

Fact File

INSTRUCTIONS IN FAMILY PROCEEDINGS

Date of Instruction: / / Domestic Violence Marriage Cohabitation Children

Please bring the following to your appointment where applicable:

- ID - eg Passport / Driving License and two utility bills
- Marriage certificate
- Birth Certificate of each Child if available
- Wage slip for last full month
- Evidence of Child Benefit / Tax Credits
- Evidence of any other State Benefits e.g. Income Support, ESA, Jobseekers Allowance
- Proof of Rent / mortgage payments
- Copy of any Solicitor's letters or Court paperwork already received
- Bank Statements for previous 3 Months
- Results of Legal Aid Eligibility Calculator
- Any other relevant information / documents

Please complete the rest of this form as completely as possible and bring it to your appointment.

CLIENT Mrs Ms Miss Mr

Full Name:						
Previous Name:						
Date of Birth:		National Insurance No.				
Address:						

How Long at this address?			
If less than 5 years then previous address:			
Address for correspondence (if different from above)			
Telephone Numbers:	Home:		Work:

Place of Birth:			
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Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Please tick one box.	Divorced <input type="checkbox"/>	Cohabiting <input type="checkbox"/>	Married but separated <input type="checkbox"/>
	Widowed <input type="checkbox"/>	Civil Partnership <input type="checkbox"/>	

Occupation:		Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	No. of hours worked per week	
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Name and Address of employers (Business if self employed):			
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Health/Disabilities			
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WILL	Have you made one? Where is it?		
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SPOUSE/COHABITANT/CIVIL PARTNER

Full Name:			
Date of Birth:		Place of Birth:	
Address:			

Telephone Numbers	Home:		Work:	
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Occupation:		Full Time <input type="checkbox"/>	No. of hours worked per week
		Part Time <input type="checkbox"/>	

Name and Address of employers (Business if self employed):	
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Health/Disabilities:	
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Does he/she have a solicitor already? YES NO

Name & Address:	
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MARRIAGE / CIVIL PARTNERSHIP:

Date of marriage/ Civil Partnership:		Place of Marriage / Civil Partnership:	
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Status at marriage:	Wife	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
	Husband	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>

Wife's surname at marriage	
Do you have official copy of marriage certificate?	
Religion :	Potentially polygamous? YES <input type="checkbox"/> NO <input type="checkbox"/>

MARRIAGE/CIVIL PARTNERSHIP COHABITATION:

Date parties started living together:	
Address where they last lived together	
Date of separation (if appropriate)	
Reasons for separation	

Have there been previous periods of separation? YES NO

Please provide details of the problem for which you need advice (please continue on separate page if necessary)

Do either of you have a new partner? YES NO

Details:

PREVIOUS PROCEEDINGS BETWEEN YOU

Divorce

Judicial Separation

Other

Magistrates Court

Injunction : County Court

Magistrates Court

CSA Assessment YES NO

Assessment awaited YES NO
 Date application submitted

Outcome:

CHILDREN OF THE FAMILY

(Please list all whether with your current partner or not)

FULL NAME OF CHILD(REN)	1.	2.	3.	4.	5.
DATE OF BIRTH					
SCHOOL					
State/Private					
Mother					
Father					
Address of Child					

If there are any children born before the date of the marriage/civil partnership, confirm that the husband is the father YES NO

If not, who is the father?

Does the father have a Parental responsibility order or a signed agreement? YES NO

Is the father named on the Child's Birth Certificate? YES NO

Do either of you have any other children?

Who do the children live with?

CHILDREN'S ACCOMMODATION

Flat
House
Maisonette
Other

Details:

no. of bedrooms
no. of bathrooms
kitchen
no. of living rooms

Any other person sharing accommodation?

Present arrangements for looking after the children

Nanny/minder's name:

CHILDREN'S HEALTH

Illness/chronic conditions YES NO

Details:

Any contact with Doctor as a result of the incident(s)? YES NO

Details:

Welfare officer/Social worker? YES NO Who?

At risk register? YES NO

Present arrangements for contact (ie How often and between what times)

Any problems where the children are living? YES NO

Children's views on contact and where they are living

FINANCE - CLIENT / APPLICANT

INCOME

EARNED INCOME - FIRST JOB

GROSS £ per year month week NET £ per year month week
INCOME TAX £ NATIONAL INSURANCE £

EARNED INCOME - SECOND JOB

GROSS £ per year month week NET £ per year month week
INCOME TAX £ NATIONAL INSURANCE £

OTHER EARNED INCOME £ Details:

Bonuses £ per year month week
Overtime payments £ per year month week

BENEFITS IN KIND

Car	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Health insurance	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Petrol allowance	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Pension scheme	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Running expenses	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Death in service benefit	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Other	YES <input type="checkbox"/>	NO <input type="checkbox"/>

UNEARNED INCOME		£ / YEAR/MONTH/WEEK	£ / YEAR/MONTH/WEEK
Housekeeping			Pensions
Maintenance: Voluntary	<input type="checkbox"/>		Share dividends
court order	<input type="checkbox"/>		Rents
CSA	<input type="checkbox"/>		Interest payments
Trust			other
Grant			Annuities

