

## Steven A. Leitman, P.A. - New Client Information Sheet

*I fully understand that you may not have answers to all of the questions asked.  
Please complete what you can. Thank you.*

<b>Full legal name</b> <i>Name on driver license is typically used.</i>		S.L. to complete ↓:  Date: _____ FQ:
<b>Address:</b>  Street  City, State, Zip		
<b>Date of birth</b>		C H W FH FW OP H W FH FW
<b>Social Security #</b>	Please leave blank. S.L. will fill in if needed.	
<b>Cell phone #</b>		
<b>Home phone #</b>		
<b>Work phone #</b>		
<b>Email address</b>		
<b>Can we contact you by phone, text, and email?</b>		
<b>How long have you been a resident of Florida?</b>		
<b>What is the issue date of your FL driver's license?</b>		
<b>Place of Marriage</b>		
<b>Date of marriage</b>		
<b>Date of separation</b>		
<b>Have you been served with divorce papers?</b>		
<b>Who referred you to the office?</b>		
<b>What is your education level?</b>		
<b>Employer</b>		
<b>Job title</b>		

How long have you had this employment?			
How often are you paid?			
What is your <u>gross</u> pay per pay period?			
Spouse's full legal name <small>Name on driver license is typically used.</small>		S.L. to complete ↓:  Add this info in: ANAME, AADD and ACSZ. Y N	
Spouse's Address: Street City, State, Zip			
Spouse's date of birth			
Spouse's phone #			
Spouse's email			
Spouse's education level?			
Spouse's employer			
Spouse's job title			
How often is your spouse paid?			
What is your spouse's gross pay per pay period?			
Children	Please provide the names of any <u>minor</u> children: (first name middle initial last name)		Sex M/F
→			Place of birth: City, State
→			Date of birth: Month/Day/Year
→			
→			
<b>**If there are more than 4 minor children, then please add names of additional minor children (along with other information) to comment section on page 9. If there are no minor children common to the marriage, then please skip the next page and go directly to page 4 of this form.**</b>			

**Additional Information on Children**

The children's present address is: \_\_\_\_\_

The children have lived at this address since: \_\_\_\_\_

The children currently reside with        Mother,        Father,        Other

If the parties are separated then what date did the other parent leave the home: \_\_\_\_\_

**Note: If the children have not lived at their current residence for 5 years, then please state the addresses where they have lived until a 5 year history is detailed.**

The children's previous address is: \_\_\_\_\_

The children lived at this residence address from: \_\_\_\_\_ until: \_\_\_\_\_

The children resided with \_\_\_\_\_ Mother, \_\_\_\_\_ Father, \_\_\_\_\_ Other

If the parties separated, what date did the other parent leave this home: \_\_\_\_\_

The children's previous address is: \_\_\_\_\_

The children lived at this residence address from: \_\_\_\_\_ until: \_\_\_\_\_

The children resided with \_\_\_\_\_ Mother, \_\_\_\_\_ Father, \_\_\_\_\_ Other

If the parties separated, what date did the other parent leave this home: \_\_\_\_\_

The children's previous address is: \_\_\_\_\_

The children lived at this residence address from: \_\_\_\_\_ until: \_\_\_\_\_

The children resided with \_\_\_\_\_ Mother, \_\_\_\_\_ Father, \_\_\_\_\_ Other

If the parties separated, what date did the other parent leave this home: \_\_\_\_\_

**Participation in custody or time-sharing proceedings: (check one)** I \_\_\_\_\_ HAVE OR \_\_\_\_\_ HAVE NOT participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or any other state, concerning custody or time-sharing with a child subject to this proceeding.

**Information about custody or time-sharing proceedings: (check one)** I \_\_\_\_\_ HAVE OR \_\_\_\_\_ DO NOT HAVE ANY INFORMATION about any custody or time-sharing proceeding pending in a court of this or any other state concerning a child subject to this proceeding.

**Persons not a party to this proceeding: (check one)** I \_\_\_\_\_ KNOW OR \_\_\_\_\_ DO NOT KNOW OF ANY PERSON not a party to this proceeding who has physical custody or claims to have custody, visitation or time-sharing with respect to any child subject to this proceeding.

**Knowledge of prior child support proceedings: (check one)** The children described in this affidavit \_\_\_\_\_ ARE OR \_\_\_\_\_ ARE NOT subject to existing child support orders in this or any state or territory.

Private School	Are any of the children in private school?	
	What is the monthly cost for private school?	
Daycare	Are any of the children in daycare?	
	What is the monthly cost for daycare/aftercare?	
Health, Dental & Vision insurance. For purposes of calculating child support (if applicable), it is helpful to have a cost breakdown from employer or insurance company (letter, internet screenshot, etc.).	Does your employer maintain health, dental and/or vision insurance coverage on you?	
	If yes, what is the monthly cost to maintain health, dental and/or vision insurance on you <b>individually</b> ?	
	If applicable, what is the additional monthly cost to cover your child(ren)?	
	Name of insurer	
Health, Dental & Vision insurance (spouse) - see note above regarding cost breakdown.	Does your spouse's employer maintain health, dental and/or vision insurance coverage on him/her?	
	What is your spouse's monthly cost to maintain <b>individual</b> health insurance coverage?	
	If applicable, what is the additional monthly cost for your spouse to cover the child(ren) on his/her policy?	
	Name of insurer	
Life insurance	Do you maintain life insurance coverage on your life?	
	What is the coverage amount?	
	What is the monthly cost?	
	Is this employer provided or private?	
	Name of insurer?	
Life insurance (spouse)	Does your spouse maintain life insurance coverage on his/her life?	
	What is the coverage amount?	
	What is the monthly cost?	
	Is this employer provided or private?	
	Name of insurer?	

