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DISSOLUTION OF MARRIAGE INITIAL INFORMATION

CLIENT NAME _____
Address _____
E-mail address _____
Telephone Number _____ Fax No _____
Date of Birth _____ State of Birth _____
Social Security No. _____ Race _____
No. of Marriages _____ Previous Marriage Ended by Death ____ or Dissolution ____
Education _____ Place of Employment _____
County of Residence _____

SPOUSE NAME _____
Address _____
E-mail address _____
Telephone Number _____ Fax No. _____
Date of Birth _____ State of Birth _____
Social Security No. _____ Race _____
No. of This Marriage _____ Previous Marriage Ended by Death ____ or Dissolution ____
Education _____ Place of Employment _____
County of Residence _____

DATE OF MARRIAGE _____ PLACE OF MARRIAGE _____
APPROXIMATE DATE OF SEPARATION _____
WIFE'S MAIDEN SURNAME _____ Request Maiden Name _____

CHILDREN: Number _____
Name _____
Date of Birth _____
SSN: _____

Name _____
Date of Birth _____
SSN _____

Name _____

Date of Birth _____

SSN _____

Children Currently Residing with _____

Addresses Children have lived for the past **5** years: _____

Have you worked out a child custody arrangement with your spouse? _____

If so, what is your custody arrangement? _____

If not, do you anticipate easily agreeing with your spouse on a custody arrangement? _____

Do you still communicate with your spouse? _____

Have you worked out a property division arrangement with your spouse? _____

If so, what is your property arrangement? _____

If not, do you anticipate easily agreeing with your spouse on a property arrangement? _____

What problems do you anticipate in dividing your property? _____

LEGAL INSURANCE _____