

Client Intake Form

Divorce with Children

A. Information About You

First Name	Middle Name	Last Name	Former/Maiden Name	
Address of Residence		City	County	State - ZIP
How long have you resided at your current residence?				
Please indicate how our firm may securely contact you (<i>check all that apply</i>):				
<input type="checkbox"/> Home phone <input type="checkbox"/> Work phone <input type="checkbox"/> Cell phone <input type="checkbox"/> E-mail <input type="checkbox"/> Home address				
Employer				
Employer's Mailing Address		City	State - ZIP	
Length of Employment		Gross Annual Income		
Home Phone ()	Work Phone ()	Cell Phone ()	Fax Number ()	
E-Mail Address	Social Security Number ____-____-____	Driver's License Number and State	Date of Birth / Place of Birth	
<input type="checkbox"/> I do not want my former/maiden name restored. <input type="checkbox"/> I want my former/maiden name restored as follows: _____				
If you are living with anyone (other than your spouse or children) please list their full name, relationship to you and their age.				
Your education:				

B. Information About Your Spouse

First Name	Middle Name	Last Name	Former/Maiden Name
Address		City	State - ZIP
How long has your spouse resided at his/her current residence?			
Mailing Address (<i>if different</i>)		City	State - ZIP
Employer			
Employer's Mailing Address		City	State - ZIP
Length of Employment		Gross Annual Income	
Home Phone ()	Work Phone ()	Cell Phone ()	Fax Number ()
E-Mail Address	Social Security Number ____-____-____	Driver's License Number and State	Date of Birth / Place of Birth
If your spouse is living with anyone (other than you or your children) please list their full name, relationship to your spouse and their age.			
Your spouse's education:			

C. Information About Your Marriage

Date of Marriage	Place of Marriage	<input type="checkbox"/> We have a pre or post marital agreement. <input type="checkbox"/> We do not have a pre or post marital agreement.
		Please provide a copy of the pre or post marital agreement, if applicable
Have you or your spouse ever filed for divorce in the past?		Have you or your spouse ever filed for a Protective Order?
If anyone has filed suit in this matter, please provide the following: Cause No.: _____ Date of filing: _____ Have you been personally served? _____ Please list any hearings or deadlines you are aware of: _____ Name of opposing counsel: _____		If you have consulted with another attorney regarding this matter, please provide their name: _____ If you have retained another attorney regarding this matter, please provide their name: _____
Did your Marriage Involve:		
<input type="checkbox"/> Adultery <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Cruelty <input type="checkbox"/> Insupportability <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Felony Conviction(s) <input type="checkbox"/> Transmission of a Sexual Disease		
Briefly describe the circumstances of your current marital difficulties: _____ _____ _____		
Separation <ul style="list-style-type: none"> <input type="checkbox"/> We are not yet separated. <input type="checkbox"/> We have seen or are seeing a marriage counselor. <input type="checkbox"/> We separated on _____. Have you seen a marriage counselor: _____ If so, please list name: _____		
Arrangements/Agreements Regarding Separation: <ul style="list-style-type: none"> <input type="checkbox"/> We have made no written agreements and have no oral understandings. <input type="checkbox"/> We have a written agreement which is attached. <input type="checkbox"/> We have oral agreements or understandings as follows: 		

D. Children Born or Adopted by the Parties

1.	Full Name	Sex (M/F)	Date and Place of Birth	Social Security Number
Child's Current Residence		Special Health Care Problems		
2.	Full Name	Sex (M/F)	Date and Place of Birth	Social Security Number
Child's Current Residence		Special Health Care Problems		
3.	Full Name	Sex (M/F)	Date and Place of Birth	Social Security Number
Child's Current Residence		Special Health Care Problems		
4.	Full Name	Sex (M/F)	Date and Place of Birth	Social Security Number
Child's Current Residence		Special Health Care Problems		

- I anticipate there will be a dispute over **paternity** of one or more of the child(ren).
 I anticipate there will be a dispute over **custody** of one or more of the child(ren).

Please provide the following information relating to the health insurance in effect for the child(ren):

Insurance company: _____

Who pays the premium? _____

ID no.: _____

Type of policy: Employer / Individual / Other

Group no.: _____

If 'other', provide description: _____

Amount of monthly premium attributable to child(ren)'s coverage: \$ _____

E. Information Regarding Previous Marriage(s)

I WAS PREVIOUSLY MARRIED ____ TIMES

1.

Name of Former Spouse _____ Date Marriage Terminated and How (death, divorce, etc.)

2.

Name of Former Spouse _____ Date Marriage Terminated and How (death, divorce, etc.)

THE OTHER PARTY WAS PREVIOUSLY MARRIED ____ TIMES

1.

Name of Former Spouse _____ Date Marriage Terminated and How (death, divorce, etc.)

2.

Name of Former Spouse _____ Date Marriage Terminated and How (death, divorce, etc.)

F. Information Regarding Your Biological and/or Adopted Children from Other Relationships

1.

Name _____ Date of Birth _____ SSN _____ Current Residence _____

2.

Name _____ Date of Birth _____ SSN _____ Current Residence _____

3.

Name _____ Date of Birth _____ SSN _____ Current Residence _____

G. Information Regarding the Other Party's Biological and/or Adopted Children from Other Relationships

1.

Name _____ Date of Birth _____ SSN _____ Current Residence _____

2.

Name _____ Date of Birth _____ SSN _____ Current Residence _____

3.

Name _____ Date of Birth _____ SSN _____ Current Residence _____



H. Assets & Liabilities

Gross Value of Real Estate: _____
Value of Liquid Assets: _____

Briefly describe and give an estimated value of any retirement plans of you and/or spouse: _____

Do you have any significant Frequent Flier Miles? _____

Your car (make, model, value, title in your name/spouse's name/jointly): _____

Spouse's car (make, model, value, title in your name/spouse's name/jointly): _____

Other vehicles owned: _____

Please provide a general description of any other assets or investments owned and your opinion of value:

Please estimate the total liabilities/debts of you and your spouse, including real estate mortgages:

I. Other Information

If you or your spouse own any weapons, please provide a description of each weapon:

J. Referral

Who referred you to our firm? _____

If you were not referred, how did you find out about the firm? _____