

# **LAW OFFICES OF JAMES E. MISCAVAGE**

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Attorney

James E. Miscavage

## **DOMESTIC RELATIONS INFORMATION SHEET**

### **A. CLIENT**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_ Date Moved to  
This Address \_\_\_\_\_

Email Address \_\_\_\_\_ / Is email secure? ( ) Yes ( ) No

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Residence County \_\_\_\_\_

Employer's Name \_\_\_\_\_ Starting Date \_\_\_\_\_

Employer's Address \_\_\_\_\_

Occupation \_\_\_\_\_ Social Security No. \_\_\_\_\_

Name of Close Relative or Friend for emergency contact: \_\_\_\_\_

Name and Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Relationship \_\_\_\_\_

### **B. SPOUSE / X-SPOUSE / PARENT OF CHILD**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_ Date Moved to  
This Address \_\_\_\_\_

Birthplace \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Residence County \_\_\_\_\_

Employer's Name \_\_\_\_\_ Starting Date \_\_\_\_\_

Employer's Address \_\_\_\_\_

Occupation \_\_\_\_\_ Social Security No. \_\_\_\_\_

Opposing Party's Attorney's Name \_\_\_\_\_

Is your spouse in the military? (     ) Yes (     ) No

Are you in the military? (     ) Yes (     ) No

**C. DESCRIPTION OF OPPOSING PARTY:**

Ethnic Group\_\_\_\_\_

Height\_\_\_\_\_ Weight\_\_\_\_\_ Hair Color\_\_\_\_\_ Eye Color\_\_\_\_\_

**D. MARRIAGE (if applicable)**

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

No. of Marriage: For Wife\_\_\_\_\_ For Husband\_\_\_\_\_

Marriage City, County and State\_\_\_\_\_

Wife's Maiden Name\_\_\_\_\_

**E. DATE OF SEPARATION**

Who first brought up the desire to divorce? \_\_\_\_\_ When did this occur? \_\_\_\_\_

When did you stop living together as husband and wife? \_\_\_\_\_

**F. NAMES OF LIVING CHILDREN OF THIS MARRIAGE (Please include step and adopted children)**

| NAME  | SOCIAL SECURITY NO. | DATE OF BIRTH | RESIDING WITH |
|-------|---------------------|---------------|---------------|
| _____ | _____               | _____         | _____         |
| _____ | _____               | _____         | _____         |
| _____ | _____               | _____         | _____         |
| _____ | _____               | _____         | _____         |

**G. DO YOU HAVE CHILDREN FROM A PREVIOUS MARRIAGE? (     ) Yes (     ) No**

Is Wife Presently Pregnant? (     ) Yes (     ) No

**H. WHERE AND WITH WHOM HAS EACH CHILD LIVED FOR THE PAST FIVE YEARS?**

| WHERE | FROM - TO | WITH WHOM |
|-------|-----------|-----------|
| _____ | _____     | _____     |
| _____ | _____     | _____     |
| _____ | _____     | _____     |

## **I. PROPERTY**

Do you have a Will? (     ) Yes (     ) No

Who is the beneficiary? \_\_\_\_\_

Do you have insurance policies? (     ) Yes (     ) No

Who is the beneficiary? \_\_\_\_\_

Do you or your spouse own real estate? (     ) Yes (     ) No

If so, list address: \_\_\_\_\_

Do you or your spouse have a pension? (     ) Yes (     ) No

### **Please bring the following to the consultation:**

1. Last year's tax return
2. Pay stubs for husband and wife
3. Deeds
4. Titles to vehicles/vehicle loans
5. Copies of all debts, bills, mortgages
6. Pension 401(k), IRA, Brokerage account statements

How did you find the attorney?

\_\_\_\_\_ Referred by \_\_\_\_\_

\_\_\_\_\_ Verizon Yellow Pages

\_\_\_\_\_ Yellow Book

\_\_\_\_\_ Local Verizon Yellow Phone Book

\_\_\_\_\_ Live in Neighborhood/Saw Sign

\_\_\_\_\_ Internet