

INTAKE FORM

We request that you complete the following questionnaire and return it to our office immediately. The information will be used to draft pleadings and income/expense affidavits, inform the staff, and assist in negotiations. Of course, any information you provide will remain strictly privileged and confidential and will be released only with your express authority.

CLIENT INFORMATION

Name: _____

Date of birth: _____ Maiden name: _____

Place of birth: _____ Soc.Sec. No.: _____

State of birth: _____

Driver's license no.: _____

Address: _____
(street) (city) (zip code)

Home phone: _____ Work phone: _____

MARITAL INFORMATION

Date of marriage: _____ Place of marriage: _____

Length of marriage: _____

PRIOR MARRIAGES

Date(s) of prior marriage(s): _____ Date(s) terminated: _____

How terminated (death, divorce, etc): _____

Where terminated (city/county): _____

Money owed or owing as a result of prior marriage(s): I (am owed/owe) child support of \$_____ per (week/month) [circle one]. I (am owed/owe) maintenance of \$_____ per (week/month) [circle one].

EMPLOYMENT INFORMATION

Occupation: _____ Employer: _____

Dates of employment: Address: _____

from _____ through _____

Monthly gross income: \$ _____ Monthly net income: \$ _____

Voluntary deductions: \$ _____

Bonuses/overtime/commissions: \$ _____

Other sources of income (employer): _____ (monthly earnings) \$ _____

Does your employer provide health insurance?

If so, what family members are covered under that plan?

HEALTH INFORMATION

Present physical health (good, fair, poor): _____

Physician's name: _____

Chronic or ongoing physical ailments: _____

Present psychological health: _____

Physician/therapist/counselor: _____

Chronic or ongoing psychological ailments: _____

EDUCATION INFORMATION

Grammar school: _____ Level completed (1-8): _____

High school: _____ Level completed: _____

College/university: _____ Level completed: _____

Postgraduate: _____

SPOUSE INFORMATION

SPOUSE PERSONAL INFORMATION

Name: _____ Date of birth: _____

Maiden name: _____ Place of birth: _____

Soc.Sec. no.: _____ State of birth: _____

Driver's license no (required).: _____

Address: _____

(street)

(city)

(zip code)

Home phone: _____ Work phone: _____

SPOUSE PRIOR MARRIAGES

Prior marriages: _____ Date(s) of prior marriage(s): _____

Date(s) terminated: _____ How terminated: _____

Where terminated: _____ (Death, divorce, etc.) (city/county) _____

My spouse owes child support of \$ _____ per (week/month) [circle one] My spouse owes maintenance of \$ _____ per (week/month) [circle one]

SPOUSE EMPLOYMENT INFORMATION

Occupation: _____ Employer: _____

Dates of employment: _____ Address: _____

from _____ through _____

Monthly gross income: \$ _____ Monthly net income: \$ _____

Voluntary deductions: \$ _____

Bonuses/overtime/commissions: \$ _____

Other sources of income (employer): _____ (monthly earnings): \$ _____

Does your spouse's employer provide health insurance? _____

If so, what family members are covered under that plan? _____

SPOUSE HEALTH INFORMATION

Present physical health (good, fair, poor):

Physician's name: _____

Chronic or ongoing physical ailments: _____

Present psychological health: _____

Physician/therapist/counselor: _____

Chronic or ongoing psychological ailments: _____

SPOUSE EDUCATIONAL INFORMATION

Grammar school: _____ Level completed: _____

(1 – 8) High school: _____ Level completed:

_____ College/university: _____ Level completed:

_____ Postgraduate:

CHILDREN

Children of this marriage (Name - Date of Birth - Soc.Sec. No.)

Children NOT of this marriage (Name - Date of Birth - Soc.Sec. No.)

Are these children in your custody? _____

Are there any special circumstances surrounding your child or children with respect to health, education, or emotional well-being? If so, please explain.

Do you have any serious concerns about your spouse acting as custodian or exercising rights of visitation? If so, please explain.

