

# Jennifer Certonio, P.C.

Attorney at Law

P.O. Box 1718  
Villa Rica, Georgia 30180  
www.certoniolaw.com

(800) 604-1847  
Facsimile (678) 710-9947  
jcertonio@bellsouth.net

## Confidential Information Sheet

DATE: \_\_\_\_\_

1. YOUR PERSONAL INFORMATION:

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

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

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

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

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

County of Home address: \_\_\_\_\_

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

Full Work Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone 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 does 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: \_\_\_\_\_

\_\_\_\_\_  
Street

\_\_\_\_\_  
city State Zip

Dates: \_\_\_\_\_

\_\_\_\_\_  
Street

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

2. REASON FOR CONSULTATION:

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

3. INFORMATION ABOUT OPPOSING PARTY:

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

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

Home Address

\_\_\_\_\_  
Street

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

County of Home address: \_\_\_\_\_

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

Telephone Numbers:

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? \_\_\_\_\_

If separated, where have you lived since the separation?

\_\_\_\_\_

Street

-----

City

State

Zip

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

If not, please explain:

\_\_\_\_\_

\_\_\_\_\_

5. INFORMATION ABOUT YOUR CHILDREN:

Name: \_\_\_\_\_, D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_, D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_, D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_, D.O.B. \_\_\_\_\_

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

Name: \_\_\_\_\_, D.O.B. \_\_\_\_\_  
Name: \_\_\_\_\_, D.O.B. \_\_\_\_\_  
Name: \_\_\_\_\_, D.O.B. \_\_\_\_\_  
Name: \_\_\_\_\_, D.O.B. \_\_\_\_\_

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

\_\_\_\_\_ Street

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

With whom: \_\_\_\_\_

\_\_\_\_\_ Street

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

With whom: \_\_\_\_\_

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.)? If so, explain: \_\_\_\_\_  
\_\_\_\_\_

Do you anticipate a dispute about the custody of your 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 monthly income: \_\_\_\_\_

Please state your educational and vocational training (including 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 monthly income: \_\_\_\_\_

Please state your spouse's educational and vocational training (including number of years you 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) of 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 any support paid by you or your spouse for their benefit:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Support Amount: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Support Amount: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ 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:

Name: \_\_\_\_\_

Street

---

City

State

Zip

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 agreements, or other documents presented by the opposing party? \_\_\_\_\_

If so, please describe what you saw and when:

---

---

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:

---

---

---

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

---

---