

# LAW OFFICES OF CRAIG B. BLUESTEIN, P.C.

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## FAMILY LAW CLIENT WORK SHEET (Please complete as much as possible)

Today's Date: \_\_\_\_\_

By Whom were you referred: \_\_\_\_\_

### GENERAL INFORMATION

	<u>You</u>	<u>Your Spouse / Partner</u>
Name:	_____	_____
Date/Place of Birth	_____	_____
Address:	_____ _____	_____ _____
Prior Address if less than 1 year	_____	_____
Your Contact Numbers	H: _____ W: _____ Cell: _____ Email: _____	H: _____ W: _____ Cell: _____ Email: _____

**Emergency Contact** Name: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Home: \_\_\_\_\_

**Date of Marriage** \_\_\_\_\_

**Place of Marriage** \_\_\_\_\_

**No. of this Marriage** \_\_\_\_\_

**Length of Residence in County in which you now reside** \_\_\_\_\_

**U.S. Citizen** \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No

**Length of Residence in Pennsylvania** \_\_\_\_\_

**Do you now live separately?** Yes (\_\_\_\_) No (\_\_\_\_)

**If now living separately, briefly describe the circumstances of this separation (Who left, why, when)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you claim you are separated, but still living in the same home, briefly describe the circumstances surrounding separation (i.e. no longer sleeping in same bed, no longer eating meals together, no longer using a joint bank account, etc.)** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT INFORMATION**

**You**

**Your Spouse**

**Social Security No:** \_\_\_\_\_

**Occupation** \_\_\_\_\_

**Employer (include Name & Address)** \_\_\_\_\_

**Rate of Pay: Gross, Net, Pay Periods** \_\_\_\_\_

**Length of time Employed** \_\_\_\_\_

**On Active Military Duty?**      Yes (\_\_\_\_)    No (\_\_\_\_)      Yes (\_\_\_\_)    No (\_\_\_\_)

**PRIOR MARRIAGES/DIVORCES**

**You**

**Your Spouse / Partner**

**Previous Divorce?**      Yes (\_\_\_\_)    No (\_\_\_\_)      Yes (\_\_\_\_)    No (\_\_\_\_)

**Name of Former Spouse:** \_\_\_\_\_

**Date of Prior Divorce** \_\_\_\_\_

**County/State of Divorce** \_\_\_\_\_

**LEGAL MATTERS**

**Any Divorce Action Pending?**      Yes (\_\_\_\_)    No (\_\_\_\_)

**Any Written Agreements? Explain.**      Yes (\_\_\_\_)    No (\_\_\_\_)

\_\_\_\_\_  
\_\_\_\_\_

Any Court Orders in force? Yes (\_\_\_\_) No (\_\_\_\_)

What type of Order? \_\_\_\_\_

Other Attorney(s) Consulted: Yes (\_\_\_\_) No (\_\_\_\_)

If YES: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

**CHILDREN OF MARRIAGE**

<u>Child's Name</u>	<u>Date of Birth/Age</u>	<u>Child Lives With?</u>
1. _____	Date of Birth: _____ Age: _____	___ Mother ___ Father Other: _____
2. _____	Date of Birth: _____ Age: _____	___ Mother ___ Father Other: _____
3. _____	Date of Birth: _____ Age: _____	___ Mother ___ Father Other: _____
4. _____	Date of Birth: _____ Age: _____	___ Mother ___ Father Other: _____
5. _____	Date of Birth: _____ Age: _____	___ Mother ___ Father Other: _____

Assets

(Please complete what you are able in order to enable us to evaluate your situation)

Real Estate Owned:

**Property No. 1**

**Address:** \_\_\_\_\_  
**Value:** \_\_\_\_\_  
**Names on Title:** \_\_\_\_\_  
**Purchase Price:** \_\_\_\_\_  
**Date of Purchase:** \_\_\_\_\_  
**Amount Owed:** \_\_\_\_\_  
**Monthly Payments** \_\_\_\_\_

**Property No. 2**

**Address:** \_\_\_\_\_  
**Value:** \_\_\_\_\_  
**Names on Title:** \_\_\_\_\_  
**Purchase Price:** \_\_\_\_\_  
**Date of Purchase:** \_\_\_\_\_  
**Amount Owed:** \_\_\_\_\_  
**Monthly Payments** \_\_\_\_\_

(Use Back Pages for Any Other Real Estate)

Vehicles

	Vehicle 1	Vehicle 2	Vehicle 3
<b>Make</b>			
<b>Model</b>			
<b>Price</b>			
<b>Date of Purchase</b>			
<b>Mileage</b>			
<b>Value</b>	\$	\$	\$
<b>Condition</b>			
<b>Amount Owed</b>	\$	\$	\$
<b>Driven By</b>	Wife Husband	Wife Husband	Wife Husband

Bank/Credit Union/Other Accounts

<u>Location of Account</u>	<u>Name(s) on Account</u>	<u>Amount in Account</u>	<u>Account Number</u>

**Businesses Owned**

<u>Name of Business</u>	<u>Owner</u>	<u>Type of Business</u>	<u>Location of Business</u>

**Life Insurance**

<u>Name of Insured</u>	<u>Name of Company</u>	<u>Amount of Coverage</u>	<u>Beneficiary</u>

**Pension or Retirement**

<u>Owner</u>	<u>Location of Account</u>	<u>Yearly Statements?</u>	<u>Vested?</u>
		Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )	Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )
		Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )	Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )
		Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )	Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )
		Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )	Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )

**Debts**

<u>Creditor</u>	<u>Amount Owed</u>	<u>Nature of Debt</u>	<u>Name on Bill</u>
			<input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Joint
			<input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Joint
			<input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Joint
			<input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Joint
			<input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Joint
			<input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Joint

**Other Important Names/Numbers**

Therapist: \_\_\_\_\_

Child Custody Evaluator:

Telephone: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Mediator:

Others:

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_