

**MASTER INFORMATION LIST**

**MARRIAGE**

1. Date of Marriage \_\_\_\_\_
2. Place of Marriage  
(City County, State) \_\_\_\_\_
3. Ceremony Type  
(Civil or Religious) \_\_\_\_\_
4. Date of Physical Separation  
(if applicable) \_\_\_\_\_
5. Marital Residence is Occupied by \_\_\_\_\_
6. Number of Children Ever  
Born Alive of this Marriage \_\_\_\_\_
7. Number of Minor Children \_\_\_\_\_

**LITIGATION INFORMATION  
(If Litigation Is Pending)**

8. Court  
(Supreme or Family) \_\_\_\_\_
9. County \_\_\_\_\_
10. Index/File No. \_\_\_\_\_
11. RJI/Docket No. \_\_\_\_\_
12. Date Summons/Petition Filed \_\_\_\_\_
13. Date Summons/Petition Served \_\_\_\_\_
14. Attorney for Plaintiff/Petitioner \_\_\_\_\_
15. Attorney for Defendant/Respondent \_\_\_\_\_
16. Attorney for the Children \_\_\_\_\_
17. Judge/Support Magistrate \_\_\_\_\_



32. Employer Name \_\_\_\_\_
33. Employer Address \_\_\_\_\_
34. Employer Phone Number \_\_\_\_\_
35. Employment Position \_\_\_\_\_
36. Group Health Plan \_\_\_\_\_
37. Address \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State/Zip Code \_\_\_\_\_
38. Identification Number \_\_\_\_\_
39. Plan Administrator \_\_\_\_\_

**PARTNER/EX-PARTNER**

40. Full Legal Name \_\_\_\_\_  
 (First, Middle, Last)
41. Nickname \_\_\_\_\_  
 (if applicable)
42. Maiden/Pre-Marriage Surname \_\_\_\_\_
43. Date of Birth \_\_\_\_\_  
 (mm/dd/yyyy)
44. Place of Birth \_\_\_\_\_  
 (City, State)
45. Social Security Number \_\_\_\_\_
46. Education \_\_\_\_\_  
 (Degree(s), School, Date Earned)
47. Number of this Marriage \_\_\_\_\_
48. If Previously Married, How Many Ended By      Death \_\_\_\_\_ Divorce \_\_\_\_\_ Annulment \_\_\_\_\_

49. Email Address \_\_\_\_\_

50. Cell Phone Number \_\_\_\_\_

51. Home Phone Number \_\_\_\_\_

52. Residence Address  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State/Zip Code

53. Mailing Address  
(if different from above)  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State/Zip Code

54. Employer Name \_\_\_\_\_

55. Employer Address \_\_\_\_\_

56. Employer Phone Number \_\_\_\_\_

57. Employment Position \_\_\_\_\_

58. Group Health Plan \_\_\_\_\_

59. Address  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State/Zip Code

60. Identification Number \_\_\_\_\_

61. Plan Administrator \_\_\_\_\_

**CHILDREN**

62. Oldest Child's Full Name \_\_\_\_\_  
(First, Middle, Last)

63. Oldest Child's Date of Birth \_\_\_\_\_

64. Oldest Child's Social Security # \_\_\_\_\_

65. Oldest Child Resides With \_\_\_\_\_

66. Second Child's Full Name \_\_\_\_\_  
(First, Middle, Last)

67. Second Child's Date of Birth \_\_\_\_\_

68. Second Child's Social Security # \_\_\_\_\_

69. Second Child Resides With \_\_\_\_\_

70. Third Child's Full Name \_\_\_\_\_  
(First, Middle, Last)

71. Third Child's Date of Birth \_\_\_\_\_

72. Third Child's Social Security # \_\_\_\_\_

73. Third Child Resides With \_\_\_\_\_

74. Fourth Child's Full Name \_\_\_\_\_  
(First, Middle, Last)

75. Fourth Child's Date of Birth \_\_\_\_\_

76. Fourth Child's Social Security # \_\_\_\_\_

77. Fourth Child Resides With \_\_\_\_\_

78. Fifth Child's Full Name  
(First, Middle, Last) \_\_\_\_\_
79. Fifth Child's Date of Birth \_\_\_\_\_
80. Fifth Child's Social Security # \_\_\_\_\_
81. Fifth Child Resides With \_\_\_\_\_