



Domestic Case CLIENT INFORMATION

1. Your Name _____

2. Your Social Security Number _____

3. Your Date Of Birth _____

4. Your Address _____

5. Your Home Phone Number _____

6. Your Cell Phone Number _____

7. Your Email _____

8. Your Work Phone Number _____

9. Your Health Insurance Carrier _____

10. Address _____

11. Policy Number _____

12. Date Of Marriage _____

13. Date Separated _____

14. Where Married: City _____

Ohio _____

15. Children's Name	Age	Date Of Birth	Soc Sec.
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____

Children's Addresses For The Previous 5 Years:

- 16. Spouse's Name _____
- 17. Spouse's Social Security Number _____
- 18. Spouse's Date Of Birth _____
- 19. Spouse's Address _____

- 20. Spouse's Driver's License Number _____

EMPLOYMENT HISTORY

- 1. Name Of Your Employer _____
- 2. Your Position _____
- 3. Length Of Employment _____
- 4. Salary _____ Hourly _____ Or Yearly Salary _____
- 5. Hours Worked Per Week _____
- 6. Any Overtime _____ Work Hours Are From _____ to _____
- 7. Do You Have A Pension _____ \$ _____
- 8. Do You Have a 401(K) _____ \$ _____
- 9. Do You Have Profit Sharing Or Commission _____
- 10. Your Education Level _____
- 11. Address Of Your Employer _____

- 12. Your Spouse's Employer _____
- 13. Length Of Employment _____
- 14. Salary _____ Hourly _____ Or Yearly Salary _____
- 15. Hours Worked Per Week _____
- 16. Any Overtime _____ Work Hours Are From _____ to _____
- 17. Does Your Spouse Have A Pension _____ \$ _____
- 18. Does Your Spouse Have A 401(K) _____ \$ _____
- 19. Does Your Spouse Have Profit Sharing/Commission _____
- 20. Spouse's Education Level _____
- 21. Address Of Spouse's Employer _____

BANK ACCOUNT INFORMATION

1. Savings Account Institution _____
Account Number _____
Joint Or Individual Amounts _____
2. Savings Account Institution _____
Account Number _____
Joint Or Individual Amounts _____
3. Checking Account Institution _____
Account Number _____
Joint Or Individual Amounts _____

ANY OTHER BANK ACCOUNT INFORMATION

4. Savings Account Institution _____
Account Number _____
Joint Or Individual Amounts _____
5. Checking Account Institution _____
Account Number _____
Joint Or Individual Amounts _____

MUTUAL FUNDS

1. Account Number _____
\$ Amount _____
2. Account Number _____
\$ Amount _____
3. Account Number _____
\$ Amount _____

AUTOMOBILES

1. You Drive (Vehicle) _____
Monthly Payment \$ _____
Loan Or Lease _____
2. Spouse Drives (Vehicle) _____
Monthly Payment \$ _____
Loan Or Lease _____

(ANY OTHER VEHICLES)

3. Who Drives _____

Monthly Payment \$ _____

Loan Or Lease _____

4. Who Drives _____

Monthly Payment \$ _____

Loan Or Lease _____

MOTORCYCLES, BOAT, RVS, MOTOR HOMES

1. _____

2. _____

3. _____

HOME MORTGAGE OR HOME EQUITY LOANS

HOME MORTGAGE

1. Company Name _____

Monthly Payment \$ _____

Amount Borrowed \$ _____

2. Company Name _____

Monthly Payment \$ _____

Amount Borrowed \$ _____

HOME EQUITY LOANS

1. Company Name _____

Monthly Payment \$ _____

Amount Borrowed \$ _____

2. Company Name _____

Monthly Payment \$ _____

Amount Borrowed \$ _____

OTHER LOANS

1. Company Name _____

Monthly Payment \$ _____

Amount Borrowed \$ _____

2. Company Name _____
Monthly Payment \$ _____
Amount Borrowed \$ _____

TAX DEBT - BANKRUPTCIES

1. _____
2. _____
3. _____

CREDIT CARD DEBT

1. Individual Or Joint _____
Name Of Card _____
Monthly Payment _____
Total Amount On Card \$ _____

2. Individual Or Joint _____
Name Of Card _____
Monthly Payment _____
Total Amount On Card \$ _____

3. Individual Or Joint _____
Name Of Card _____
Monthly Payment _____
Total Amount On Card \$ _____

4. Individual Or Joint _____
Name Of Card _____
Monthly Payment _____
Total Amount On Card \$ _____

5. Individual Or Joint _____
Name Of Card _____
Monthly Payment _____
Total Amount On Card \$ _____

6. Individual Or Joint _____
Name Of Card _____
Monthly Payment _____
Total Amount On Card \$ _____

MONTHLY EXPENSES

- 1. Mortgage/Rent \$ _____
- 2. Electric \$ _____
- 3. Gas/Water \$ _____
- 4. Phone \$ _____
- 5. Food \$ _____
- 6. Daycare \$ _____
- 7. Clothes \$ _____
- 8. Auto/Gas/Oil \$ _____
- 9. Auto Lease \$ _____
- 10. Insurance/Car \$ _____
- 11. Entertainment \$ _____
- 12. Legal \$ _____
- 13. Medical/Dental \$ _____
- 14. Cable \$ _____
- 15. Haircuts/Toiletries \$ _____
- 16. Family Counseling \$ _____
- 17. Student Loan \$ _____
- 18. Gifts \$ _____
- 19. Dry Cleaner \$ _____
- 20. School Fees \$ _____
- 21. Pager/Cellular Phone \$ _____
- 22. Children's Lessons \$ _____
- 23. Church Contribution \$ _____
- 24. Property Taxes \$ _____
- 25. Home Insurance \$ _____
- 26. Security System \$ _____
- 27. 401 K Contribution \$ _____

CREDIT CARD

BALANCE OWED

MONTHLY PAYMENTS

CREDIT CARD	BALANCE OWED	MONTHLY PAYMENTS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

TOTAL MONTHLY EXPENSES \$ _____
TOTAL NET MONTHLY INCOME \$ _____
SHORTFALL (\$ _____)

REAL ESTATE OWNED

1. Address _____
City _____
State _____
Zip Code _____
Fmv _____
Name On Title _____

2. Address _____
City _____
State _____
Zip Code _____
Fmv _____
Name On Title _____

3. Address _____
City _____
State _____
Zip Code _____
Fmv _____
Name On Title _____

4. Address _____
City _____
State _____
Zip Code _____
Fmv _____
Name On Title _____

NON-MARITAL PROPERTY

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

HOW DID YOU HEAR ABOUT THE GALLOWAY LAW, LLC?

Please Circle one:

Business Card

Internet search

Website

Referral

Please explain: _____

Other: _____