

Finemore Walters & Story

SOLICITORS

51 Woongarra Street Bundaberg, Qld 4670
PO Box 704 Bundaberg Qld 4670
Office Visited: 2 Dear Street, Gin Gin
TELEPHONE: (07) 4153 0000
FACSIMILE: (07) 4152 0193

CLIENT INFORMATION SHEET

(A) PARTIES

MY DETAILS	EX-PARTNER'S DETAILS
SURNAME:	SURNAME:
FIRST NAMES:	FIRST NAMES:
HOME ADDRESS:	HOME ADDRESS:
POSTAL ADDRESS:	POSTAL ADDRESS:
HOME PHONE:	HOME PHONE:
WORK PHONE:	WORK PHONE:
MOBILE NUMBER:	MOBILE NUMBER:
FAX:	FAX:
EMAIL ADDRESS:	EMAIL ADDRESS:
DATE OF BIRTH:	DATE OF BIRTH:
PLACE OF BIRTH:	PLACE OF BIRTH:
AN AUSTRALIAN CITIZEN: YES / NO	AN AUSTRALIAN CITIZEN: YES / NO
AT PRESENT LIVING IN AUSTRALIA?: YES / NO	AT PRESENT LIVING IN AUSTRALIA?: YES / NO
ORDINARILY LIVE IN AUSTRALIA? YES / NO	ORDINARILY LIVE IN AUSTRALIA? YES / NO
OCCUPATION: EMPLOYER:	OCCUPATION: EMPLOYER:

(A) PARTIES (cont)

MY DETAILS	EX-PARTNER'S DETAILS
MARITAL / PARENTAL STATUS: FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> DE FACTO HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> OTHER <input type="checkbox"/>	MARITAL / PARENTAL STATUS: FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> DE FACTO HUSBAND <input type="checkbox"/> WIFE <input type="checkbox"/> OTHER <input type="checkbox"/>
MARITAL STATUS BEFORE MARRIAGE?: NOT PREVIOUSLY MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	MARITAL STATUS BEFORE MARRIAGE?: NOT PREVIOUSLY MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>

(B) OUR RELATIONSHIP DETAILS

Date we began living together: _____

Date of marriage (if applicable): _____

Place of marriage (if applicable): _____

Date of separation: _____

Location of Marriage Certificate: _____

Location of Birth Certificate: _____

Date of decree absolute of Divorce Order(:if applicable) _____

Place decree granted: _____

(C) PREVIOUS COURT ORDER, PENDING PROCEEDINGS OR AGREEMENTS (INCLUDING, IF APPLICABLE, DOMESTIC VIOLENCE ORDERS)

DATE	COURT	SUMMARY OF ORDER / AGREEMENT / PROCEEDINGS

(D) OUR CHILDREN

CHILD 1	CHILD 2
SURNAME:	SURNAME:
FIRST NAMES:	FIRST NAMES:
DATE OF BIRTH:	DATE OF BIRTH:
NAME OF MOTHER:	NAME OF MOTHER:
NAME OF FATHER:	NAME OF FATHER:
CHILD 3	CHILD 4
SURNAME:	SURNAME:
FIRST NAMES:	FIRST NAMES:
DATE OF BIRTH:	DATE OF BIRTH:
NAME OF MOTHER (if different from above):	NAME OF MOTHER (if different from above):
NAME OF FATHER (if different from above):	NAME OF FATHER (if different from above):

NOTE: If no property or maintenance issues, leave Sections E to J blank

(E) ASSETS AND DEBTS WHEN WE BEGAN LIVING TOGETHER

MY ASSETS AT THAT TIME

<u>Asset</u>	<u>Value</u>
--------------	--------------

a)	\$
----	----

b)	\$
----	----

c)	\$
----	----

d)	\$
----	----

e)	\$
----	----

f)	\$
----	----

MY DEBTS AT THAT TIME

<u>Liability</u>	<u>Value</u>
------------------	--------------

a)	\$
----	----

b)	\$
----	----

c)	\$
----	----

d)	\$
----	----

e)	\$
----	----

f)	\$
----	----

EX-PARTNER'S ASSETS AT THAT TIME

<u>Asset</u>	<u>Value</u>
--------------	--------------

a)	\$
----	----

b)	\$
----	----

c)	\$
----	----

d)	\$
----	----

e)	\$
----	----

f)	\$
----	----

EX-PARTNER'S DEBTS AT THAT TIME

<u>Liability</u>	<u>Value</u>
------------------	--------------

a)	\$
----	----

b)	\$
----	----

c)	\$
----	----

d)	\$
----	----

e)	\$
----	----

f)	\$
----	----

(F) ASSETS AND DEBTS AS AT DATE OF SEPARATION

MY ASSETS AT separation		EX-PARTNER'S ASSETS AT separation	
<u>Asset</u>	<u>Value</u>	<u>Asset</u>	<u>Value</u>
g)	\$	g)	\$
h)	\$	h)	\$
i)	\$	i)	\$
j)	\$	j)	\$
k)	\$	k)	\$
l)	\$	l)	\$

