PURSCHKE & WHITE L.L.C.
ATTORNEYS AT LAW
316 E. Locust
Union, Missouri 63084
(636) 583-5760 Fax: (888) 635-6533

DATE: _____

Confidential Information
(Please Print)

FULL NAME: _____MAIDEN NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____BIRTH PLACE:_____

SOCIAL SECURTY NUMBER: _____

HOME TELEPHONE NUMBER: _____

EMPLOYER'S NAME & ADDRESS: _____

_____

WORK TELEPHONE NUMBER: _____

DUTIES: _____

GROSS SALARY: _____NET: _____HOUR:_____

EMPLOYMENT HISTORY: _____

_____

_____

****

FULL NAME OF SPOUSE: _____

MAIDEN NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____BIRTH PLACE: _____

SOCIAL SECURITY NUMBER:_____

EMPLOYER'S NAME & ADDRESS: _____

DUTIES: _____

GROSS SALARY: _____NET: _____HOUR:_____

EMPLOYMENT HISTORY: _____

_____

_____

SPOUSE'S ATTORNEY (IF KNOWN): _____

PLACE OF THIS MARRIAGE _____
City State County

DATE OF MARRIAGE: _____

DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD: _____

NUMBER OF CHILDREN UNDER 18 IN HOUSEHOLD AS OF DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD: _____

PETITIONER (Person filing for Divorce):

□ HUSBAND □ WIFE □ JOINT

HUSBAND:

NUMBER OF THIS MARRIAGE: _____

□ DEATH □ DIVORCE □ DATE:_____

RACE: _____(American Indian, Black, White, Etc.)

EDUCATION:_____(Highest Grade Completed)

WIFE:

NUMBER OF THIS MARRIAGE: _____

□ DEATH □ DIVORCE □ DATE:_____

RACE: _____(American Indian, Black, White, Etc.)

EDUCATION:_____(Highest Grade Completed)

HOW LONG HAS HUSBAND RESIDED IN MISSOURI: _____

HOW LONG HAS WIFE RESIDED IN MISSOURI: _____

IS WIFE PRESENTLY PREGNANT: _____

MINOR CHILD(REN)'S NAME (Under 18 years):

_____Date of Birth: _____ SSN: _____
_____Date of Birth: _____ SSN: _____
_____Date of Birth: _____ SSN: _____
_____Date of Birth: _____ SSN: _____

PRESENT CUSTODIAN OF MINOR CHILD(REN): _____

MINOR CHILD(REN)'S PRESENT ADDRESS, INCLUDING COUNTY:

_____

FORMER CUSTODIAN OF MINOR CHILD(REN) (within last six (6) months):

_____

MINOR CHILD(REN)'S FORMER ADDRESS, INCLUDING COUNTY (within last six (6) months): _____

NUMBER OF EMANCIPATED CIHLDREN (over age 18):

_____Date of Birth: _____
_____Date of Birth: _____
_____Date of Birth: _____
_____Date of Birth: _____

FORMER NAME WIFE WANTS TO RETURN TO: (if applicable):

_____

****

MARITAL REAL ESTATE:

PARCEL #1:

LOCATION & DESCRIPTION_____

HOW TITLED: □ HUSBAND □ WIFE □ JOINT

WHEN ACQUIRED: _____

PRESENT VALUE: _____

BALANCE OF LOAN: _____

MONTHLY PAYMENT: _____

HOLDER OF DEED OF TRUST: _____

PARCEL #2:

LOCATION & DESCRIPTION_____

HOW TITLED: □ HUSBAND □ WIFE □ JOINT

WHEN ACQUIRED: _____

PRESENT VALUE: _____

BALANCE OF LOAN: _____

MONTHLY PAYMENT: _____

HOLDER OF DEED OF TRUST: _____

****

AUTOMOBILE #1:

YEAR & MODEL: _____

HOW TITLED: □ HUSBAND □ WIFE □ JOINT

WHEN ACQUIRED: _____

PRESENT VALUE: _____

BALANCE OF LOAN: _____

MONTHLY PAYMENT: _____

HOLDER OF NOTE: _____

AUTOMOBILE #2

HOW TITLED: □ HUSBAND □ WIFE □ JOINT

WHEN ACQUIRED: _____

PRESENT VALUE: _____

BALANCE OF LOAN: _____

MONTHLY PAYMENT: _____

HOLDER OF NOTE: _____

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CASH & CASH EQUIVALENTS: (savings accounts, IRA, checking accounts, CDs, money market funds, treasure bills, etc.):

Bank or Fund Name	Type of Account	Title (H, W or Jt.)	Amount

SECURITIES:

Description	Number of Shares	Acquisition Date Date & Cost	Market Value	Title (H, W or Jt)

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EMPLOYMENT RETIREMENT PLANS:

PENSION FOR WIFE:

NAME OF EMPLOYER: _____

VALUE OF PLAN:_____

AMOUNT VEST: _____

MAY IT BE PAID OUT: _____

NUMBER OF YEARS PAID TO PENSION: _____
(Total/During Marriage)

PENSION FOR HUSBAND:

NAME OF EMPLOYER: _____

VALUE OF PLAN:_____

AMOUNT VEST: _____

MAY IT BE PAID OUT: _____

NUMBER OF YEARS PAID TO PENSION: _____
(Total/During Marriage)

PROFIT SHARING PLAN FOR WIFE:

NAME OF EMPLOYER: _____

VALUE OF PLAN: _____

AMOUNT VESTED: _____

MAY IT BE PAID OUT: _____

PROFIT SHARING PLAN FOR HUSBAND:

NAME OF EMPLOYER: _____

VALUE OF PLAN: _____

AMOUNT VESTED: _____

MAY IT BE PAID OUT: _____

****

HEALTH INSURANCE:

NAME OF PROVIDER: _____

THROUGH EMPLOYMENT: _____

BENEFITS (Medical, Dental, Drug, etc.): _____

CO-PAY: _____

COST FOR COVERAGE: _____

LIFE INSURANCE: (All life insurance policies in which either husband or wife are the insured or have any ownership rights should be listed here:

Company: _____
Policy Number: _____
Type (Whole Life, UL or Term: _____
_____
Name of Insured: _____
Owner of Policy _____
Primary Beneficiary: _____
Face Amount: _____
Cash Amount: _____
Loan Outstanding: _____
Annual Premium: _____

OTHER MAJOR ASSETS:

_____
_____
_____

NON-MARITAL PROPERTY:

_____
_____
_____

LIST OF MAJOR DEBTS:
TO WHOM OWED: AMOUNT: WHOSE OBLIGATION

CHARGE CARDS: _____

_____

HOSPITAL/DOCTORS: _____

_____

UTILITIES: _____

_____

OTHERS: _____

_____

_____

****

MISCELLANEOUS:

IS WIFE SEEKING MAINTENANCE: _____

CHILD SUPPORT: _____

TAX EXEMPTIONS: _____

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REQUESTED DOCUMENTS:

1. All deeds to real estate; general warranty deeds, quit-claim deeds, general deeds.
2. All deeds of trust evidencing mortgages on said real estate.
3. Employment retirement/benefit plan summary (Summary plan description).
4. Life insurance policies (if you are unable to retrieve the information requested).