

CHRISTOFF & CHRISTOFF ATTORNEYS

130 W. Main St., Ste. 22

Fort Wayne, IN 46802

(260) 422-1561 Fax: (260) 422-1563

Dissolution Checklist

1. Name: _____
2. Address: (State whether or not this is the “marital” residence)

3. Date of Birth and Social Security Number: _____
4. Home Phone Number: _____
5. Work Phone Number: _____
6. Cell Number and/or Email Address: _____
7. Employer Name and Address: _____
8. Date of Marriage: _____
9. Spouse’s Name: _____
10. Spouses’s Address: _____
11. Spouses’s Phone Number: _____
12. Spouse’s Social Security Number and Date of Birth: _____
13. Spouse’s Employer Name and Address: _____
14. Spouses’s Attorney (if applicable): _____
15. Children of this marriage (Include DOB and SSN for each child):

16. Date of Physical Separation: _____
17. Do you wish to have your maiden name restored? If so, please indicate maiden name: _____
18. Children’s addresses and name of the person(s) they have lived with for the past five years (include dates for each residence listed):

19. Present address of the children: _____
20. List of each automobile (Include the following information: Year and Make of Vehicle, the Bank that is financing the loan, the approximate amount owed on the loan, and who currently has possession of the vehicle/s):

21. Listing of debts/bills (regardless of whether such are in your name, joint name, or spouse's name). Include principle balance and monthly payment: (Please attach copies of recent statements).
 22. Please bring with you a copy of: a. your latest paystub, as well as your spouse's paystub if that is available to you; b. your two most recent years tax returns (both state and federal with attachments and schedules) .
 23. Please note whether or not you or your spouse currently have any pensions, 401(k)s, IRAs, or any of the like and the name of each plan or bank that currently holds that information.
 24. List any other information or concerns or questions you have.
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