STATE BENEFITS	£ / MONTHLY	£ / MONTHLY
Child benefit		Jobseekers allowance
Income support		(severe) Disability allowance
Child Tax credit		Employment and support allowance
Working Tax credit		Disability working allowance
Pension Credit		Other

CAPITAL	DETAILS	£	JOINT	SOLE
Shares			<input type="checkbox"/>	<input type="checkbox"/>
Premium bonds			<input type="checkbox"/>	<input type="checkbox"/>
Building society			<input type="checkbox"/>	<input type="checkbox"/>
Bank accounts			<input type="checkbox"/>	<input type="checkbox"/>
Deposit accounts			<input type="checkbox"/>	<input type="checkbox"/>
National savings			<input type="checkbox"/>	<input type="checkbox"/>
Insurance policies			<input type="checkbox"/>	<input type="checkbox"/>
Jewellery			<input type="checkbox"/>	<input type="checkbox"/>
Chattels			<input type="checkbox"/>	<input type="checkbox"/>
Car(s)			<input type="checkbox"/>	<input type="checkbox"/>
Foreign assets			<input type="checkbox"/>	<input type="checkbox"/>
Realty (other than mat home)			<input type="checkbox"/>	<input type="checkbox"/>
Other?			<input type="checkbox"/>	<input type="checkbox"/>

DEBTS (not secured)	DETAILS	£	JOINT	SOLE
Bank overdraft			<input type="checkbox"/>	<input type="checkbox"/>
Credit cards			<input type="checkbox"/>	<input type="checkbox"/>
Commercial personal loans			<input type="checkbox"/>	<input type="checkbox"/>
H.P.			<input type="checkbox"/>	<input type="checkbox"/>
Friends/family			<input type="checkbox"/>	<input type="checkbox"/>
Other?			<input type="checkbox"/>	<input type="checkbox"/>

Child care costs of work? £ Per month

FINANCE - SPOUSE / CIVIL PARTNERS / COHABITEE

INCOME

EARNED INCOME - FIRST JOB

GROSS £ per year month week NET £ per year month week
 INCOME TAX £ NATIONAL INSURANCE £

EARNED INCOME - SECOND JOB

GROSS £ per year month week NET £ per year month week
 INCOME TAX £ NATIONAL INSURANCE £

OTHER EARNED INCOME £ Details:

Bonuses £ per year month week
 Overtime payments £ per year month week

BENEFITS IN KIND

Car YES NO Health insurance YES NO
 Petrol allowance YES NO Pension scheme YES NO
 Running expenses YES NO Death in service benefit YES NO
 Other YES NO

UNEARNED INCOME

		£ / YEAR/MONTH/WEEK	£ / YEAR/MONTH/WEEK
Housekeeping		<input type="text"/>	Pensions <input type="text"/>
Maintenance:	Voluntary <input type="checkbox"/>	<input type="text"/>	Share dividends <input type="text"/>
	court order <input type="checkbox"/>	<input type="text"/>	Rents <input type="text"/>
	CSA <input type="checkbox"/>	<input type="text"/>	Interest payments <input type="text"/>
Trust		<input type="text"/>	other <input type="text"/>
Grant		<input type="text"/>	
Annuities		<input type="text"/>	

STATE BENEFITS

£ / MONTHLY	£ / MONTHLY
Child benefit <input type="text"/>	Jobseekers allowance <input type="text"/>
Income support <input type="text"/>	(severe) Disability allowance <input type="text"/>
Child Tax credit <input type="text"/>	Employment and support allowance <input type="text"/>
Working Tax credit <input type="text"/>	Disability working allowance <input type="text"/>
Pension Credit <input type="text"/>	Other <input type="text"/>

CAPITAL

DETAILS	£	JOINT	SOLE
Shares	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premium bonds	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building society	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank accounts	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deposit accounts	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
National savings	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance policies	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jewellery	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chattels	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car(s)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign assets	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Realty (other than mat home)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other?	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEBTS (not secured)

DETAILS	£	JOINT	SOLE
Bank overdraft	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit cards	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial personal loans	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.P.	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends/family	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other?	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child care costs of work? £ Per month

MATRIMONIAL HOME

OWNED PROPERTY

Owned by: Sole owner Joint tenants Tenants in common

Where are the deeds?

Is there any Trust deed? YES NO

Date of purchase

Mortgage company

Amount of mortgage

£

Any other secured loans? YES NO

Are they still outstanding?

YES

NO

Present value

£

client's estimate

(informal) valuation

Current asking price if being sold?

£

Who pays mortgage?

Who pays endowment?

Amounts per month

£

£

Arrears?

£

RENTED PROPERTY

Named tenant

Landlord

Name:

Address:

Deposit/bond

YES

NO

Amount

£

Refundable?

YES

NO

Amount

£

Rent:

£

per year

month

week

Any arrears?

£

DOMESTIC FINANCES

(Outline who pays for what in the household budget, i.e. bills, food, children's needs)

Alternative accommodation available to you both