MY DEBTS AT SEPARATION		EX-PARTNER'S DEBTS AT SEPARATION	
<u>Liability</u>	<u>Value</u>	<u>Liability</u>	<u>Value</u>
g)	\$	g)	\$
h)	\$	h)	\$
i)	\$	i)	\$
j)	\$	j)	\$
k)	\$	k)	\$
l)	\$	l)	\$

(G) ASSETS AND DEBTS NOW (IF DIFFERENT FROM DATE OF SEPARATION)

MY ASSETS NOW		EX-PARTNER'S ASSETS NOW	
<u>Asset</u>	<u>Value</u>	<u>Asset</u>	<u>Value</u>
a)	\$	a)	\$
b)	\$	b)	\$
c)	\$	c)	\$
d)	\$	d)	\$
e)	\$	e)	\$
f)	\$	f)	\$

MY DEBTS NOW		EX-PARTNER'S DEBTS NOW	
<u>Name of Creditor</u>	<u>Value</u>	<u>Name of Creditor</u>	<u>Value</u>
a)	\$	a)	\$
b)	\$	b)	\$
c)	\$	c)	\$
d)	\$	d)	\$
e)	\$	e)	\$
f)	\$	f)	\$

(H) OUR FINANCIAL RESOURCES

MINE	EX-PARTNER'S
GROSS ANNUAL INCOME: \$ as at 30 June	GROSS ANNUAL INCOME: \$ as at 30 June
PRESENT GROSS WEEKLY INCOME:\$	PRESENT GROSS WEEKLY INCOME:\$
EMPLOYED BY:	EMPLOYED BY:
SUPERANNUATION: (1) Fund Name: Fund Amount: (2) Fund Name: Fund Amount: (3) Fund Name: Fund Amount:	SUPERANNUATION: (1) Fund Name: Fund Amount: (2) Fund Name: Fund Amount: (3) Fund Name: Fund Amount:
LONG SERVICE LEAVE OWING (Hours or Dollar Value):	LONG SERVICE LEAVE OWING (Hours or Dollar Value):
ANY OTHER LUMP SUM PAY DUE:	ANY OTHER LUMP SUM PAY DUE:
LIFE POLICIES: Fund Name: Amount of Cover: \$ Whose life is insured: Is Cover for death only (i.e. no surrender value): Y / N	LIFE POLICIES: Fund Name: Amount of Cover: \$ Whose life is insured: Is Cover for death only (i.e. no surrender value): Y / N
COMPANIES: Name: Director/s: Shareholder/s:	COMPANIES: Name: Director/s: Shareholder/s:
TRUSTS: Name: Trustees (may be a Company): Primary Beneficiaries:	TRUSTS: Name: Trustees (may be a Company): Primary Beneficiaries:

(I) SIGNIFICANT PAID EMPLOYMENT DURING OUR TIME TOGETHER

MYSELF	EX-PARTNER
OCCUPATION:	OCCUPATION:
OCCUPATION:	OCCUPATION:
OCCUPATION:	OCCUPATION:

(J) FINANCIAL CONTRIBUTIONS FROM EACH OF US DURING OUR RELATIONSHIP

ITEM	DATE/S	ME	EX-PARTNER
Gifts from parents/others		\$	\$
Inheritances		\$	\$
Personal injury/compensation awards		\$	\$
Retrenchment/termination packages		\$	\$
Windfalls (lotto wins etc)		\$	\$
Payments recovered for welfare other party/children		\$	\$
Other		\$	\$

(K) OTHER RELEVANT INFORMATION (please summarise below)

MYSELF	EX-PARTNER

(L) MY WILL

LOCATED AT:

WHO BENEFITS FROM YOUR WILL?

I HAVE NO WILL:

(M) MY POWER OF ATTORNEY

LOCATED AT:

WHO ARE MY ATTORNEYS?

I HAVE NO POWER OF ATTORNEY:

(N) MY ACCOUNTANT

NAME:

ADDRESS:

TELEPHONE:

(O) MY OTHER LEGAL OR FINANCIAL ADVISERS
