

MASTER INFORMATION LIST

MARRIAGE

1. Date of Marriage _____
2. Place of Marriage
(City County, State) _____
3. Ceremony Type
(Civil or Religious) _____
4. Date of Physical Separation
(if applicable) _____
5. Marital Residence is Occupied by _____
6. Number of Children Ever
Born Alive of this Marriage _____
7. Number of Minor Children _____

**LITIGATION INFORMATION
(If Litigation Is Pending)**

8. Court
(Supreme or Family) _____
9. County _____
10. Index/File No. _____
11. RJI/Docket No. _____
12. Date Summons/Petition Filed _____
13. Date Summons/Petition Served _____
14. Attorney for Plaintiff/Petitioner _____
15. Attorney for Defendant/Respondent _____
16. Attorney for the Children _____
17. Judge/Support Magistrate _____

YOUR INFORMATION

18. Full Legal Name _____
(First, Middle, Last)
19. Nickname _____
(if applicable)
20. Maiden/Pre-Marriage Surname _____
21. Date of Birth _____
(mm/dd/yyyy)
22. Place of Birth _____
(City, State)
23. Social Security Number _____
24. Education _____
(Degree(s), School, Date Earned)
25. Number of this Marriage _____
26. If Previously Married, How Many Ended By Death ____ Divorce ____ Annulment ____
27. Email Address _____
28. Cell Phone Number _____
29. Home Phone Number _____
30. Residence Address _____
Street _____
City _____ State/Zip Code _____
31. Mailing Address _____
(if different from above) Street _____
City _____ State/Zip Code _____

32. Employer Name _____
33. Employer Address _____
34. Employer Phone Number _____
35. Employment Position _____
36. Group Health Plan _____
37. Address _____
 Street _____

 City _____ State/Zip Code _____
38. Identification Number _____
39. Plan Administrator _____

PARTNER/EX-PARTNER

40. Full Legal Name _____
 (First, Middle, Last)
41. Nickname _____
 (if applicable)
42. Maiden/Pre-Marriage Surname _____
43. Date of Birth _____
 (mm/dd/yyyy)
44. Place of Birth _____
 (City, State)
45. Social Security Number _____
46. Education _____
 (Degree(s), School, Date Earned)
47. Number of this Marriage _____

48. If Previously Married, How Many Ended By Death _____ Divorce _____ Annulment _____

49. Email Address _____

50. Cell Phone Number _____

51. Home Phone Number _____

52. Residence Address _____
Street _____
City _____ State/Zip Code _____

53. Mailing Address (if different from above) _____
Street _____
City _____ State/Zip Code _____

54. Employer Name _____

55. Employer Address _____

56. Employer Phone Number _____

57. Employment Position _____

58. Group Health Plan _____

59. Address _____
Street _____
City _____ State/Zip Code _____

60. Identification Number _____

61. Plan Administrator _____

CHILDREN

62. Oldest Child's Full Name _____
(First, Middle, Last)

63. Oldest Child's Date of Birth _____

64. Oldest Child's Social Security # _____

65. Oldest Child Resides With _____

66. Second Child's Full Name _____
(First, Middle, Last)

67. Second Child's Date of Birth _____

68. Second Child's Social Security # _____

69. Second Child Resides With _____

70. Third Child's Full Name _____
(First, Middle, Last)

71. Third Child's Date of Birth _____

72. Third Child's Social Security # _____

73. Third Child Resides With _____

74. Fourth Child's Full Name _____
(First, Middle, Last)

75. Fourth Child's Date of Birth _____

76. Fourth Child's Social Security # _____

77. Fourth Child Resides With _____

78. Fifth Child's Full Name _____
(First, Middle, Last)

79. Fifth Child's Date of Birth _____

80. Fifth Child's Social Security # _____

81. Fifth Child Resides With _____