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DOMESTIC RELATIONS FORM

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

REFEREED BY: Internet Former Client Friend Other \_\_\_\_\_

If this attorney has previously represented you, please state the nature of the representation: \_\_\_\_\_

I. A. PERSONAL DATA

Full Name: \_\_\_\_\_
(Including Maiden Name if Applicable)

Address: \_\_\_\_\_
(Street) (Apt.)
\_\_\_\_\_(City) (State) (Zip)

Tele. Number(s): home/cell/work: \_\_\_\_\_ (Best way to reach you)

Email Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Education Level: \_\_\_\_\_ Race: \_\_\_\_\_

Number of Prior Marriages: \_\_\_\_\_

Number of Children by Prior Marriages(s): \_\_\_\_\_

B. SPOUSE'S PERSONAL DATA:

(By Appointment):
5709 Churchland Boulevard, Suite A,
Portsmouth, Virginia 23703
Telephone: 757-745-7711

Full Name: \_\_\_\_\_  
(Including Maiden Name if Applicable)

Address: \_\_\_\_\_  
(Street) (Apt.)

\_\_\_\_\_  
(City) (State) (Zip)

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Education Level: \_\_\_\_\_ Race: \_\_\_\_\_

Number of Prior Marriages: \_\_\_\_\_

Number of Children by Prior Marriages(s): \_\_\_\_\_

**C. JURISDICTION INFORMATION:**

Where were you married? \_\_\_\_\_  
(City) (State)

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

Date of Separation: \_\_\_\_\_

Where did you last live together? (Complete address) \_\_\_\_\_

Are either you or your spouse in the military? \_\_\_\_\_

If so: what branch? \_\_\_\_\_

Rank? \_\_\_\_\_

Enlistment date? \_\_\_\_\_ Termination Date? \_\_\_\_\_

How long have you lived in the Commonwealth of Virginia? \_\_\_\_\_

How long has your spouse lived in Commonwealth of Virginia? \_\_\_\_\_

If your spouse is a non-resident, please state his/her complete out of state address: \_\_\_\_\_  
\_\_\_\_\_

How long has he or she been a non-resident? \_\_\_\_\_

**III. CHILDREN**

A. Please list all children born or adopted of this marriage?

a. Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

b. With whom do they reside? \_\_\_\_\_

c. Are there any custody orders, visitation orders or support orders now in effect?

\_\_\_\_\_

B. Do you have any children from a prior marriage? \_\_\_\_\_

Does your spouse have children from a prior marriage? \_\_\_\_\_

If so, please complete the following, indicating whether the children belong to you or your spouse:

a. Names and Date of Birth:

\_\_\_\_\_

\_\_\_\_\_

b. Where do the children reside? \_\_\_\_\_

Are you or your spouse **receiving** support for these children? \_\_\_\_\_

Amount? \_\_\_\_\_

Are you or your spouse **paying** support for these children? \_\_\_\_\_

Amount? \_\_\_\_\_

#### IV. OCCUPATION

A. YOU

Where are you employed? \_\_\_\_\_

What is your title or position? \_\_\_\_\_

What is your salary per month?

a. Gross: \_\_\_\_\_

b. Net (after deductions): \_\_\_\_\_

c. What is deducted from your salary? \_\_\_\_\_

- d. How often are you paid? \_\_\_\_\_
- e. Do you have other benefits such as medical, paid sick leave, stock options, etc.? \_\_\_\_\_

If so, please state what they are: \_\_\_\_\_

**B. SPOUSE**

Where is your spouse employed? \_\_\_\_\_

What is your spouse's title or position? \_\_\_\_\_

What is your spouse's salary per month? \_\_\_\_\_

- a. Gross: \_\_\_\_\_
- b. Net (after deductions): \_\_\_\_\_
- c. What is deducted from your salary? \_\_\_\_\_
- d. How often is your spouse paid? \_\_\_\_\_
- e. Does your spouse have other benefits such as medical, paid sick leave, stock options, etc.?

If so, please state what they are: \_\_\_\_\_

**V. REASON FOR SEPARATION:**

- a. When you separated, who left the marital home and why?
- \_\_\_\_\_
- \_\_\_\_\_

**VI. MAJOR ASSETS.**

Please list assets such as real estate, automobiles, stocks, bank certificates etc.

**VII. DEBTS**

Please list all separate or joint loans or charge account debt.

**VIII. COURT INFORMATION**

- a. If there any custody orders, visitation orders or support orders now in effect,

please state which Court: \_\_\_\_\_

b. If paperwork has been filed to amend a current order, please list the name of the petitioner and when the petition to amend was filed with the Court: \_\_\_\_\_ and list the reason(s) for filing the petition to amend (change in income, etc). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Please list the date and time of any upcoming court hearing(s): \_\_\_\_\_

d. Has there been a Guardian *ad litem* appointed to represent the child(ren)? \_\_\_\_\_

e. If yes, please state the GAL's name and contact number: \_\_\_\_\_

**PLEASE ATTACH A COPY OF ANY ORDERS CURRENTLY IN EFFECT AND ANY PETITIONS TO AMEND ORDERS THAT HAVE BEEN FILED WITH THE COURT**