

**CONFIDENTIAL – ATTORNEY/CLIENT PRIVILEGED**

---

**WILLIAM J. ARENDT & ASSOCIATES, P.C.**

7035 Veterans Boulevard, Suite A

Burr Ridge, Illinois 60527

Phone - 630-887-7500

Fax – 630-887-8710

Web address: [www.wjarendtlaw.com](http://www.wjarendtlaw.com)

**CLIENT INFORMATION SUMMARY SHEET**

**Please fill this out to the best of your ability. All information will remain confidential. You may bring this form with you to your initial consultation or e-mail it to [William.Arendt@wjarendtlaw.com](mailto:William.Arendt@wjarendtlaw.com).**

Full name: \_\_\_\_\_

Age and Date of Birth: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

It is best to contact me via phone at:

E-mail address: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Gross monthly income: \_\_\_\_\_ Net monthly income: \_\_\_\_\_

Have you been previously married?

If yes, how many times previously married: \_\_\_\_\_

Do you have any children by a previous marriage or relationship?

If yes, please list children's names and ages: \_\_\_\_\_

If yes, please list whether you make or receive child support provisions and how much those provisions currently are. \_\_\_\_\_

In what state were you born: \_\_\_\_\_

What is your highest level of education? \_\_\_\_\_

Institution and graduation date: \_\_\_\_\_

Maiden name/Wife's maiden name: \_\_\_\_\_

**CONFIDENTIAL – ATTORNEY/CLIENT PRIVILEGED**

---

**Please fill out the following information about your spouse.**

Spouse's Full Name: \_\_\_\_\_

Spouse's Age and Date of Birth: \_\_\_\_\_

Spouse's Home address: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Gross monthly income: \_\_\_\_\_ Net monthly income: \_\_\_\_\_

Has your spouse been previously married?

If yes, how many times previously married: \_\_\_\_\_

Does your spouse have children by a previous marriage or relationship?

If yes, please list children's names and ages: \_\_\_\_\_

If yes, please list whether he/she makes or receives child support provisions and how much those provisions currently are. \_\_\_\_\_

In what state was your spouse born: \_\_\_\_\_

What is your spouse's highest level of education? \_\_\_\_\_

Institution and graduation date: \_\_\_\_\_

**Please answer the following questions regarding your marriage.**

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Please list the city, county and state of your marriage: \_\_\_\_\_

Have you and your spouse entered into a pre-nuptial or post-nuptial agreement?

Do you or your spouse have any physical or mental health problems?

If yes, please explain: \_\_\_\_\_

**If you have children from this marriage, please answer the following questions.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are the children living with:

Please list any physical/mental health problems of the child(ren):

**CONFIDENTIAL – ATTORNEY/CLIENT PRIVILEGED**

---

**Please answer the following questions regarding your assets and liabilities.**

Do you own any real estate:

Address: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Mortgage amount: \_\_\_\_\_

HELOC/2<sup>nd</sup> mortgage amount: \_\_\_\_\_

Address: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Mortgage amount: \_\_\_\_\_

HELOC/2<sup>nd</sup> mortgage amount: \_\_\_\_\_

Do you have any checking/savings/money market accounts?

Institution: \_\_\_\_\_ Current Balance: \_\_\_\_\_ Titled: \_\_\_\_\_

Institution: \_\_\_\_\_ Current Balance: \_\_\_\_\_ Titled: \_\_\_\_\_

Institution: \_\_\_\_\_ Current Balance: \_\_\_\_\_ Titled: \_\_\_\_\_

Institution: \_\_\_\_\_ Current Balance: \_\_\_\_\_ Titled: \_\_\_\_\_

Do you have any stock/brokerage accounts?

Institution: \_\_\_\_\_ Current Balance: \_\_\_\_\_ Titled: \_\_\_\_\_

Institution: \_\_\_\_\_ Current Balance: \_\_\_\_\_ Titled: \_\_\_\_\_

Institution: \_\_\_\_\_ Current Balance: \_\_\_\_\_ Titled: \_\_\_\_\_

Institution: \_\_\_\_\_ Current Balance: \_\_\_\_\_ Titled: \_\_\_\_\_

Do you have any retirement/pension/401(k) accounts:

Institution: \_\_\_\_\_ Current Balance: \_\_\_\_\_ Titled: \_\_\_\_\_

Institution: \_\_\_\_\_ Current Balance: \_\_\_\_\_ Titled: \_\_\_\_\_

Institution: \_\_\_\_\_ Current Balance: \_\_\_\_\_ Titled: \_\_\_\_\_

Institution: \_\_\_\_\_ Current Balance: \_\_\_\_\_ Titled: \_\_\_\_\_

Do you own any automobiles?

Year, make and model: \_\_\_\_\_ Balance owed: \_\_\_\_\_

Year, make and model: \_\_\_\_\_ Balance owed: \_\_\_\_\_

Year, make and model: \_\_\_\_\_ Balance owed: \_\_\_\_\_

**CONFIDENTIAL – ATTORNEY/CLIENT PRIVILEGED**

---

Do you currently have medical insurance?

Insurance carrier: \_\_\_\_\_ HMO      PPO      Other

Insurance provided through:

Do you have any outstanding debts/credit cards?

Creditor: \_\_\_\_\_ Balance: \_\_\_\_\_ Payments: \_\_\_\_\_

Creditor: \_\_\_\_\_ Balance: \_\_\_\_\_ Payments: \_\_\_\_\_

Creditor: \_\_\_\_\_ Balance: \_\_\_\_\_ Payments: \_\_\_\_\_

Creditor: \_\_\_\_\_ Balance: \_\_\_\_\_ Payments: \_\_\_\_\_

Please list any additional information or comments below: