

CLIENT INTAKE FORM INSTRUCTIONS – DIVORCE

Please complete this form as fully and accurately as possible. If any information is not known to you, please insert a question mark (“?”) in the space provided. If you know who has the information please indicate that.

If you retain our legal services and subsequently realize that information provided on this form is incorrect, inaccurate or incomplete, please contact this office and provide the correct information.

Confidential information provided on this form is intended for the use of your legal counsel and is protected by the attorney-client privilege, even if you choose not to retain our services, because the attorney-client privilege extends to preliminary communications looking toward representation, even where representation is never undertaken.

CLIENT INTAKE FORM – DIVORCE

PERSONAL INFORMATION

1. FULL NAME: _____
2. SOCIAL SECURITY NUMBER: _____
3. MAIDEN NAME (if applicable): _____
4. DATE OF BIRTH (month/date/year): _____
5. DATE OF MARRIAGE: _____
6. PLACE OF MARRIAGE: _____
(city) (state) (county)
7. DATE OF SEPARATION: (if not applicable, please so indicate) _____
(month / date / year)
8. ADDRESS WHERE YOU LAST LIVED TOGETHER WITH SPOUSE:

(street number & name) (city) (state) (zip) (county)
9. DATE WHEN BREAKDOWN OF MARRIAGE OCCURED: _____
(month / date / year)
10. NUMBER OF THIS MARRIAGE FOR YOU (e.g.: 1st, 2nd, etc.): _____
11. HOME ADDRESS: _____
(street number & name) (city) (state) (zip) (county)
12. MAILING ADDRESS: _____
(street number & name) (city) (state) (zip)
13. PHONE NUMBER: _____
(home) (work) (cell)
14. E-MAIL ADDRESS*: _____
***We contact clients primarily through e-mail. If you would like to be contacted in another manner, please specify: _____**
15. EMPLOYER NAME: _____
16. EMPLOYER ADDRESS: _____
(street number & name) (city) (state) (zip) (county)
17. JOB TITLE: _____
18. ANNUAL INCOME: _____
19. DO YOU HAVE HEALTH INSURANCE? YES ___ / NO ___
20. HEALTH INSURANCE PROVIDER: _____

INFORMATION ABOUT YOUR SPOUSE

1. FULL NAME OF SPOUSE: _____

2. SPOUSE'S MAIDEN NAME (if applicable): _____
3. SOCIAL SECURITY NUMBER OF SPOUSE: _____
4. SPOUSE'S DATE OF BIRTH (month/date/year): _____
5. FULL NAME AND ADDRESS OF SPOUSE'S COUNSEL: (if your spouse is representing him/herself, or if you do not know whether your spouse has counsel, please so indicate):

6. NUMBER OF THIS MARRIAGE FOR SPOUSE (e.g.: 1st, 2nd, etc.): _____
7. ADDRESS OF SPOUSE: _____
(street number & name) (city) (state) (zip) (county)
8. NAME OF SPOUSE'S EMPLOYER: _____
9. ADDRESS OF SPOUSE'S EMPLOYER: _____
(street number & name) (city) (state) (zip)
10. ANNUAL INCOME: _____

INFORMATION ABOUT YOUR CHILD(REN)

FULL NAMES AND BIRTH DATES OF ALL CHILDREN BORN TO OR ADOPTED BY YOU OR YOUR SPOUSE, INCLUDING ANY CHILD WHOSE FATHER/MOTHER IS NOT YOUR SPOUSE (if any child is adopted, born to you but not to your spouse, born to your spouse but not to you, or if the relationship otherwise requires explanation, please so explain):

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

SPECIAL CONCERNS

1. Please describe any health concerns you or your child(ren) might have:

2. Please describe the issue(s) of greatest concern to you relevant to this divorce:

3. Please indicate whether you want to resume your maiden name (if applicable): YES / NO

PRIOR LEGAL PROCEEDINGS

1. Are there now or have there ever been any Abuse Prevention Orders (a/k/a Restraining Orders) between you and your spouse? YES / NO
- a. If so, from what court? _____
 - b. When was the most recent order entered? _____
 - c. What is the expiration date of that order? _____
2. Have there been any other court actions between you and your spouse? YES / NO
- a. If so, in what court? _____
 - b. What orders has that court entered? _____

IMPORTANT DOCUMENTS

Please provide to us as soon as possible an original marriage certificate related to your present marriage and copies of documents evidencing title to property, vehicles, retirement accounts, etc.

HOW DID YOU HEAR ABOUT US?
