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| **Date:** |  |
| **Referred by:** |  |
| **Personal CPA:** |  |
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| I. GENERAL INFORMATION | | | | | |
| Your Name: | | | Spouse’s Name: | | |
| Mailing Address (city, state, and zip code): | | | Mailing Address (city, state, and zip code): | | |
|  | | |  | | |
| Home Phone: | | | Home Phone: | | |
| Business Phone: | | | Business Phone: | | |
| Cell Phone: | | | Cell Phone: | | |
| Check preferred number  🞎 Home 🞎 Business 🞎 Cell | | |  | | |
| Email Address: | | | Email Address: | | |
| County of residence: | | | County of residence: | | |
| Date of Birth: | Age: |  | Date of Birth: | Age: |  |
| Social Security No: | | | Social Security No: | | |
| Place of birth: | | | Place of birth: | | |
| Grew up at: | | | Grew up at: | | |
| Religious and church or synagogue affiliation, if any: | | | Religious and church or synagogue affiliation, if any: | | |

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| Education: | | | | | | | | | | Education: | | | | | | | | | | | | |
| Specify highest degree and school attended: | | | | | | | | | | Specify highest degree and school attended: | | | | | | | | | | | | |
| Number of previous marriages: | | | | |  | | | | | Number of previous marriages: | | | | | | | |  | | | | |
| Approximate dates of each former marriage and termination (indicate by death or divorce): | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | |
| List the name and ages of any children by previous marriage and please check whether currently living at home or being supported by you: | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | **Age** | **Living at home** | | | **Supported by you** | | | | **Name** | | | | **Age** | | **Living at home** | | | | | **Supported by you** | |
|  | |  | 🞎 | | | 🞎 | | | |  | | | |  | | 🞎 | | | | 🞎 | | |
|  | |  | 🞎 | | | 🞎 | | | |  | | | |  | | 🞎 | | | | 🞎 | | |
|  | |  | 🞎 | | | 🞎 | | | |  | | | |  | | 🞎 | | | | 🞎 | | |
|  | |  | 🞎 | | | 🞎 | | | |  | | | |  | | 🞎 | | | | 🞎 | | |
| II. INFORMATION CONCERNING PRESENT MARRIAGE | | | | | | | | | | | | | | | | | | | | | | |
| A. | Date of marriage: | | |  | | | | City: |  | | | County: | | |  | | State: | | | | |  |
| B. | Date of separation: | | |  | | | | | | | | | | | | | | | | | | |
| (Note: The date of separation is ordinarily the last time you slept in the same room or had sexual intercourse, whichever occurred last.). If you are living in the same residence, state any plans for either party to move: | | | | | | | | | | | | | | | | | | | | | | |
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| C. | Please list the full name, sex, date of birth, age and school attending for each of the children of this marriage. | | | | | | | | | | | | | | | | | | | | | |
|  | **Full Name:** | | | | **Sex** | | **Date of Birth** | | | | **Age** | | **School Attending** | | | | | | **Assets** | | | |
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| D. | | List the names and addresses of the persons with whom the children have lived during the past five (5) years, and their relationship to the children. | | | | | | | | | | | | | | | | |
|  | | **From Date - To Date:** | | | | **Names/Address** | | | | | | | | | | **Relationship to Children** | | |
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| E. | Please list the child’s name and any health problems associated with that child. | | | | | | | | | | | | | | | | | |
|  | **Child’s Name:** | | | | **Child’s health issues** | | | | | | | | | | | | | |
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| III. WORK EXPERIENCE | | | | | | | | | | | | | | | | | | |
| List dates of employment and current or last employer (If self-employed, describe legal entity, e.g., corporation, partnership, LLC): | | | | | | | | | | | | | | | | | | |
| Yourself | | | | | | | | | **Spouse** | | | | | | | | | |
| (1) | | | Current Employer: | | | | | | (1) | | | | Current Employer: | | | | | |
| Position: | | | | | | | | | Position: | | | | | | | | | |
