

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: _____

Facebook/Twitter account (if any): _____

Spouse's /other parent of your child Information: (Please answer below if this is a domestic case)

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: _____

Facebook/Twitter account (if any): _____

Monthly Expenses:

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

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

Gas: \$ _____ Electric: \$ _____

Water: \$ _____ Phone: \$ _____

Property taxes: \$ _____ Other Mortgages \$ _____

Other Expenses: (include: food, expenses for children, regular uninsured such as, prescriptions, orthodontic fees, all monthly obligations)

Car: \$ _____ Car Insurance: \$ _____

Cell Phone: \$ _____ Home Insurance \$ _____

Groceries: \$ _____ Gas / auto exp: \$ _____

Clothing: \$ _____ Student Loans: \$ _____

Educational Exp: \$ _____ Child Care: \$ _____

Children's sports: \$ _____ Musical costs: \$ _____

... \$ _____ ... \$ _____

... \$ _____ ... \$ _____

... \$ _____ ... \$ _____

... \$ _____ ... \$ _____

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: _____

Maiden name: _____

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 / other parent of your child 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:

Fault: (if any, describe with supporting facts)

Medical History:

Client:

Spouse:

Children:

Education:

Client:

Spouse:

Were any of these degrees obtained during the marriage (Yes / No)?

If yes, how were they financed?

Temporary Orders (if any):

Other Comments / Issues:

Signature:

Date:

