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___Adoption ___ Child Support ___ Visitation ___ Modification ___ Divorce ___ Establish Paternity

BASIC PERSONAL INFORMATION

	CLIENT	ADVERSE PARTY/SPOUSE
Full Legal Name		
Maiden Name		
Do you want you Maiden Name Restored?		
How many times have you been married before (not including present marriage)		
Other Names (list all prior married names)		
Sex (circle one)	MALE FEMALE	MALE FEMALE
Home Address		
Who Lives at this Address? Relationship to Party?		
County of Residence		
Level of Education		
Occupation		
Salary		
Employer Name and Address		
Salary:		
Benefits:		

Email Address		
Contact Numbers	(O)	
	(H)	
	(C)	
Date of Birth		
Date of Marriage		
Date of Separation (if applicable)		
Are you a US Citizen?		
Attorney Name for Adverse Party (if any) and Former Attorney Name for client (if any)		
Are you currently pregnant?	YES NO	YES NO
Number of Children		
Do you have Health Insurance (if yes, who is covered, who pays for it and how much is the monthly cost)		
If you have children do you have work related child care? (If yes how much is it and who pays for it)		
If you have children do you have reoccurring uninsured medical payments? (if yes how much and who pays for it?)		

CHILDREN

	Full Name of Child and Social Security Number	Client/ Spouse/ Ours	Date of Birth / Age	Gender	Address for the Last 5 Years (Include Street & City/State/Zip) Dates they Resided there
1.					
2.					
3.					
4.					
5.					

ASSETS AND DEBTS

	Description (type/address/etc.)	Value	Debt Amount /Name of Creditor	Client/ Spouse/ Joint	Who will keep?
Real Property					
Vehicle(s)					
Personal Property (not split by agreement)					
Retirement Accounts/ Pensions/ Annuities					
Bank Accounts/ Cash					
Other Property of Value (including but not limited to Businesses, Stocks/Bonds,					

Jewelry, Guns, or Antiques)					
Life Insurance Policies					
Health Insurance					
Medical Debt					
Credit Card Debt					
Tax Debt					
Other Debt					

INCOMES AND EXPENSES

List all of your forms of Income, Source of Income, Monthly amount before Taxes and Expense, Monthly Net Amount

List all of the adverse party/spouse's forms of Income, Source of Income, Monthly amount before Taxes and Expense, Monthly Net Amount

List All Monthly Expenses, Amounts and who pays that expense

GENERAL QUESTIONS:

Is there any other litigation pending? _____

If yes, then what is pending:

If this is a divorce case:

What are the grounds for divorce? _____

Is anyone seeking alimony? If so, who. _____

Is there an Order of Protection in place? Or has one been filed? If so, who is the petitioner and who is the respondent and which children (if any) are protected or sought to be protected under the order?

QUESTIONS ABOUT CHILDREN

Primary Residential Parent (the parent the child is/will spend the majority of time with and if 50/50 time then the parent where the child's school is or will be zoned)

Days/Weeks or Schedule important to you?

Days/Weeks or Schedule important to adverse party/spouse?	
Who will make non- emergency medical decisions? Who will make educational decisions? Who will make extracurricular decisions? Who will make religious upbringing decisions <i>*one parent or the other, or joint</i>	
Who will maintain: Health Insurance? Dental Insurance? Vision Insurance?	
Who will be the parent paying child support? Who will claim the child(ren) on taxes? <i>(i.e. – John – Father claims every year, Jill – Mother claims every year; or John - Father claims odd years, John – Mother claims even years; or John – Father claims every year)</i>	
Will the parent(s) be asked to carry life insurance with other parent as beneficiary until children age out? If so who/how much?	

OTHER QUESTIONS RE: MODIFICATIONS/ADOPTIONS

How were you referred to this office? _____

Type, Date and Place of Final Decree, Judgement or Order(s)?

Date of Parenting Plan? and changes sought

Date of Child Support Order? Amount? and changes sought

Did parties settle or was there a hearing? Date?

Third Parties Involved in matter? If yes, who and provide the nature of involvement and information for the third party:

QUESTIONS / CONCERNS

Please list any questions or concerns you would like to discuss at the consultation meeting. Use additional paper if necessary.

ACKNOWLEDGMENT

I have completed the above form and certify that, to the best of my knowledge, the information provided above is true and correct.

Signature

Print Name

Date