| Job Description: | | | | | | | | | Job Description: | | | | | | | | | |
| Dates (from/to): | | | | | | | | | Dates (from/to): | | | | | | | | | |
| Current Salary or other forms of compensation: | | | | | | | | | Current Salary or other forms of compensation: | | | | | | | | | |
| PRE-REQUISITES. Please list prerequisites and amounts (such as use of car, retirement, stock options, medical, and life insurance). | | | | | | | | | | | | | | | | | | |
| Yourself | | | | | | | | | | **Spouse** | | | | | | | | |
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| (2) | | | Previous Employer: | | | | | | | | (2) | | Previous Employer: | | | | | |
| Position: | | | | | | | | | | | Position: | | | | | | | |
| Job Description: | | | | | | | | | | | Job Description: | | | | | | | |
| Dates (from/to): | | | | | | | | | | | Dates (from/to): | | | | | | | |
| Former Salary or other forms of compensation: | | | | | | | | | | | Former Salary or other forms of compensation: | | | | | | | |
| (3) | | | Previous Employer: | | | | | | | | (3) | | Previous Employer: | | | | | |
| Position: | | | | | | | | | | | Position: | | | | | | | |
| Job Description: | | | | | | | | | | | Job Description: | | | | | | | |
| Dates (from/to): | | | | | | | | | | | Dates (from/to): | | | | | | | |
| Former Salary or other forms of compensation: | | | | | | | | | | | Former Salary or other forms of compensation: | | | | | | | |
| Other Income: Please list all amounts and sources of other income (such as trusts, interest, dividends, second job): | | | | | | | | | | | | | | | | | | |
| **Yourself** | | | | | | | | | | **Spouse** | | | | | | | | |
| Amounts | | | | Source | | | | | | | Amounts | | | | Source | | | |
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| IV. ASSETS | | | | | | | | | | | | | | | | | | | | | |
| **A.** | **Marital Home** - Address: | | | | | | | | | | | | | | | | | | | | |
|  | City: | | |  | | | | | | | State: | |  | | | | | County: | | |  |
| Year of purchase: | | | | | | |  | | | | Purchase Price: | | | | | | | | | $ | |
| Down Payment: | | | | | | | $ | | | | Purchased out of funds from: | | | | | | | | |  | |
| Balance owed: | | | | | | | $ | | | | Current Value of Home/Lot: | | | | | | | | | $ | |
| First Mortgage: | | | | | | | $ | | | | Name of Bank or other Lender: | | | | | | | | |  | |
| Second Mortgage | | | | | | | $ | | | | Name of Bank or other Lender: | | | | | | | | |  | |
| List any other Financing (such as Line of Credit): | | | | | | | | | |  | | | | | | | | | | | |
| Property is held in the names of | | | | | | | | | |  | | | | | | | | | | | |
| **B.** | **List Previous Homes.** Please list how each was titled, approximate equity received and what was done with the net sales proceeds (equity): | | | | | | | | | | | | | | | | | | | | |
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| **C.** | **Other Real Estate Currently Owned:** | | | | | | | | | | | | | | | | | | | | |
| (1) Address: | | | | | | | | | | | | | | | | | | | | | |
|  | City: | | |  | | | | | | | State: | |  | | | | | County: | | |  |
| Year of purchase: | | | | | | | |  | | | Purchase Price: | | | | | | | | $ | | |
| Down Payment | | | | | | | | $ | | | Purchased out of funds from: | | | | | | | |  | | |
| Balance owed: | | | | | | | | $ | | | Current Value of Home or Lot: | | | | | | | | $ | | |
| First Mortgage: | | | | | | | | $ | | | Name of Bank or other Lender: | | | | | | | |  | | |
| Second Mortgage: | | | | | | | | $ | | | Name of Bank or other Lender: | | | | | | | |  | | |
| Property is held in the name(s) of: | | | | | | | | | |  | | | | | | | | | | | |
| (2) Address: | | | | | | | | | | | | | | | | | | | | | |
|  | City: | | | |  | | | | | | State: | |  | | | | | County: | | |  |
| Year of purchase: | | | | | | | | |  | | Purchase Price: | | | | | | | | $ | | |
| Down Payment | | | | | | | | | $ | | Purchased out of funds from: | | | | | | | |  | | |
| Balance owed: | | | | | | | | | $ | | Current Value of Home or Lot: | | | | | | | | $ | | |
| First Mortgage: | | | | | | | | | $ | | Name of Bank or other Lender: | | | | | | | |  | | |
| Second Mortgage: | | | | | | | | | $ | | Name of Bank or other Lender: | | | | | | | |  | | |
| Property held in the name(s) of: | | | | | | | | | | | | | | | | | | | | | |
| **E.** | **Stocks, bonds and other securities:** | | | | | | | | | | | | | | | | | | | | |
|  | (1) | Brokerage Account with: | | | | | | | | | | | | | | | | | | | |
|  | Account Number: | | | | | | | | | | | Value: $ | | | | | | Titled in: | | | |
|  | (2) | Brokerage Account with: | | | | | | | | | | | | | | | | | | | |
|  | Account Number: | | | | | | | | | | | Value: $ | | | | | | Titled in: | | | |
|  | (3) | Individual Large Holdings: | | | | | | | | | | | | | | | | | | | |
|  | Account Number: | | | | | | | | | | | Value: $ | | | | | | Titled in: | | | |
|  | (4) | Individual Large Holdings: | | | | | | | | | | | | | | | | | | | |
|  | Account Number: | | | | | | | | | | | Value: $ | | | | | | Titled in: | | | |
| **F.** | **Certificates of Deposit:** | | | | | | | | | | | | | | | | | | | | |
|  | Name: | | | | | | | | | | | Value: $ | | | | | | Titled in: | | | |
|  | Name: | | | | | | | | | | | Value: $ | | | | | | Titled in: | | | |
| **G.** | **List all other assets:** | | | | | | | | | | | | | | | | | | | | |
|  | (1) | Name: | | | | | | | | | | | | | Value: | | $ | | | | |
|  | Description: | | | | |  | | | | | | | | | | | | | | | |
|  | (2) | | Name: | | | | | | | | | | | | Value: | | $ | | | | |
|  | Description: | | | | |  | | | | | | | | | | | | | | | |

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| **H.** | **Retirement Plans and IRAs:** | | | | | | | | | | |
|  | List all retirement plans, pension and profit sharing plans, 401(k) plans, Keough plans, and IRS accounts providing the name of each, how titled, and approximate value: | | | | | | | | | | |
| (1) | | Account Name: | | |  | Value: $ | | Titled in: | |  | |
| (2) | | Account Name: | | |  | Value: $ | | Titled in: | |  | |
| (3) | | Account Name: | | |  | Value: $ | | Titled in: | |  | |
| (4) | | Account Name: | | |  | Value: $ | | Titled in: | |  | |
| (5) | | Account Name: | | |  | Value: $ | | Titled in: | |  | |
|  | | | | | | | | | | | |
| V. NON-MARITAL ASSETS | | | | | | | | | | | |
| **A.** | List all real estate, stocks, bonds, securities, cash, and any other assets of significant value that you or your spouse owned prior to your current marriage, the value of each, and how titled: | | | | | | | | | | |
| Description: | | | |  | | Value: | $ | | Titled in: | |  |
| Description: | | | |  | | Value: | $ | | Titled in: | |  |
| Description: | | | |  | | Value: | $ | | Titled in: | |  |
| Description: | | | |  | | Value: | $ | | Titled in: | |  |
| Description: | | | |  | | Value: | $ | | Titled in: | |  |
|  |  | |  | | |  | | | | | |
| **B.** | List all assets inherited by you or your spouse or transferred or gifted to you by anyone other than your spouse **during** the marriage, the value of each, and how titled: | | | | | | | | | | |
| Description: | | | |  | | Value: | $ | | Titled in: | |  |
| Description: | | | |  | | Value: | $ | | Titled in: | |  |
| Description: | | | |  | | Value: | $ | | Titled in: | |  |
| Description: | | | |  | | Value | $ | | Titled in: | |  |
| Description: | | | |  | | Value: | $ | | Titled in: | |  |

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| VI. AUTOMOBILES | | | | | | | | | | | | | | | | | | | | |
| 1. | | Year: | | |  | | Make: |  | | | Model: | |  | | | How Titled: | | |  | |
| Purchase Price: | | | | | | $ | | | | Financed: 🞎 Leased: 🞎 | | | | | | | | | | |
| Amount Owed: | | | | | | $ | | | | Financed/Leased through: | | | | | | |  | | | |
| 2. | | Year: | | |  | | Make: |  | | Model: | | |  | | | How Titled: | | |  | |
| Purchase Price: | | | | | | $ | | | | Financed: 🞎 Leased: 🞎 | | | | | | | | | | |
| Amount Owed: | | | | | | $ | | | | Financed/Leased through: | | | | | | | | | | |
| 3. | | Year: | | |  | | Make: |  | | Model: | |  | | | How Titled: | | | | |  |
| Purchase Price: | | | | | | $ | | | | Financed: 🞎 Leased: 🞎 | | | | | | | | | | |
| Owe: | | | | | | $ | | | | Financed/Leased through: | | | | | | |  | | | |
|  |  | | |  | | | | | |  | | | | | | | | | | |
| VII. BANK ACCOUNTS | | | | | | | | | | | | | | | | | | | | |
| 1. | | | Checking account with/location: | | | | | |  | | | | | | | | | | | |
| In the name of: | | | | | |  | | | | | | | | Account No.: | | | |  | | |
| Joint 🞎 Separate 🞎 | | | | | | | | | | | | | | Balance: | | | | $ | | |
| 2. | | | Checking account with/location: | | | | | |  | | | | | | | | | | | |
| In the name of: | | | | | |  | | | | | | | | Account No.: | | | |  | | |
| Joint 🞎 Separate 🞎 | | | | | | | | | | | | | | Balance: | | | | $ | | |
| 3. | | | Savings account with/location: | | | | | |  | | | | | | | | | | | |
| In the name of: | | | | | |  | | | | | | | | Account No.: | | | |  | | |
| Joint 🞎 Separate 🞎 | | | | | | | | | | | | | | Balance: | | | | $ | | |
|  | | | | | | | | | | | | | | | | | | | | |

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| VIII. DEBTS | | | | | | | | | | | | | | | | | |
| Creditors | | | | | Current Balance | | | Monthly Payment | | | Purpose of Debt | | | | | | Party Responsible |
| 1. |  | | | | $ | | | $ | | |  | | | | | |  |
| 2. |  | | | | $ | | | $ | | |  | | | | | |  |
| 3. |  | | | | $ | | | $ | | |  | | | | | |  |
| 4. |  | | | | $ | | | $ | | |  | | | | | |  |
| 5. |  | | | | $ | | | $ | | |  | | | | | |  |
| 6. |  | | | | $ | | | $ | | |  | | | | | |  |
| IX. INSURANCE | | | | | | | | | | | | | | | | | |
| **A.** | Home Insurance Company: | | | | |  | | | | | | Agent’s Name: | | |  | | |
| **B.** | Household Goods & Furnishings: | | | | |  | | | | | | Agent’s Name: | | |  | | |
| **C.** | Automobile Insurance: | | | | |  | | | | | | Agent’s Name: | | |  | | |
| **D.** | Medical Insurance of Parties: | | | | |  | | | | | | | | | | | |
|  | | | **Yourself**: | | | | | | | | | | **Spouse**: | | | | |
| Policy No: | | |  | | | | | | | | | |  | | | | |
| Group No: | | |  | | | | | | | | | |  | | | | |
| Through by Employer? | | | | Yes 🞎 No 🞎 | | | | | | | | | Yes 🞎 No 🞎 | | | | |
| Please list the Names of Dependents on Medical Coverage: | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | |  |  | | | | | | | |
| **D.** | **Life Insurance** - List the insured, the beneficiaries, all companies, policy numbers, amounts, and cash value (if any): | | | | | | | | | | | | | | | | |
| **Insured** | | **Beneficiary** | | | | | **Company** | | | | | | | **Policy No:** | | **Cash Value** | |
|  | |  | | | | |  | | | | | | |  | | $ | |
|  | |  | | | | |  | | | | | | |  | | $ | |
|  | |  | | | | |  | | | | | | |  | | $ | |
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| X. COUNSELING | | | | |
| **A.** | List the name and address of any counselor (including psychiatrist, psychologist, MSW, M.Ed., Clergy, etc.) | | | |
| Yourself | | | Spouse | |
| 1. | |  | 1. |  |
| 2. | |  | 2. |  |
|  | |  | | |
| **B.** | | Time and Frequency of visits (weekly, biweekly, etc): | | |
| 1. | |  | 1. |  |
| 2. | |  | 2. |  |
|  | |  | | |
| **C.** | | Purpose of counseling and recommendation of counselor: | | |
| 1. | |  | 1. |  |
| 2. | |  | 2. |  |
|  | |  | | |
| XI. HEALTH | | | | |
| Describe each party’s health and any operations, hospitalizations, major drugs used which deem to be significant: | | | | |
|  | Yourself | | Spouse | |
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| XII. CAUSES OF SEPARATION | | | | |
| Detail why you are seeking a divorce and causes of separation: | | | | |
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| XIII. CUSTODY | | |
| Are you seeking primary physical custody of your children? | Yes 🞎 No 🞎 | |
| Do you believe there will be a contest over custody/parenting time? | Yes 🞎 No 🞎 | |
| If yes, please describe reasons why you should have custody or unrestricted parenting time and why your spouse should not have custody or why spouse’s parenting time should be limited: | | |
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| XIV. SETTLEMENT DISCUSSIONS | | |
| What discussions have you and your spouse had concerning any settlement of financial and/or custody considerations? | | |
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