VEHICLES

Client

Year: _____ Make: _____ Model: _____

Lien holder: _____ Name of titleholder: _____

Total balance owed: \$ _____ Monthly payment: _____

Spouse

Year: _____ Make: _____ Model: _____

Lien holder: _____ Name of titleholder: _____

Total balance owed: \$ _____ Monthly payment: _____

GROUND

If you are currently living separate and apart from your spouse, what is the date of that separation? _____

Do you want a divorce? _____

Does your spouse want a divorce? _____

What actions or behavior by your spouse have caused you to seek legal advice at this time?

If you seek to file a petition for dissolution of marriage, what are the grounds on which you would proceed? (i.e., mental cruelty, physical abuse, adultery, irreconcilable differences, etc.)

What specific conduct would constitute a basis for the grounds on which you wish to proceed?

RELIEF

What are your expectations and desires regarding the division of property? _____

What are your immediate needs in terms of support, housing, debt assistance, injunctive relief, physical protection, custody, and support of the child/children?

Will you be seeking permanent physical custody of the child/children? _____

Will you be seeking maintenance (formerly known as alimony) from your spouse? _____

Additional notes: _____

SUPPORTING DOCUMENTS

The following is a list of supporting documents you are requested to provide. In some cases, the requested documentation may be inapplicable to your situation. In other cases, you may not have access to the information. Please provide only the documents that are applicable and available. By providing the following papers, you will hasten the conclusion of your case as well as limit our research time and, ultimately, your total bill. Thank you for your cooperation, and do not hesitate to contact our office with any questions regarding this list.

1. Tax Returns

Please furnish copies of your state and federal income tax returns for the last three years, including all schedules, W-2 forms, and 1099 forms.

2. Retirement Plan

Please provide a summary plan description and current statement of vested benefits for any profit-sharing plan, pension plan, Keogh, 401(k) plan, annuity, or retirement plan in which you or your spouse is a participant. Such information can usually be provided by the plan administrator and must be made available to you by your employer.

3. Individual Retirement Account

Please provide the account number, financial institution, beneficiary, and most current account statement for any individual retirement accounts (IRAs) owned by you or your spouse.

4. Real Estate Appraisal

Please furnish any appraisal of any property owned by you or your spouse done within the last three years.

5. Life Insurance

Please provide any term or whole life insurance policies for which you or your spouse is the owner or beneficiary. Also, provide a copy of the declaration page of all policies, including insurance company name, insured, face amount of the policy, policy number, beneficiary, beneficiary changes, premiums, terms and conditions, cash value, and loans against the policy.

6. Bank Accounts

Please provide copies of account statements from the last twelve (12) months on any and all savings, checking, or other financial accounts held by you or your spouse. Such information can be obtained from the financial institution upon request.

7. Stocks, Bonds, and Securities

Please list stocks, bonds, and securities owned by you or your spouse, including the date of purchase, purchase price, and current owner of such securities. Please provide copies of the most current account statements for all such stocks, bonds, and securities. Such information can be obtained from your investment broker.

8. Business Interests

Please provide copies of partnership or corporate tax returns for any business in which you or your spouse has an interest. Additionally, provide balance sheets and profit/loss statements for the past three years.

9. Estate or Trust Interest

Please provide the trust agreement, inventory, most recent annual accounting, and tax return for any trust in which you or your spouse has an interest. Additionally, provide copies of any will that establishes an interest in an estate or inheritance.

10. Prior Marriages

Please furnish copies of any judgments for dissolution of marriage and/or marital settlement agreements for any previous divorces of you or your spouse.

11. Written Agreements

Please provide any written agreements concerning property, support, or other matters entered into by you and your spouse. If no agreement exists, do not enter into any such agreement without prior consultation with this firm.

12. Spouse's Income

Please furnish copies of your spouse's most recent payroll stubs, if available.

13. Safe Deposit Box

Please indicate the location and contents of any safe deposit box owned by you or your spouse.

14. Liabilities

Please furnish all credit card statements in your name or held jointly with your spouse, from the past twelve (12) months. Please also include the most recent statement associated with any other outstanding debt (mortgage, car loan, home equity line of credit, etc...) held in your name or jointly with your spouse.