

# Natalie A. Leininger, CFP<sup>®</sup>, CDFATM

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Dear Prospective Client:

Thank you for contacting me inquiring about services for Financial Planning in Divorce.

In order to make our initial meeting most meaningful, please complete and bring the following:

1. Family Information sheet – provided below. This is a fill-in form and provides necessary information for our records and is used when completing the Income and Expense Declaration (FL-150).
2. Information Checklist – used in conjunction with the Schedule of Assets and Debts (FL-142). The checklist is provided to help streamline the data gathering process in order to save you time.
3. To view or print the actual judicial forms, please go to the following link: <http://www.courtinfo.ca.gov/cgi-bin/forms.cgi>. From the drop down menu, choose “Family Law-Dissolution, Legal Separation and Annulment - FL100-199” and click “See Forms.” From the list, print Forms FL-142 and FL-150 (not required at this time but gives you an idea of the information needed).
4. Estimated Living Expenses – provide one form for each spouse. To help keep your costs down, provide us with a soft copy of your form.

I look forward to meeting with you. Please feel free to call me if you have questions.

Sincerely,

*Natalie*

Natalie A. Leininger, CFP<sup>®</sup>, CDFATM

## FAMILY INFORMATION

Name:				Name:			
Address:				Address:			
Phone #s: home				Phone #s: home			
work				work			
cell				cell			
E-mail:				E-mail:			
Date of Birth (DOB):				Date of Birth (DOB):			
Employer(s):				Employer(s):			
Employer Address:				Employer Address:			
Date job started:				Date job started:			
Occupation:				Occupation:			
# of hours worked per week:				# of hours worked per week:			
Gross Annual Income:				Gross Annual Income:			
If unemployed, date job ended, most recent employer info & salary:				If unemployed, date job ended, most recent employer info & salary:			
Date of Marriage:				Petitioner:			
Date of Separation:				Respondent:			
Date of Filing:							
Completed high school or equivalent?				Completed high school or equivalent?			
If no, highest grade completed:				If no, highest grade completed:			
# of yrs college completed:		Degree(s) obtained:		# of yrs college completed:		Degree(s) obtained:	
# of yrs graduate school:		Degree(s) obtained:		# of yrs graduate school:		Degree(s) obtained:	
Professional/occupational license(s) (specify):				Professional/occupational license(s) (specify):			
Vocational training (specify):				Vocational training (specify):			
Children - Name:				DOB:		Timeshare w/child (%):	
Name:				DOB:		Timeshare w/child (%):	
Name:				DOB:		Timeshare w/child (%):	
Children's Health Care insurance provider - company name and address:							
Attorney:				Attorney:			
Coach:				Coach:			
Referred by:				Referred by:			