

ANDERSON LAW, P.C.

16 N. West Street
Waukegan, Illinois 60085
T: 847-336-7373
E: karissaandersonlaw@gmail.com

PERSONAL AND CONFIDENTIAL

Consultation for: ___ Dissolution ___ Paternity ___ Child Support ___ Parental Allocation Resp.

Identification Information

Full Legal 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: _____ Highest level of education: _____

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: _____ Highest level of education: _____

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

Opposing Attorney (if applicable): _____

Additional Information

Please complete the following if applicable:

Date of Marriage: _____ Date of Separation: _____

Place of Marriage: _____ (City, County, State, Country)

Date of Dissolution: _____

How many times have you been married: _____

If pending case: Case Number: _____ Upcoming Court Date(s): _____

ANDERSON LAW, P.C.

16 N. West Street
Waukegan, Illinois 60085
T: 847-336-7373
E: karissaandersonlaw@gmail.com

Children (if applicable):

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

Real Estate (if applicable):

Primary Residence Address: _____

Do you own this home? _____ Name(s) on Deed for Home: _____

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(s) on Account: _____ Balance: _____

Bank Name: _____ Type of Account: _____

 Name(s) on Account: _____ Balance: _____

Bank Name: _____ Type of Account: _____

 Name(s) on Account: _____ Balance: _____

Retirement and Investment Accounts (if applicable):

Institution: _____ Type of Account: _____ Name on Account: _____

Invested through employment or privately: _____ Value: _____

Institution: _____ Type of Account: _____ Name on Account: _____

Invested through employment or privately: _____ Value: _____

Institution: _____ Type of Account: _____ Name on Account: _____

Invested through employment or privately: _____ Value: _____

ANDERSON LAW, P.C.

16 N. West Street
Waukegan, Illinois 60085
T: 847-336-7373
E: karissaandersonlaw@gmail.com

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, assets, valuable personal property (please list any with estimated value):

Business Interests (if applicable):

Business Name: _____ Owned by: _____

Estimated Value: _____ Outstanding Liability: _____

Debt (if applicable):

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

For Office Use:

() Provided 11.02 Financial Affidavit (if applicable)

() Provided Parenting Class Registration (if applicable)