Google form questions put a do not know answer

Intake date – What is the date today

Name – What is your full name

What is your date of birth

Opposing Party – what is the name of the person you are in a or worried will be in a lawsuit with?

Law type/subtype

New or Pending is this the first time you met with Simone

Family Members

Immigration Status – What is your immigration status? (this is only for ATASK internal purpose)

Services Level

Are you meeting Simone about a divorce, child support or alimony questions?

Address – What is your street address?

Street Address

City/Town Which city/town do you live in?

State Which state do you live in

Zip what is your zip code

(SSN)

Tel. No. What is your telephone number

No. of children living with you How many children do you have living with you? Please indicate age in bracket

Occupation – What do you do as a job

Employer – Who do you work for?

Employer’s Address – What is your work address

City/Town

State

Zip

Tel. No. What is your workplace number?

Do you have health insurance coverage – Do you have health insurance? (Masshealth etc)

If yes, name provider – What is the name of the provider

All gross weekly income (embed calculator?)or check off monthly or weekly for clients then computer do the math

1. Full time or part time or self employed
2. Base pay from salary or wages

Overtime

Tips

Commissions, Bonuses, Dividencs, Interest, Trust, Annuities, Pensions, Retirement funds

Social Security

Disability, unemployment insurance, worker’s compensation

Public assistance (welfare, AFDC payments)

Child support, alimony (actually received)

Rental from income producing property

Royalties and other rights

Contribution from household members

Itemized deduction from gross income (fed income tax deduction

State income tax deduction

FICA and Medicare

Medical Insurance

Union Dues

Other deductions from salary/wages

Gross yearly income from prior year (income tax) attach W-2 and 1098 forms for prior year

Weekly expenses

Rent or mortgage

Homeowners/tenant insurance

Maintenance and repair

Heat

Electricity and/or gas

Telephone

Waste/sewer

Food

House supplies

Laundry and cleaning

Clothing

Life insurance

Medical insurance

Uninsured medicals

Incidentals and toiletries

Motor vehicle expenses

Motor vehicle payment

Child care

Other

Counsel fees

Retainer amount paid to your attorney

Legal fees incurred to date (against retainer)

Anticipated range of total legal expense to litigate this action

Assets

Do you own real estate or motor vehicle (your name on it)

How many do you own

Real estate

Location

Title held in name of

Fair market value – mortgage = equity

Motor vehicles

Fair market value – mortgage = equity

IRA, retirement plans

Tax Deferred Annuity Plan

Life Insurance: Present cash value

Saving and Checking account, bank accounts

What is the name of the bank

How much do you currently have in the bank (right now)

Is it checking or saving

Other (stocks, bonds, collections)

Liabilities

Do you owe any money to anyone or any institution

Creditor, nature of debt, date incurred, amount due, weekly payment.