Travis Thorne Bennington
TRIAL ATTORNEY

NEW CLIENT INFORMATION

TODAY'S DATE: _____

CLIENT'S FULL NAME: _____ SS#: _____

ADDRESS: _____ DOB: _____

CITY: _____ STATE: _____ ZIP:_____

HOME PHONE: _____ CELL NO: _____

FAX NO: _____ EMAIL: _____

EMPLOYED BY: _____ LENGTH OF EMPLOYMENT: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE NUMBER: _____ POSITION: _____

OTHER INCOME:_____

YOUR WORK SCHEDULE:_____

YOUR GROSS MONTHLY INCOME FROM ALL SOURCES: _____

AMOUNT WITHHELD FOR HEALTH INSURANCE: _____

AMOUNT WITHHELD FOR RETIREMENT: _____

SPOUSE INFORMATION

OTHER PARTY'S NAME: _____ SS#: _____

ADDRESS: _____ DOB: _____

CITY: _____ STATE: _____ ZIP:_____

EMPLOYED BY: _____ LENGTH OF EMPLOYMENT: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE NUMBER: _____ POSITION: _____

OTHER INCOME:_____

YOUR WORK SCHEDULE:_____

YOUR GROSS MONTHLY INCOME FROM ALL SOURCES: _____

AMOUNT WITHHELD FOR HEALTH INSURANCE: _____

AMOUNT WITHHELD FOR RETIREMENT: _____

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MARRIAGE INFORMATION

DATE OF MARRIAGE: _____ CITY/COUNTY/STATE: _____

BRIDE'S MAIDEN NAME: _____

MORE RELATIONSHIP INFORMATION

ARE EITHER OF YOU IN THE ACTIVE MILITARY? YES/NO

YOU LIVED TOGETHER FROM WHEN TO WHEN? _____

ADDRESSES YOU LIVED TOGETHER:_____

YOUR MONTHLY BUDGET

Please list all expenses on a *monthly* basis:

RENT OR MORTGAGE PAYMENT: $_____

LIVING EXPENSES: ELECTRIC $_____; GAS $_____; WATER $_____;
SEWER $_____; TELEPHONE $_____; CABLE $_____;
INTERNET $_____; HOME REPAIRS $_____; FOOD $_____;
CLOTHING $_____; LAUNDRY $_____; MEDICAL $_____;
DENTAL $_____; TRANSPORTATION (GAS & OIL) $_____;
RECREATION $_____; CHARITABLE CONTRIBUTIONS $_____;
HOME OWNER'S INS. $_____; LIFE INSURANCE $_____;
HEALTH INSURANCE $_____; AUTO INSURANCE $_____;
OTHER INSURANCE $_____; TAXES $_____.

ALIMONY, CHILD SUPPORT AND MAINTENANCE PAID TO OTHERS $_____

CHILD DAYCARE $_____

OTHER: _____ $_____

PAYMENTS FOR SUPPORT RECEIVED $_____

YEARLY INCOME INFORMATION

WHAT WAS LAST YEARS ANNUAL INCOME:_____

WHO WAS YOUR EMPLOYER THAT YEAR? _____

WHAT WAS THE OTHER PARTY'S LAST YEARS ANNUAL INCOME:_____

WHO WAS THEIR EMPLOYER THAT YEAR? _____

(PLEASE PROVIDE YOUR CURRENT PAYSTUBS AND LAST 3 YEARS TAXES)

CHILDREN YOU HAVE TOGETHER (if applicable)

CHILDREN'S NAMES, BIRTH DATES, GENDER AND SS#'s: _____

_____

_____

LIST ALL THE ADDRESSES THEY HAVE LIVED IN THE PAST 5 YEARS: _____

_____

_____

WHAT IS THEIR CHILD CARE SCHEDULE? _____

_____

_____

WHAT DAILY CHILDCARE HAVE YOU HISTORICALLY PROVIDED FOR YOU CHILD/CHILDREN? _____

_____

_____

BESIDES YOU AND THE OTHER PARTY, WHO HAVE YOUR CHILDREN LIVED WITH IN THE PAST 5 YEARS? _____

HAS YOUR CHILD/CHILDREN EXPRESSED AN OPINION WHO THEY WOULD WANT TO LIVE WITH IN THE ADVENT OF A DIVORCE?_____

LIST ANY REASONS YOU FEEL THE OTHER PARENT IS UNFIT?_____

_____

_____

With the Nebraska Parenting Act of 2008, the Court will be required in all child custody cases to enter a parenting plan. A parenting plan sets out the detailed times and dates you will see your children, and the times they will be with the opposing party. Oftentimes judges and lawyers will summarize a parenting plan by speaking of it in two week (14 day) periods. (Example: A person picked up their child from school Monday at 3pm, keep them overnight till returning them Tuesday to school at 8 am and do the same from Thursday to Friday of week one. Then on week two have them from Friday at 6pm through Sunday at 6pm. This "two week plan" may continue cycling throughout the year, except for special events like holidays and birthdays.) IF YOU WERE TO SET OUT YOUR IDEAL TWO WEEK PLAN, DETAILING THE EXACT TIMES YOU WOULD SPEND WITH YOUR CHILDREN WHAT WOULD IT BE?_____

_____

_____

_____

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CHILDREN YOU OR THE OTHER PARTY HAVE WITH OTHER PEOPLE
(if applicable)

STEPCHILDREN'S NAMES, BIRTH DATES, GENDER AND SS#'s: _____

_____

_____

WHO PAYS SUPPORT FOR THEM?_____ HOW MUCH?_____

WHAT COURT ORDERED THAT SUPPORT?_____

ASSETS AND DEBTS

LIST ALL THE AUTOMOBILES, BOATS, TRAILERS, MOTORCYCLES, AND OTHER VEHICLES OWNED BY YOU AND YOUR SPOUSE. FOR EACH PLEASE LIST: MAKE, MODEL,YEAR, VIN#, LOAN PAYOFF, AND HOW EACH VEHICLE IS TITLED _____

_____

_____

LIST ALL PERSONAL PROPERTY, STOCKS BONDS, OR OTHER ASSETS IN DISPUTE AS WELL AS VALUE AND ENCOMBURANCES:_____

_____

_____

LIST ANY RETIREMENT ACCOUNTS YOU OR YOUR SPOUSE HAVE:_____

_____

LIST ANY WHOLE LIFE INSURANCE POLICIES WITH CASH VALUE:_____

_____

LIST ALL DEBTS, CREDITORS, PAYOFF AMOUNTS, AND WHOSE NAME IS ON EACH DEBT:_____

_____

_____

LIST ANY REAL ESTATE YOU OWN, ADDRESS, LEGAL DISC, AND COUNTY_____

_____

_____

FOR ALL REAL ESTATE LISTED PLEASE STATE VALUE, HOW YOU ARRIVE AT THAT VALUE, THE MORTGAGE COMPANY, AND THE PAYOFF VALUE: _____

_____

LIST ANY OTHER ASSETS OR DEBTS NOT LISTED ABOVE:_____

_____

_____

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