

# ***GELONA-HENDRICKS LAW P.L.L.C.***

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## **INFORMATION ABOUT YOU**

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

All previous names you have used: \_\_\_\_\_

Current home address: \_\_\_\_\_ County: \_\_\_\_\_

Length of time you have lived at your present address: \_\_\_\_\_

Your employer name and address: \_\_\_\_\_

Your job position and duties: \_\_\_\_\_

Home phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_ Pager: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Do we need to call first before faxing?  Yes  No

Alternate phone contact if we can't reach you any other way: \_\_\_\_\_

Your driver's license number and state of issue: \_\_\_\_\_

How did you select our firm:

referred by another attorney (who): \_\_\_\_\_

referred by someone else (who): \_\_\_\_\_

other: \_\_\_\_\_

## **INFORMATION ABOUT YOUR SPOUSE**

Spouse's Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Spouse's current home address: \_\_\_\_\_ County: \_\_\_\_\_

Length of time your spouse has lived at current address: \_\_\_\_\_

Spouse's employer name and address: \_\_\_\_\_

Spouse's job position and duties: \_\_\_\_\_

Spouse's driver's license number and state of issue: \_\_\_\_\_

If we must serve your spouse with legal papers, when and where would be best: \_\_\_\_\_

What does your spouse look like (a photograph would be useful): \_\_\_\_\_

## INFORMATION ABOUT YOUR MARRIAGE

Date you were married: \_\_\_\_\_ Place (City and State): \_\_\_\_\_

Who moved out of the marital home and when? \_\_\_\_\_

Were you ever separated or divorced from this spouse before now?  Yes  No

If so, when and why: \_\_\_\_\_

Have you ever been divorced before?  Yes  No

If so, when, list court, state, name of former spouse, and date of divorce: \_\_\_\_\_

What is the primary reason you want this divorce:

irreconcilable differences

adultery

abandonment

physical abuse

mental abuse

spouse's addiction

List your children by any prior relationship (name, age, residence): \_\_\_\_\_

List your spouse's children by any prior relationship (name, age, residence): \_\_\_\_\_

## INFORMATION ABOUT CHILDREN OF THIS MARRIAGE

Name the children of this marriage	Male or Female	Date of birth	Social Security
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Number			
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1.	_____	_____	_____
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2.	_____	_____	_____
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3.	_____	_____	_____
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If you have reason to question who is the father of any of these children, please explain: \_\_\_\_\_

Where and with whom your children have lived for the past five years:

from date - to date

City and State

With What Adults

Are any of your children of Indian blood? \_\_\_ Yes \_\_\_ No On a tribal roll? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have your children been the subject of any other legal proceedings, including DHS investigations, neglect or delinquency proceedings, adoption, grandparental rights proceedings, personal injury actions? If so, explain:

## INFORMATION ABOUT YOUR HEALTH INSURANCE

Are your children covered on any health insurance policy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of health plan \_\_\_\_\_

Name of dental plan \_\_\_\_\_

Deductible \$ \_\_\_\_\_

Co-Pay on doctor visits \$ \_\_\_\_\_

Co-Pay on prescriptions \$ \_\_\_\_\_

As to the premium, please state:

cost for employee only \$ \_\_\_\_\_ amount deducted each pay period \$ \_\_\_\_\_

cost for employee and spouse \$ \_\_\_\_\_ how often is the deduction made?

cost for employee and children \$ \_\_\_\_\_  
\_\_\_\_\_ weekly  
\_\_\_\_\_ every two weeks  
\_\_\_\_\_ two times per month  
\_\_\_\_\_ once per month

Is the premium for the insurance paid through deduction from your or your spouse's pay?

