

CATHY DAIGLE, LLC



COLLABORATIVE
PRACTICE
Resolving Disputes Respectfully

FINANCIAL DIVORCE CONSULTING

Assisting Families in Transition

Dear Prospective Client:

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

In order to make our initial meeting most efficient, 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 for providing the documents 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 our time and your money.
3. Estimated Living Expenses – provide one form for each spouse. To help keep your costs down, you may wish to download and provide us with a soft copy of the excel worksheet located in this Initial Meeting section.
4. Optional: to view the actual Santa Clara County judicial forms, please go to the following link: <http://www.courts.ca.gov/forms.htm?filter=DI>. From the list, you will see Forms FL-142 and FL-150 which corresponds with our checklist.

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

Sincerely,

Cathy

Cathy L. Daigle, CFP®, CDFA®

FAMILY INFORMATION

Name:				Name:			
Address:				Address:			
Phone #s: home				Phone #s: home			
cell				cell			
work				work			
E-mail:				E-mail:			
Date of Birth (DOB):				Date of Birth (DOB):			
U.S. Citizen? (if not, Country?)				U.S. Citizen? (if not, Country?)			
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 Service:				Case #			
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:	
Prof'l/occupat'l license(s)(specify):				Prof'l/occupat'l license(s)(specify):			
Vocational training (specify):				Vocational training (specify):			
CHILDREN (include adult children):							
Name:		DOB:		Timeshare w/child (%):			
Name:		DOB:		Timeshare w/child (%):			
Name:		DOB:		Timeshare w/child (%):			
Children's Health Care Insurance provider: company & address:				Do adult children, parents, etc., live with you? If so, provide name(s): _____, their monthly income: \$ _____; do they support household exps? yes ___ or no ___			
Attorney:				Attorney:			
Coach:				Coach:			
Neutral Financial Specialist:				Neutral Child Specialist:			