all vehicles. Please go to www.kbb.com use the trade-in value and print out the estimate of value.
- Receipts or other documentation on any personal property purchased, sold, or disposed of in the last 12 months.
- Any loan applications or promissory notes signed within the last 12 months.
- List of any persons who owe money to you or your spouse.
- List of any personal property items given as gifts to you or spouse.
- Insurance policies – policy statements for health and life insurance.

RESPONSE TO FILING

If we are responding to the other party's filing, please email to info@rightlawyers.com or to your attorney a response to the claims made in the filing. You should also email any counterclaims you would like included.

YOUR INFORMATION:

Name: _____

Date of Birth: _____ Social Security No.: _____ Years in Nevada: _____

Employer's Name and Address: _____

OTHER PARTY INFORMATION:

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cellular: _____ Home: _____ Work: _____

Email: _____

Date of Birth: _____ Social Security No.: _____ Years in Nevada: _____

Employer's Name: _____

MARRIAGE INFORMATION:

Date of Marriage: _____

City & State of Marriage: _____

Date of physical separation: _____

Name wife wishes to take after divorce: _____

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

HOME & REAL ESTATE

(Marital Residence) Address: _____

Date Purchased: _____ Amount Owed: _____ Current Value: _____

Down payment provided by: _____ Amount: _____

(Investment Property) Address: _____

Date Purchased: _____ Amount Owed: _____ Current Value: _____

Down payment provided by: _____ Amount: _____

(Investment Property) Address: _____

Date Purchased: _____ Amount Owed: _____ Current Value: _____

Down payment provided by: _____ Amount: _____

VEHICLES

Vehicle: Model _____ Year _____ Vin # _____ Husband's _____ Wife's _____

Vehicle: Model _____ Year _____ Vin # _____ Husband's _____ Wife's _____

Vehicle: Model _____ Year _____ Vin # _____ Husband's _____ Wife's _____

BANK ACCOUNTS

Bank: _____ Name on Account: _____

Approximate Balance: _____ Account # _____

Bank: _____ Name on Account: _____

Approximate Balance: _____ Account # _____

Bank: _____ Name on Account: _____

Approximate Balance: _____ Account # _____

Bank: _____ Name on Account: _____

Approximate Balance: _____ Account # _____

INVESTMENT ACCOUNTS

Account Name: _____ Account # _____ Husband's _____ Wife's _____

Account Name: _____ Account # _____ Husband's _____ Wife's _____

Account Name: _____ Account # _____ Husband's _____ Wife's _____

Account Name: _____ Account # _____ Husband's _____ Wife's _____

PENSION & RETIREMENT BENEFITS

Account Name: _____ Account # _____ Husband's _____ Wife's _____

Account Name: _____ Account # _____ Husband's _____ Wife's _____

Account Name: _____ Account # _____ Husband's _____ Wife's _____

Account Name: _____ Account # _____ Husband's _____ Wife's _____

DEBTS & CREDIT CARDS

Account Name: _____ Account # _____

Account Name: _____ Account # _____

Account Name: _____ Account # _____

Account Name: _____ Account # _____

Account Name: _____ Account # _____

Account Name: _____ Account # _____

Account Name: _____ Account # _____

Any tax debt? Amount: _____

Any pending tax refund? Amount: _____

LIFE INSURANCE POLICY

Husband's Life Insurance Carrier: _____

Policy Number: _____ Value: _____

Wife's Life Insurance Carrier: _____

Policy Number: _____ Value: _____

HEALTH INSURANCE POLICY:

Carrier: _____

Insured Name: _____

Beneficiary Name: _____

SPOUSAL SUPPORT (aka Alimony)

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#: _____

VISITATION SCHEDULE

Mom's Preferred Visitation Schedule:

Days of week: _____

Dad's Preferred Visitation Schedule:

Days of week: _____

Holiday(s):

Other Visitation Instructions:

CHILD SUPPORT

Each party waives child support? Yes _____ No _____

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

Who will pay unreimbursed medical & health costs? Husband ____ Wife ____

SERVICE OF PAPERS

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

Where would you like opposing party served with divorce papers?

Home Address: _____

Work Address: _____

Work Hours: _____ Days Working: _____

Vehicle Description _____

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: _____