\_\_\_\_\_ Mine \_\_\_\_\_ My spouse's

If you, your spouse or any of your children have any serious health problems, please describe: \_\_\_\_\_

## INFORMATION ABOUT YOUR HOME

Briefly describe your home: \_\_\_\_\_

Do you want your spouse to move out? \_\_\_ Yes \_\_\_ No Explain: \_\_\_\_\_

Give the legal description of your home (it's on your deed or mortgage): \_\_\_\_\_

If your home is mortgaged, identify:

name of mortgage holder (lender)

address of mortgage holder

account number

Date acquired home: \_\_\_\_\_ Total price \$ \_\_\_\_\_ Down payment \$ \_\_\_\_\_

Original mortgage amount \$ \_\_\_\_\_ Current balance of mortgage \$ \_\_\_\_\_

Monthly payment on mortgage \$ \_\_\_\_\_ Date of last appraisal: \_\_\_\_\_

Is home now listed for sale? \_\_\_\_\_ Yes \_\_\_\_\_ No Amount of last appraisal: \_\_\_\_\_

Name and phone number of realtor: \_\_\_\_\_ Name and phone number of appraiser: \_\_\_\_\_

**NOTE:** If you or your spouse own any other real property (land or homes), please provide the information requested above as to each such property on the back of this sheet.

## INFORMATION ABOUT YOUR VEHICLES

What vehicle(s) do you now have? (year, make, model) \_\_\_\_\_

What vehicle(s) do you want to keep permanently? \_\_\_\_\_

List the current mileage \_\_\_\_\_ List the VIN of the vehicle: \_\_\_\_\_

What vehicle(s) does your spouse now have? (year, make, model): \_\_\_\_\_

What vehicle(s) do you want your spouse to keep permanently? \_\_\_\_\_

List the current mileage \_\_\_\_\_ List the VIN of the vehicle: \_\_\_\_\_

Do you or your spouse or children own any other vehicles? Identify them: \_\_\_\_\_

Identify any outstanding debts on these vehicles:

Vehicle	name and address of lender	account number	amount of original note	current balance	monthly payment
1.					
2.					

Are any of the vehicle(s) you have listed above titled in the name of anyone other than you or your spouse?  
 If so, explain: \_\_\_\_\_

## INFORMATION ABOUT OTHER MARITAL ASSETS

Do you or your spouse have:

- one or more checking accounts?** If so, please provide the following information:  
 name of institution                      account number                      names on the account                      current balance

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**2. one or more savings accounts?** If so, please provide the following information:

name of institution	account number	names on the account	current balance
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**3. Other accounts/money market, mutual funds, certificates of deposit?** If so, please provide the following information:

name of institution	account number	names on the account	current balance
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**4. Boats, trailers, motorcycles, water recreation vehicles, etc.?** (List by make, model, year, and VIN or title number) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Expensive jewelry?** If so, please describe. If any piece was a gift, please indicate to whom, from whom, occasion and date (month and year): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. Life insurance policies?** If so, please provide the following information:

institution	term or whole life	insured	account/policy #	owner	coverage amount	surrender value
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**7. Retirement, pension and/or thrift plan /401K / IRA?** If so, please provide the following information:

institution	owner	account/policy #	current value
1.			
2.			
3.			

## MARITAL PROPERTY

**IDENTIFY WHAT YOU BELIEVE TO BE THE PRESENT VALUE (normally 1/2 - 1/3 original cost) OF EACH ITEM IN THE COLUMN FOR HUSBAND OR WIFE, DEPENDING UPON WHO YOU WANT TO HAVE EACH ITEM**

DESCRIPTION OF ITEM	ORIGINAL COST	DATE ACQUIRED	PRESENT VALUE TO HUSBAND	PRESENT VALUE TO WIFE
1.	\$		\$	\$
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				

22.				
23.				
24.				
25.				

(If you need additional room, continue on the back of this sheet or use additional sheets.) If any items were owned before the marriage or were acquired by gift during the marriage, please describe on the back of this sheet.

## NON-MARITAL PROPERTY

List significant items of property **you owned** before this marriage or received as a gift or inheritance during the marriage. If any of the items are no longer in existence, explain what happened to them. \_\_\_\_\_

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List significant items of property **your spouse** owned before this marriage or received as a gift or inheritance during the marriage. If any of the items are no longer in existence, explain what happened to them. \_\_\_\_\_

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List significant items of property **you and your spouse** received, **as a couple**, during this marriage as a gift or inheritance. If any of the items are no longer in existence, explain what happened to them. \_\_\_\_\_

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List significant items of property **your children** received as a gift or inheritance during your marriage. If any of the items are no longer in existence, explain what happened to them. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## INFORMATION ABOUT INCOME

HUSBAND:	WIFE:
ADDRESS:	ADDRESS:
SOC SEC NO:	SOC SEC NO:
OCCUPATION:	OCCUPATION:
EMPLOYER:	EMPLOYER:
BIRTHDATE:	BIRTHDATE:

Gross MONTHLY income from:	HUSBAND	WIFE
Salary and wages, including commissions, bonuses, allowances and overtime payable		
Pensions and retirement		
Social Security		
Disability and unemployment insurance		
Public assistance (welfare, AFDC payments, etc)		
Child support from prior marriage		
Rents		
All other sources:		
<b>GROSS MONTHLY INCOME</b>	<b>\$</b>	<b>\$</b>

Itemized MONTHLY deductions from gross income:	HUSBAND	WIFE
State and federal income taxes	\$	\$
Social Security and Medicare		
Medical or other insurance (describe)		
Union or other dues		
Retirement or pension fund		
Savings plan		





# YOUR MONTHLY EXPENSES

	MONTHLY AMOUNT
Rent or mortgage payment (residence)	\$
Real property taxes (residence)	
Real property insurance (residence)	
Maintenance (residence)	
Food and household supplies	
Utilities: water, electricity, gas, heat, cable	
Telephone	
Laundry and cleaning	
Clothing and shoes (self and children)	
Medical, psychological, and medicine expenses not paid by insurance (co-pays and deductible)	
Dental expenses not paid by insurance (co-pays and deductible)	
Insurance (life, health, liability and disability)	
Child Care and babysitting	
School (expenses, supplies and lunches)	
Entertainment (includes movies, eating out, clubs, social obligations, travel, savings for vacation)	
Incidentals (includes cosmetics, haircuts, allowances, grooming & gifts)	
Donations and tithes	
Auto expense (gas, oil, repair, tires, tag, inspections)	
Auto insurance	
Auto payments	
Installment payment(s) (reference your list of marital debt on previous page of packet)	
Other expenses (list on back of this sheet)	
Payment of child support for children of previous marriage or relationship	
Payment of spousal support (alimony) for a spouse of a prior marriage	
<b>TOTAL:</b>	<b>\$</b>



# COMPLETE THE FOLLOWING ONLY IF CUSTODY OF THE CHILD(REN) IS AN ISSUE

## 1. Your home:

- a. Kind of home (apartment, mobile home, duplex, etc.), number of rooms, any problems with utilities, safety, etc.?

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- b. Will your spouse say your home is not a proper place to raise your children? \_\_\_\_\_  
Why? \_\_\_\_\_

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- c. Name all people who live in your home and state their relationship to you: \_\_\_\_\_

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- d. Describe your neighborhood: \_\_\_\_\_

- e. How close are the children's schools, play areas, friends: \_\_\_\_\_

## 2. Spouse's home:

- a. Kind of home (apartment, mobile home, duplex, etc.), number of rooms, any problems with utilities, safety, etc.?

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- b. Is that home not a proper place to raise your children? \_\_\_\_\_  
Why? \_\_\_\_\_

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- c. Name all people who live in that home and state their relationship to your spouse: \_\_\_\_\_

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- d. Describe the neighborhood: \_\_\_\_\_

- e. How close are the schools, play areas, children's friends: \_\_\_\_\_

3. Children's health:

- a. Describe any significant medical problems:  
\_\_\_\_\_
- b. State who usually takes the children to the doctor: \_\_\_\_\_
- c. If your children are currently taking any medication, state what and why: \_\_\_\_\_  
\_\_\_\_\_
- d. Describe any problems your children have with nerves, sleep, mood swings, school, peer relationships, learning disabilities, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If the children are school age:

- a. Grades at school: \_\_\_\_\_
- b. Attendance at school: \_\_\_\_\_
- c. Conduct at school: \_\_\_\_\_
- d. Describe any recent significant changes in grades, attendance or conduct at school:  
\_\_\_\_\_  
\_\_\_\_\_
- e. Describe your children's relationships with classmates and teachers:  
\_\_\_\_\_  
\_\_\_\_\_

5. Drugs and alcohol:

- a. If your spouse says that you or anyone in your household use drugs, prescription or non-prescription, or alcohol, why and what: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. If your spouse or anyone in your spouse's current household uses drugs, prescription or non-prescription, or alcohol, describe what you know: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Crime:

- a. If your spouse says you or anyone in your household has ever been arrested for anything other than routine traffic tickets, state who, when, why and what: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. If your spouse or anyone in your spouse's household has ever been arrested for anything other than routine traffic tickets, state who, when, why and what: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Mental and emotional:

a. If your spouse says you or anyone in your household is emotionally unstable, state who and why:  
\_\_\_\_\_  
\_\_\_\_\_

b. If anyone in your household has seen a psychologist or counselor for emotional or mental problems or receives any medication for emotional or mental problems or suffers from "flashbacks" from drug use, military experiences or other past stressful experiences, state who, when and the names of the counselors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. If anyone in your spouse's household has seen a psychologist or counselor for emotional or mental problems or receives any medication for emotional or mental problems or suffers from "flashbacks" from drug use, military experiences or other past stressful experiences, state who, when and the names of the counselors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Work and child care:

a. Describe the current child care arrangement for your children: \_\_\_\_\_  
\_\_\_\_\_

b. If your spouse has or wants custody, what is or would be the child care arrangement and would it be adequate?  
\_\_\_\_\_  
\_\_\_\_\_

c. Hours you work: \_\_\_\_\_

d. Where you work: \_\_\_\_\_

e. Type of work you do: \_\_\_\_\_

f. Spouse's work hours: \_\_\_\_\_

g. Spouse's place of work: \_\_\_\_\_

h. Type of work your spouse does: \_\_\_\_\_

9. Health:

- a. Your medical status and any medical problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Your spouse's medical status and any medical problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Age:

- a. You: \_\_\_\_\_
- b. Your spouse: \_\_\_\_\_
- c. Your children: \_\_\_\_\_  
\_\_\_\_\_

11. Education:

- a. You: \_\_\_\_\_
- b. Your spouse: \_\_\_\_\_

12. Marriages:

- a. How many times have you been married and divorced? \_\_\_\_\_
- b. How many times has your spouse been married and divorced? \_\_\_\_\_
- c. List your children, other than the children involved in this proceeding, and state who has custody, how old the children are, and how they are doing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d. List your spouse's children, other than the children involved in this proceeding, and state who has custody, how old the children are, and how they are doing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e. If the children involved in this proceeding are emotionally close to any step-siblings, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- f. If the children involved in this proceeding are emotionally close to any relatives of either you or your spouse, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. If the children were asked in private by the Judge who they want to live with, what do you think they would say?

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14. Respective school districts:

a. Yours: \_\_\_\_\_

Your spouse's: \_\_\_\_\_

15. Any other cases pending regarding custody of the children:

a. State and county where pending: \_\_\_\_\_

b. When case was filed: \_\_\_\_\_

c. Case number: \_\_\_\_\_

d. Any orders already entered: \_\_\_\_\_

e. Judge's name: \_\_\_\_\_

16. Discipline:

a. Your beliefs and methods: \_\_\_\_\_  
\_\_\_\_\_

b. Your spouse's beliefs and methods: \_\_\_\_\_  
\_\_\_\_\_

17. Religious activity of the children:

a. With you: \_\_\_\_\_

b. With your spouse: \_\_\_\_\_

18. Strengths and weaknesses as parents:

a. You: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Your spouse: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anything else you think I should know:

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