Marital Home	Is there a marital home? If yes, then please list the address below:	
→	Address:	
	When was the marital home purchased?	
	How is the home titled?	
	What is your estimate of value?	
	How much is the monthly payment?	
	How much is the total balance owed on the home?	
	Is there more than one mortgage or a HELOC on the home?	
	Are all mortgage payments current?	
	Do you want to stay in the home?	
Other real property	Do you own any other real property besides the marital home?	
	<b>If yes, then please list addresses and ownership interest on page 8 under "Additional Real Estate"</b>	
Timeshare	Do you or your spouse own any timeshares?	
Vehicle	What is the make and model of the vehicle driven by you?	
	Is this a lease or purchase?	
	If not a lease, then please give estimated value?	
	How is the vehicle titled?	
	How much is the monthly payment?	
	What is the total amount owed on the vehicle?	
	Whose name is on the debt?	

Vehicle (spouse)	What is the make and model of the vehicle driven by your spouse?			
	Is this a lease or purchase?			
	If not a lease, then please give estimated value?			
	How is the vehicle titled?			
	How much is the monthly payment?			
	What is the total amount owed on the vehicle?			
	Whose name is on the debt?			
Additional Vehicles	Please list any other vehicles owned by you and/or your spouse (including cars, trucks, motorcycles, ATVs, jet skis, boats, planes). Please list the vehicle, how the vehicle is titled (H, W or J), the value of the vehicle, the amount of the debt owed, and the obligor on the debt (H, W or J).			
Vehicle (make and model)	Title	Value	Debt	Obligor
Is there a Prepaid College Fund for the child(ren)?				
Bank accounts (and other non-retirement accounts)	Please list the name of any bank accounts such as checking, savings, money market, etc. (e.g. Vystar checking) as well as non-retirement accounts such as stocks, mutual funds, CDs, etc. (e.g. Vanguard brokerage fund) in your name and/or your spouse's name, and the current balance.			
Name of Account (include institution)	Title	Balance		

Retirement	Please list the name of any retirement assets such as retirement, pension, profit sharing, 401-K, IRA, etc. (e.g. Fidelity 401k) in your name and/or your spouse's name, whose name the account is under (H, W or J), and the current balance.		
Name of Retirement Asset	Title	Balance	
Other Assets	Other than listed above, do you or your spouse own any assets with a value greater than \$1,000.00 (i.e. businesses, vacation/sick leave, royalties, reward points, jewelry, collectibles, life insurance cash value, coin collections, card collections, tools, etc.)? If yes, please list the asset, how the asset is titled, and estimated value. Value is what the asset could sell for on the open market. It is not replacement value!		
Name of Asset	Title	Value	

Excess Contributions	Did you contribute money from a non-marital asset or account to purchase or improve marital assets or improve assets owned by your spouse?							
Amount of contribution:	Source of contribution (i.e. bank account, retirement):	Item purchased:						
Personal property	Do you believe that you and your spouse will agree on a distribution of personal property?							
	<i>If no, then we will need you to please provide a list of all personal property with an estimate as to fair market value as to each item. We do <u>not</u> need this for the initial consultation!</i>							
Debts	Do you or your spouse have any debts besides house or car payments (i.e. credit cards, personal loans, etc.)?							
	If yes, please list the name of the debt (i.e. Citibank Visa), whose name the account is under (H, W or J), and the current balance.							
<table border="1"> <thead> <tr> <th>Name of Debt</th> <th>Title</th> <th>Balance</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Name of Debt	Title	Balance			
Name of Debt	Title	Balance						
Name Change	As part of the divorce action do you want a former name to be restored to you? If yes, please list the name below.							
→								

Additional Real Estate:

Address	Title	Value	Debt

**Additional Notes / Comments / Questions:**

Please type /write any questions you have below and we will go over them during the consultation.

**Financial Documents:**

Having the following documents with you at the consultation are not required, but can be helpful.

- Your last 3 pay stubs
- Spouse's last 3 pay stubs
- 2 most recent tax returns (with attachments)
- Social Security earnings history statements in your name and/or spouse's name
- Most recent bank statements in your name and/or spouse's name
- Most recent brokerage statement in your name and/or spouse's name
- Most recent retirement/IRA/401-K statement in your name and/or spouse's name
- Most recent credit card statements in your name and/or spouse's name
- Your driver's license
- Health insurance card
- Life insurance policy (declarations page)
- Vehicle registrations for all cars, boats, motorcycles, etc.
- Deeds to any real property owned by you and/or your spouse