

THE ROSING LAW FIRM

Attorneys at Law

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PERSONAL & CONFIDENTIAL

Name: _____ Maiden name: _____

SSN: _____

Address: _____
(Street number) (Street name) (Town) (State) (Zip code)

County: _____ e-mail: _____

Mobile phone: _____ Home phone: _____

Date of birth: _____ State of birth: _____

Length of residence in Illinois: _____ Education/highest grade completed: _____

Current Employer name/address: _____

Work phone: _____ Occupation: _____

Income: _____ How often are you paid: _____

Other party name: _____ SSN: _____

Address: _____

County: _____ Maiden name: _____

Date of birth: _____ State of birth: _____

Length of residence in Illinois: _____ Education/highest grade completed: _____

Current Employer name/address: _____

Income: _____ Occupation: _____ How often are they paid: _____

Information (if applicable):

Reason for consultation: Dissolution ___ Parentage ___ Custody ___ Child Support ___

Opposing party's attorney's name: _____

Date of Marriage _____ Place of Marriage: _____ Date of Separation: _____

Date of Dissolution (if applicable:) _____

Minor and or dependent children:

Dispute (if applicable) support/ custody/ modification/ visitation/ removal: _____

Child Name:	Date of birth:	Residing with:	Is this a child from this relationship/marriage?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Marital Residence & Other Real Estate (if applicable):

Location: _____	Market value: _____
Mortgage Company: _____	Balance: _____
Monthly payment: _____	Name on loan: _____

Vehicles (if applicable):

Make/model: _____	Primary driver: _____
Market value: _____	Debt: _____
Make/model: _____	Primary driver: _____
Market value: _____	Debt: _____

Bank /Investment Accounts:

Bank/Institution: _____	Type: _____
Owner of account: _____	Value: _____
Bank/Institution: _____	Type: _____
Owner of account: _____	Value: _____

Retirement plans:

Bank/Institution: _____	Type: _____
Owner of account: _____	Estimated Value: _____
Bank/Institution: _____	Type: _____
Owner of account: _____	Estimated Value: _____

Business Interests:

Name: _____

Owner: _____

Value: _____

Debt: _____

Debt:

Total outstanding debt: _____

Creditor:

Person named on debt:

Balance due:

Payment for:

Copy given to client: _____