

HEDGE PETH & HEREDIA, L.L.C.

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CONFIDENTIAL INFORMATION SHEET PART 1

Date: _____

1. YOUR PERSONAL INFORMATION

Full Name: _____

Maiden Name: _____

Do you wish to return to your maiden name? YES _____ NO _____

Date of Birth: _____

Telephone Numbers - Do not list a telephone number where calls, faxes or voice messages could be received by the opposing party or anyone else you do not want to receive them.

Home: _____ Work: _____

Cell: _____ Fax: _____

Email Address - Do not list an email address where emails could be received by the opposing party or anyone else you do not want to receive them. We suggest that you create a new email account with a new password

Email Address: _____

Confidential Mailing Address - Do not list an address where mail could be retrieved by the opposing party or anyone else.

Street

City

State

Zip Code

Residence Address: _____

Street

City

State

Zip Code

County of Residence: _____

Have you been a resident of Georgia for more than six (6) months?

YES _____ NO _____

Lived at Address Since: _____

Please indicate any directions or restrictions in calling you, sending you faxes or sending you emails:

Who referred you to our office? _____

May we send a thank you letter to the person who referred you to our office?

YES _____ NO _____

2. **REASON FOR YOUR CONSULTATION:**

3. **INFORMATION ABOUT OPPOSING PARTY**

Full Name: _____

Maiden Name: _____

Does your spouse wish to return to her maiden name?

YES _____ NO _____ Unknown _____

Date of Birth: _____

Telephone Numbers -

Home: _____ Work: _____

Cell: _____ Fax: _____

Email Address: _____

Residence Address: _____

Street

City _____ State _____ Zip Code _____

County of Residence: _____

Lived at Address Since: _____

4. **INFORMATION ABOUT YOUR EMPLOYMENT**

Name/Place of Employment: _____

Work Address: _____

Street

City _____ State _____ Zip Code _____

Job Title: _____

Description/Nature of Job: _____

Employed Since: _____

Annual Gross Income: _____

Do you have any other sources of income? YES _____ NO _____

If yes, please explain: _____

Please state your educational background and/or vocational training, name of institution(s), dates attended, and degrees or certificates earned. Include high school, technical school, college, post-graduate, etc.): _____

5. **INFORMATION ABOUT OPPOSING PARTY'S EMPLOYMENT**

Name/Place of Employment: _____

Work Address: _____

Street

City _____ State _____ Zip Code _____

Job Title: _____

Description/Nature of Job: _____

Employed Since: _____

Annual Gross Income: _____

Does the opposing party have any other sources of income?

YES _____ NO _____

If yes, please explain: _____

Please state the opposing party's educational background and/or vocational training, name of institution(s), dates attended, and degrees or certificates earned. Include high school, technical school, college, post-graduate, etc.):

6. **HISTORY OF THIS MARRIAGE OR LAST MARRIAGE (AS APPLICABLE)**

Date of Marriage: _____

Place of Marriage: _____

This is your _____ marriage. (1st, 2nd, 3rd, etc.)

This is your spouse's _____ marriage. (1st, 2nd, 3rd, etc.)

Are you and your spouse currently living together? YES _____ NO _____

If no, what is the date of your separation? Under Georgia law, your date of separation is the last date that you and your spouse had sexual relations.

If separated, where have you lived since the separation?

Street

City

State

Zip Code

If separated, where has your spouse lived since the separation?

Street

City

State

Zip Code

Other than since your separation, have you and your spouse lived together continuously throughout the marriage? YES _____ NO _____

If not, please explain: _____

7. **INFORMATION ABOUT YOUR CHILDREN**

Children of this marriage (if applicable):

Name: _____ Birth Date: _____ Gender: _____

Name: _____ Birth Date: _____ Gender: _____

Name: _____ Birth Date: _____ Gender: _____

Name: _____ Birth Date: _____ Gender: _____

Children living with you but not of this marriage:

Name: _____ Birth Date: _____ Gender: _____

Name: _____ Birth Date: _____ Gender: _____

Name: _____ Birth Date: _____ Gender: _____

Name: _____ Birth Date: _____ Gender: _____

Address where the children have lived for the past five years and with whom they have lived: _____

Street _____

City _____

State _____

Zip Code _____

State _____

Zip Code _____

Are any of your children adopted? YES _____ NO _____

If yes, please identify the child(ren): _____

Do any of the children have any disabilities or problems that will be a factor in this case? _____

Do you anticipate a dispute over custody of the children? YES _____ NO _____

If yes, do you request joint custody or sole custody? _____

Please explain briefly any reasons that the opposing party should **not** share custody (i.e., physical/mental/sexual abuse, drug/alcohol abuse, etc.):

Do you or your spouse pay or receive child support for any of your children?

YES _____ NO _____

If yes, please explain: _____

Do you or your spouse pay expenses for child care, day care or after school care?

YES _____ NO _____

If yes, what is the total yearly amount per child and who pays the expenses? _____

Do you or your spouse pay expenses for extracurricular activities?

YES _____ NO _____

If yes, what is the total yearly amount per child and who pays the expenses? _____

Do you or your spouse pay private school tuition?

YES _____ NO _____

If yes, what is the total yearly amount per child and who pays the tuition?

8. RECONCILIATION

Are you interested in reconciliation? YES _____ NO _____

Is your spouse interested in reconciliation? YES _____ NO _____

Have you tried marriage counseling? YES _____ NO _____

If yes, when and with whom? _____

9. REASONS FOR DIVORCE

Have you had an affair during your marriage? YES _____ NO _____

Does your spouse know and/or suspect that you have had an affair during your marriage? YES _____ NO _____ Unknown _____

Has your spouse had an affair during your marriage?

YES _____ NO _____ Unknown _____

Do you suspect that your spouse has had an affair during your marriage?

YES _____ NO _____

10. OTHER

Has the opposing party consulted with an attorney regarding this matter?

YES _____ NO _____ Unknown _____

If yes, please state the attorney's name and address, if known:

Street

City State Zip Code

Have you consulted with other attorneys regarding this matter?

YES _____ NO _____ If, yes, with whom and when? _____

If you have an accountant, please state the accountant's name and address:

Street

City State Zip Code

Will you be requesting alimony in this matter?

YES _____ NO _____ Undecided _____

Have you signed anything that may affect your case, including prenuptial or post-nuptial agreements, or any documents presented by the opposing party?

YES _____ NO _____

If yes, please explain: _____

