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**CONFIDENTIAL INFORMATION SHEET PART 1**

Date: \_\_\_\_\_

**1. YOUR PERSONAL INFORMATION**

Full Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Do you wish to return to your maiden name? YES \_\_\_\_\_ NO \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Numbers - Do not list a telephone number where calls, faxes or voice messages could be received by the opposing party or anyone else you do not want to receive them.

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address - Do not list an email address where emails could be received by the opposing party or anyone else you do not want to receive them. We suggest that you create a new email account with a new password

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

Confidential Mailing Address - Do not list an address where mail could be retrieved by the opposing party or anyone else.

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

Residence Address: \_\_\_\_\_

Street

\_\_\_\_\_  
City State Zip Code

County of Residence: \_\_\_\_\_

Have you been a resident of Georgia for more than six (6) months?

YES \_\_\_\_\_ NO \_\_\_\_\_

Lived at Address Since: \_\_\_\_\_

Please indicate any directions or restrictions in calling you, sending you faxes or sending you emails:

\_\_\_\_\_  
\_\_\_\_\_

Who referred you to our office? \_\_\_\_\_

May we send a thank you letter to the person who referred you to our office?

YES \_\_\_\_\_ NO \_\_\_\_\_

**2. REASON FOR YOUR CONSULTATION:**

\_\_\_\_\_  
\_\_\_\_\_

**3. INFORMATION ABOUT OPPOSING PARTY**

Full Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Does your spouse wish to return to her maiden name?

YES \_\_\_\_\_ NO \_\_\_\_\_ Unknown \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Numbers -

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Residence Address: \_\_\_\_\_

Street

City

State

Zip Code

County of Residence: \_\_\_\_\_

Lived at Address Since: \_\_\_\_\_

**4. INFORMATION ABOUT YOUR EMPLOYMENT**

Name/Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_

Street

City

State

Zip Code

Job Title: \_\_\_\_\_

Description/Nature of Job: \_\_\_\_\_

Employed Since: \_\_\_\_\_

Annual Gross Income: \_\_\_\_\_

Do you have any other sources of income? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Please state your educational background and/or vocational training, name of institution(s), dates attended, and degrees or certificates earned. Include high school, technical school, college, post-graduate, etc.): \_\_\_\_\_

**5. INFORMATION ABOUT OPPOSING PARTY'S EMPLOYMENT**

Name/Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_

Street

City

State

Zip Code

Job Title: \_\_\_\_\_

Description/Nature of Job: \_\_\_\_\_

Employed Since: \_\_\_\_\_

Annual Gross Income: \_\_\_\_\_

Does the opposing party have any other sources of income?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Please state the opposing party's educational background and/or vocational training, name of institution(s), dates attended, and degrees or certificates earned. Include high school, technical school, college, post-graduate, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**6. HISTORY OF THIS MARRIAGE OR LAST MARRIAGE (AS APPLICABLE)**

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

Place of Marriage: \_\_\_\_\_

This is your \_\_\_\_\_ marriage. (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc.)

This is your spouse's \_\_\_\_\_ marriage. (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc.)

Are you and your spouse currently living together? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, what is the date of your separation? Under Georgia law, your date of separation is the last date that you and your spouse had sexual relations.

\_\_\_\_\_  
If separated, where have you lived since the separation?

Street

City

State

Zip Code

If separated, where has your spouse lived since the separation?

Street

City

State

Zip Code

Other than since your separation, have you and your spouse lived together continuously throughout the marriage? YES \_\_\_\_\_ NO \_\_\_\_\_

If not, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. **INFORMATION ABOUT YOUR CHILDREN**

Children of this marriage (if applicable):

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

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

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

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

Children living with you but not of this marriage:

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

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

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

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

Address where the children have lived for the past five years and with whom they have lived: \_\_\_\_\_  
\_\_\_\_\_

Street City State Zip Code

Street City State Zip Code

Are any of your children adopted? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please identify the child(ren): \_\_\_\_\_

Do any of the children have any disabilities or problems that will be a factor in this case? \_\_\_\_\_  
\_\_\_\_\_

Do you anticipate a dispute over custody of the children? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, do you request joint custody or sole custody? \_\_\_\_\_

Please explain briefly any reasons that the opposing party should **not** share custody (i.e., physical/mental/sexual abuse, drug/alcohol abuse, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Do you or your spouse pay or receive child support for any of your children?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you or your spouse pay expenses for child care, day care or after school care?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what is the total yearly amount per child and who pays the expenses? \_\_\_\_\_

Do you or your spouse pay expenses for extracurricular activities?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what is the total yearly amount per child and who pays the expenses? \_\_\_\_\_

Do you or your spouse pay private school tuition?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what is the total yearly amount per child and who pays the tuition?  
\_\_\_\_\_

**8. RECONCILIATION**

Are you interested in reconciliation? YES \_\_\_\_\_ NO \_\_\_\_\_

Is your spouse interested in reconciliation? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you tried marriage counseling? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, when and with whom? \_\_\_\_\_

**9. REASONS FOR DIVORCE**

Have you had an affair during your marriage? YES \_\_\_\_\_ NO \_\_\_\_\_

Does your spouse know and/or suspect that you have had an affair during your marriage? YES \_\_\_\_\_ NO \_\_\_\_\_ Unknown \_\_\_\_\_

Has your spouse had an affair during your marriage?

YES \_\_\_\_\_ NO \_\_\_\_\_ Unknown \_\_\_\_\_

Do you suspect that your spouse has had an affair during your marriage?

YES \_\_\_\_\_ NO \_\_\_\_\_

**10. OTHER**

Has the opposing party consulted with an attorney regarding this matter?

YES \_\_\_\_\_ NO \_\_\_\_\_ Unknown \_\_\_\_\_

If yes, please state the attorney's name and address, if known:

\_\_\_\_\_

\_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip Code

Have you consulted with other attorneys regarding this matter?

YES \_\_\_\_\_ NO \_\_\_\_\_ If, yes, with whom and when? \_\_\_\_\_

If you have an accountant, please state the accountant's name and address:

\_\_\_\_\_

\_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip Code

Will you be requesting alimony in this matter?

YES \_\_\_\_\_ NO \_\_\_\_\_ Undecided \_\_\_\_\_

Have you signed anything that may affect your case, including prenuptial or post-nuptial agreements, or any documents presented by the opposing party?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_