



THORNTON & COY, P.L.L.C.

JAMES W. THORNTON
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DISSOLUTION OF MARRIAGE

Client Name: _____ Date of Birth: _____

Aliases, Nicknames, Maiden name: _____

Mailing Address: _____

Telephone Numbers: Home: _____ Cell: _____

E-mail Addresses: _____

SSN: _____ Gender: _____

How long have you lived in IA _____ How many prior marriages: _____

How did each marriage end: _____

Highest level of education completed: _____ State of birth: _____

Opposing party name _____ Date of Birth: _____

Aliases, Nicknames, Maiden name: _____

Mailing Address: _____

Telephone Numbers: Home: _____ Cell: _____

E-mail Addresses: _____

SSN: _____ Gender: _____ Race: _____

How many prior marriages: _____ How did each marriage end: _____

Highest level of education completed: _____ State of birth: _____

Date of this marriage: _____ City/State of marriage: _____

Month/Date of Separation: _____

CHILDREN

Please list the names and ages of any minor children of this marriage : _____

Are you or your spouse pregnant: _____

Addresses and parent with whom the children have resided with for the past 5 years: _____

Any prior court actions or DHS cases involving the children *[please bring any documentation regarding any cases with you]*: _____

FINANCES

Joint bank accounts & balances: _____

Joint credit cards & balances: _____

Mortgage balances & value of home _____

Vehicles, who is on Title, & loans: _____

Other joint debt: _____

Are there any other facts that I should know: _____
