

CLIENT INTAKE FORM

(Please answer all questions completely)

Client Information:

How did you get my name? _____

Client name: _____

Street Address: _____ Apt. : _____

City, State, Zip Code: _____

Can you be contacted here? _____ How long at current address? _____

Receive mail at this address? _____ Do you wish to stay in the home? _____

Home Phone: _____ Work Phone: _____

Fax: _____ Cell Phone: _____

Email Address: _____ Date of Birth: _____

State of Birth: _____ Social Sec #: _____

Drivers License #: _____ Next of Kin: _____

Physical Description:

Eyes: _____ Hair: _____ Height: _____ Weight: _____ Race: _____

Identifying factors like tattoos: _____

MySpace account (if any): _____

Spouse's Information:

Client name: _____

Street Address: _____ Apt. : _____

City, State, Zip Code: _____

How long at current address? _____

Home Phone: _____ Work Phone: _____

Fax: _____ Cell Phone: _____

Email Address: _____ Date of Birth: _____

State of Birth: _____ Social Sec #: _____

Drivers License #: _____ Next of Kin: _____

Attorney's Name (if known): _____

Physical Description: _____

Eyes: _____ Hair: _____ Height: _____ Weight: _____ Race: _____

Identifying factors like tattoos: _____

MySpace account (if any): _____

Monthly Expenses:

Rent / Mortgage (name / \$\$): \$ _____

Utilities: *(list each and state average monthly costs)*

Gas:	\$ _____	Electric:	\$ _____
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Water:	\$ _____	Phone:	\$ _____
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Property taxes:	\$ _____	Other Mortgages	\$ _____
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Other Expenses: (include: food, expenses for children, regular uninsured such as, prescriptions, orthodontic fees, all monthly obligations)

Car:	\$ _____	Car Insurance:	\$ _____
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Cell Phone:	\$ _____	Home Insurance	\$ _____
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Groceries:	\$ _____	Gas / auto exp:	\$ _____
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Clothing:	\$ _____	Student Loans:	\$ _____
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Educational Exp:	\$ _____	Child Care:	\$ _____
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Children's sports:	\$ _____	Musical costs:	\$ _____
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...	\$ _____	...	\$ _____
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...	\$ _____	...	\$ _____
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...	\$ _____	...	\$ _____
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...	\$ _____	...	\$ _____
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Additional Comments (if required):

Marriage:

Marriage Date: _____ Performed by Whom: _____

City: _____ County: _____ State: _____

Date of Separation (mm/dd/yyyy): _____

Client's prior marriages & dates ended: _____

Spouse's prior marriages & dates ended: _____

Prior name of client (if different): _____

Do you want maiden name restored (Y/N)? _____

If so, please spell out name: _____

Prior name of spouse (if different): _____

Do they want maiden name restored (Y/N)? _____

If so, please spell out name: _____

If Children:

Names of Children:	Date of Birth (mm/dd/yyyy):	Social Security Numbers
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who with and where have the children lived in the last five years:

Are you seeking custody? _____ Have you been the primary care giver? _____

What parenting time would you offer your spouse? _____

What is the current child care arrangement? _____

What is the cost per week or monthly: _____ \$ _____

Would this increase or decrease with the divorce? _____

What would the change be, if any: _____

Who carries insurance on the family? _____

Insurance company and policy number: _____

What is the cost per week or monthly: _____ \$ _____

Has there been any CPS involvement? Y/N _____

If so when and was a petition substantiated? _____

Employment:

Client Information:

Employer: _____

Address: _____

City / State / Zip _____

Position: _____ Date Employed (mm/yyyy): _____

Income (gross): \$ _____ **(please attach pay stub)**

Prior employment during marriage (include name of company, address, dates of employment and reason employment ended)

Do you receive health insurance as a benefit of your employment? _____

Is there a cost? _____ If so, what: _____

Who is insured under this policy? _____

What is the cost of COBRA? _____

What is the group number? _____

What is the contract number? _____

Do you have optical, dental, orthodontic or other special coverage? _____

Please describe: _____

Do you have investments, pensions, 401K's or other benefits, not described above, of your employment?
If yes, describe and provide the current balance of any account:

(Attach copy of current balance on all investments)

Spouse Information:

Employer: _____

Address: _____

City / State / Zip _____

Position: _____ Date Employed (mm/yyyy): _____

Income (gross): \$ _____ ***(please attach pay stub)***

Prior employment during marriage (include name of company, address, dates of employment and reason employment ended)

Does your spouse receive health insurance as a benefit of employment? _____

Is there a cost? _____ If so, what: _____

List all other benefits your spouse has from his/her employer: _____

(Attach copy of current balance on all investments)

Assets and Liabilities:

House Value: \$ _____ Year Purchased: _____

Mortgage Balance: \$ _____ Purchase Price: \$ _____

Ownership: _____ Equity: \$ _____

Monthly Payment: \$ _____ Insurance: \$ _____

Source of Funds for Down Payment: _____

Taxes: \$ _____

Other real estate: _____

Other cash assets (stocks, bonds, bank accounts, business interests, etc.):

(Attach copy of current values and/or balances)

Client life insurance: _____ (Any cash value? If so, please state value)

Spouse life insurance: (Any cash value? If so, please state value)

(Attach copy of current values, if known)

Client retirement plans: _____

Spouse retirement plans: _____

Vehicles:

Year:	Make:	Title:	Value/Indebtedness:	Possession:

Personal Property (Please list how acquired – ex. Gift to you or spouse, or owned pre-marriage. Use additional sheets if necessary):

Property Description:	Date Acquired (mm/dd/yyyy):	Value:

Inheritances, family gifts, debts, etc.: _____

Indebtedness:

Creditor:	Amount:	Name on Account & payee:	Account #:
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

Antenuptial agreement? Yes or No: _____

Terms: _____

Spousal support comments: _____
