

CLIENT INTAKE FORM

Client information: **How did you get my name?** _____

Client Name: _____

Street Address: _____ Apt: _____

City, State, Zip: _____

Can you be contacted here? _____ How Long at Current Address: _____

Do you wish to stay in the home: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Cell Phone: _____

Email: _____ Date of birth: _____ Age: _____

State of birth: _____ Social Security #: _____

Driver's License #: _____ Next of kin: _____

Physical description: Eyes: _____, Hair: _____, Ht: _____, Wt: _____, Race: _____

Identifying factors, like tattoos: _____

Spouse's information:

Spouse's Name: _____

Street Address (if different from above): _____

City, State, Zip: _____

How Long at Current Address (if different than above): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Date of Birth: _____ Age: _____ State of birth: _____

Social Security#: _____ Driver's License #: _____

Attorney's Name (If Known): _____

Next of kin: _____

Physical description: Eyes: _____, Hair: _____, Ht: _____, Wt: _____, Race: _____

Identifying factors, like tattoos: _____

MONTHLY EXPENSES:

Rent/Mortgage: _____

Utilities: (List each and state average monthly cost)

Car payment: _____ Cell phone payment: _____

Other monthly expenses not covered above: _____

MARRIAGE

Date of marriage: _____ By: _____

City: _____ County: _____ State: _____

Date of separation: _____

Client prior marriages and date(s) ended: _____

Spouse prior marriages and date(s) ended: _____

Prior name of client: _____

Restored: _____ yes _____ no

Prior name of spouse: _____

Restored: _____ yes _____ no

IF CHILDREN

Names of Children

Dates of Birth

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 caregiver: _____

What parenting time would you offer your spouse: _____

What is the current child care set up: _____

What is the cost per week or monthly: _____

Would this increase or decrease with the divorce: _____

What would the change be, if any: _____

EMPLOYMENT

Client information:

Employer: _____

Address: _____

Position: _____ Date employed: _____

Income: (gross) _____ (Please attach pay stub)

Prior employment for length of marriage: _____

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 No: _____ 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 give the current balance of any account: _____

Spouse information:

Employer: _____

Address: _____

Position: _____ Date employed: _____

Income: (gross) _____ Please attach copy of pay stub, if possible)

Prior employment for length of marriage: _____

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

If yes, is there any cost and state the amount: _____

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

ASSETS AND LIABILITIES

House Value: _____ Year Purchased: _____

Mortgage balance: _____ Purchase Price: _____

Ownership: _____ Equity: _____

Monthly payment: _____ Source of funds: _____

Insurance: _____

Taxes: _____

Other real estate: _____

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

Life Insurance (Client): _____

Life Insurance (Spouse): _____

Retirement plans (Client): _____

Retirement plans (Spouse): _____

VEHICLES:

<i>Year</i>	<i>Make</i>	<i>Title</i>	<i>Indebtedness</i>	<i>Possession</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

<i>Property Description:</i>	<i>Date Acquired:</i>	<i>Value:</i>

Inheritances, family gifts, debts, etc: _____

INDEBTEDNESS

<i>Creditor</i>	<i>Amount</i>	<i>Name on Account & payee</i>	<i>Account #</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Antenuptial agreement: ____ yes ____ no

Terms: _____

Spousal support comments: _____

Fault (if any, describe with supporting facts): _____

MEDICAL HISTORY

Client: _____

Spouse: _____

Children: _____

EDUCATION

Client: _____

Spouse: _____

Were any of these degrees obtained during the marriage? _ _____

If so, where did the money come from to pay for these degrees: _____

TEMPORARY ORDERS (If any):

OTHER COMMENTS/ISSUES:
