



**KESSLER, SCHWARZ  
& SOLOMIANY, PC**  
FAMILY LAW ATTORNEYS

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**Confidential Information Sheet**

1. YOUR PERSONAL INFORMATION:

Date: \_\_\_\_\_ Full Name: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_  
Place and Date of Birth: \_\_\_\_\_

Confidential Address - all correspondence from this office will be sent to this address - be sure it is secure:

(Do not list an address where mail could be retrieved by the other party or anyone else; rather, give us a safe address, or call us later when you obtain a secure address such as a PO Box).

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

County of Home Address: \_\_\_\_\_

Lived at Address Since: \_\_\_\_\_

Full Work Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

Telephone Numbers:

(\*Do not list a number or email address where calls, faxes, emails or pages could be received by the other party or anyone you do not want receiving them; rather, give a safe number or email address, or call us later when you obtain such safe contact information. We **STRONGLY** suggest that you create a new email account with a new password for any communications with us).

(only list "safe" numbers)

Home: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Work: (\_\_\_\_\_) \_\_\_\_\_ Facsimile: (\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Please indicate any directions or restrictions in calling you or sending you email:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who referred you to our office: \_\_\_\_\_  
If this individual is an attorney or other professional, to what firm/practice doe he/she belong:

Can we send a thank you letter to the person who referred you to our office: \_\_\_\_\_

PLEASE LIST ALL HOME ADDRESSES FOR THE PAST (6) YEARS:

Dates lived at: \_\_\_\_\_

Street

City

State

Zip

Dates lived at: \_\_\_\_\_

Street

City

State

Zip

2. REASON FOR CONSULTATION: \_\_\_\_\_

3. INFORMATION ABOUT OPPOSING PARTY:

Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Place and Date of Birth: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

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

Street

City

State

Zip

County of Home Address: \_\_\_\_\_

Lived at Address Since: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ Facsimile: (\_\_\_\_) \_\_\_\_\_

4. HISTORY OF THIS MARRIAGE OR LAST MARRIAGE (AS APPLICABLE)

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

Place of Marriage: \_\_\_\_\_

This is your \_\_\_\_\_ Marriage (1<sup>ST</sup>, 2<sup>ND</sup>, ETC.)

This is your spouse's \_\_\_\_\_ Marriage

Are you and your spouse currently living together?: \_\_\_\_\_

If no, what is the date of separation?: \_\_\_\_\_

When was the last time you had sexual relations with your spouse?: \_\_\_\_\_

If separated, where have you lived since the separation?:

Street

City

State

Zip

Other than what is listed above, have you and your spouse lived together continuously throughout the marriage?: \_\_\_\_\_

If not, please explain: \_\_\_\_\_  
\_\_\_\_\_

5. INFORMATION ABOUT YOUR CHILDREN:

Children of this marriage (if applicable):

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Security No.: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Security No.: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Security No.: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Security No.: \_\_\_\_\_

Children living with you but not of this marriage (if applicable):

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Security No.: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Security No.: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Security No.: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Security No.: \_\_\_\_\_

Addresses at which children have lived for the past five years and with whom they have lived:

Street

City

State

Zip

Do any of the children have any physical or other problems that will be a factor in this case (i.e. learning disability, physical impairment, etc.)?: \_\_\_\_\_

Do you anticipate a dispute about the custody of the children?: \_\_\_\_\_

If so, do you request joint or sole custody?: \_\_\_\_\_

6. INFORMATION ABOUT YOUR EMPLOYMENT:

Name of employer: \_\_\_\_\_

Employer address:

Street

City

State

Zip

Job title: \_\_\_\_\_

Nature of job: \_\_\_\_\_

Employed since: \_\_\_\_\_

Gross annual income: \$ \_\_\_\_\_

Please state your educational and vocational training (include number of years you attended high school and college, if applicable): \_\_\_\_\_

\_\_\_\_\_

7. INFORMATION ABOUT OPPOSING PARTY'S EMPLOYMENT:

Name of employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Job title: \_\_\_\_\_

Nature of job: \_\_\_\_\_

Employed since: \_\_\_\_\_

Gross annual income: \$ \_\_\_\_\_

Please state your spouse's educational and vocational training (include number of years he or she attended high school and college, if applicable): \_\_\_\_\_

\_\_\_\_\_

8. INFORMATION ABOUT PRIOR MARRIAGES:

If you and/or the opposing party have any prior marriage(s), state the name(s) if the prior spouse(s) and how, when and where the prior marriage(s) terminated: \_\_\_\_\_

\_\_\_\_\_

If you and/or the opposing party have any children from any prior marriage(s), please list the names and ages of any child(ren) and state with whom the child(ren) and any support paid by you or your spouse for their benefit:

Name: \_\_\_\_\_ State \_\_\_\_\_ Support Amount: \$ \_\_\_\_\_

Name: \_\_\_\_\_ State \_\_\_\_\_ Support Amount: \$ \_\_\_\_\_

Name: \_\_\_\_\_ State \_\_\_\_\_ Support Amount: \$ \_\_\_\_\_

Name: \_\_\_\_\_ State \_\_\_\_\_ Support Amount: \$ \_\_\_\_\_

9. PRIOR PROCEEDINGS:

Have there been any legal proceedings between you and the opposing party?: \_\_\_\_\_

If so, please describe: \_\_\_\_\_

10. RECONCILIATION:

Do you have any interest in reconciliation?: \_\_\_\_\_

Does your spouse, as far as you know?: \_\_\_\_\_

Have you tried marriage counseling?: \_\_\_\_\_

If so, when and with whom?: \_\_\_\_\_

11. OTHER:

Has the opposing party consulted an attorney regarding this matter?: \_\_\_\_\_

If yes, please indicate the attorney's name and address, if known:

Street

City

State

Zip

Have you consulted other attorneys about your marital situation?: \_\_\_\_\_

If yes, please state with whom you have spoken and when: \_\_\_\_\_

Name of accountant used: \_\_\_\_\_

Are there bank accounts, lines of credit, stock and investment accounts or other accounts to which the opposing party has access? \_\_\_\_\_

If so, please specify (with account numbers if known):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the opposing party have in his or her possession credit cards for which you are responsible?

If so, please specify (with account numbers if known):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be requesting alimony in this matter?: \_\_\_\_\_

Have you signed anything which may affect this case, including prenuptial and postnuptial agreement(s), or other documents presented by the opposing party?: \_\_\_\_\_

If so, please describe what you saw and when: \_\_\_\_\_

\_\_\_\_\_

Have you or the opposing party sold any real property in the last 5 years?: \_\_\_\_\_

If so, please describe: \_\_\_\_\_

\_\_\_\_\_

Have any criminal charges been filed against you or against your spouse at any time during this marriage?: \_\_\_\_\_

If so, please provide details including case name, county, case number and disposition:

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Are there any other comments that you would like to make that were not covered in this questionnaire?:

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**Note: The fee for an initial consultation (one hour) is \$250.00\*; thereafter, hourly rates apply  
\*\$350.00 for consultation with founding partner, Randall M. Kessler.**