

Anderson Law, P.C.
A Member of CORNELL ANDERSON LLC

16 N. West Street
Waukegan, Illinois 60085
T: 847-336-7373
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Karissa B. Anderson
Attorney at Law

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PERSONAL AND CONFIDENTIAL

Consultation for: Dissolution Paternity Child Support Parental Allocation Resp.

Identification Information

Name: _____ Maiden Name: _____

Last 4 digits SSN: _____ Email: _____

Address: _____

Preferred Phone: _____ (home) (work) (cell)

Alternate Phone: _____ (home) (work) (cell)

Date of birth: _____ State of Birth: _____ Length of Residence in IL: _____

Current Employer Name/Address: _____

Occupation: _____

Gross Annual Income: _____ How often are you paid: _____

Other Party Name: _____ Maiden Name: _____

Last 4 digits SSN: _____

Address: _____

Date of birth: _____ State of Birth: _____ Length of Residence in IL: _____

Current Employer Name/Address: _____

Occupation: _____

Gross Annual Income: _____ How often are they paid: _____

Opposing Attorney (if applicable): _____

Additional Information

Please complete the following if applicable:

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

Date of Dissolution: _____

Case Number: _____ Upcoming Court Date(s): _____

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Children (if applicable):

Child Name: Date of Birth: State of Birth: Residing with:

Real Estate (if applicable):

Primary Residence Address: _____

Estimated Value: _____ Outstanding Loan Balance: _____

Additional Real Estate, including Timeshares:

Address: _____

Estimated Value: _____ Outstanding Loan Balance: _____

Bank Accounts (if applicable):

Bank Name: _____ Type of Account: _____ Name on Account: _____

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Bank Name: _____ Type of Account: _____ Name on Account: _____

Bank Name: _____ Type of Account: _____ Name on Account: _____

Retirement and Investment Accounts (if applicable):

Bank Name: _____ Type of Account: _____ Name on Account: _____

Invested through employment or privately: _____ Value: _____

Bank Name: _____ Type of Account: _____ Name on Account: _____

Invested through employment or privately: _____ Value: _____

Bank Name: _____ Type of Account: _____ Name on Account: _____

Invested through employment or privately: _____ Value: _____

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Vehicles (if applicable):

Year/Make/Model: _____ Estimated Number of Miles: _____

Estimated Value: _____ Outstanding Loan Balance: _____

Year/Make/Model: _____ Estimated Number of Miles: _____

Estimated Value: _____ Outstanding Loan Balance: _____

Additional accounts or assets (please list any):

Business Interests (if applicable):

Business Name: _____ Owned by: _____

Estimated Value: _____ Outstanding Liability: _____

Debt (if applicable):

Creditor:	Name on Account:	Balance Due:	Payment For:
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For Office Use:

() Provided 11.02 Financial Affidavit (if applicable)

() Provided Parenting Class Registration (if applicable)