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**DOMESTIC RELATIONS
FACT SHEET**

CLIENT NAME: _____ MAIDEN NAME: _____
ADDRESS: _____ HOME PHONE: _____

ZIP CODE: _____
E-MAIL ADDRESS: _____ CELL PHONE: _____
DATE OF BIRTH: _____ SOCIAL SECURITY #: _____
PRESENT EMPLOYER: _____
WORK PHONE: _____ SALARY: \$ _____

HOW MANY YEARS HAVE YOU LIVED IN YOUR PRESENT HOME? _____
(If less than one year, where did you live previously?) _____

APPROXIMATE VALUE OF YOUR PRESENT HOME: \$ _____
CURRENT MORTGAGE: \$ _____ MORTGAGE PAYMENT: \$ _____
ARE THE MORTGAGE PAYMENTS CURRENT? YES _____ NO _____
(If No, approximately how many months are the payments past due: _____)

LIST MAJOR ASSETS: _____

LIST MAJOR DEBTS: _____

SPOUSE'S FULL NAME: _____

ADDRESS: _____ PHONE: _____

_____ ZIP CODE: _____

SOCIAL SECURITY #: _____

PRESENT EMPLOYER: _____

WORK PHONE: _____ SALARY: \$ _____

DATE OF MARRIAGE: _____ PLACE: _____

(Do you have a copy of your marriage certificate? YES _____ NO _____

CHILDREN'S NAME(S):	DATE OF BIRTH	RESIDING WITH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ARE YOU AND YOUR SPOUSE CURRENTLY LIVING TOGETHER? YES _____ NO _____

IF NOT, STATE THE DATE OF SEPARATION: _____

HAVE YOU SOUGHT COUNSELING? YES _____ NO _____

(If Yes, from whom? _____)

HAVE YOU CONSULTED WITH ANY OTHER ATTORNEYS ON THIS MATTER. IF YES, PROVIDE NAMES AND APPROXIMATE DATES: _____

LIST PRIOR ATTORNEYS WHO REPRESENTED YOU IN THIS MATTER: _____

REFERRED BY: _____