

DATE: \_\_\_\_\_  
PAYMENT: \_\_\_\_\_

## FAMILY LAW INTAKE SHEET

### INFORMATION ABOUT YOU:

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

If you would like any correspondence from this firm sent to a different address,  
provide address: \_\_\_\_\_

\_\_\_\_\_

Telephone Numbers with area code:

Home: \_\_\_\_\_ Can we call this number? \_\_\_ Yes \_\_\_ No

Work: \_\_\_\_\_ Can we call this number? \_\_\_ Yes \_\_\_ No

Cell: \_\_\_\_\_ Can we call this number? \_\_\_ Yes \_\_\_ No

Fax: \_\_\_\_\_ Check here if you should be called 1<sup>st</sup> \_\_\_\_\_

Personal E-mail address: \_\_\_\_\_@\_\_\_\_\_

Work E-mail address: \_\_\_\_\_@\_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_

Gross Annual Income (before taxes): \_\_\_\_\_

How paid (eg weekly, bi-weekly, bi-monthly): \_\_\_\_\_

Maiden name (if applicable): \_\_\_\_\_

Place of Birth (City, County & State): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver's License Issuing State & Number: \_\_\_\_\_

Number of this Marriage (first, second, etc.): \_\_\_\_\_

Are you in the military? \_\_\_\_\_ If so, what branch? \_\_\_\_\_

Education (specify only *highest* level completed):  
Elementary/Secondary: \_\_\_\_\_ College: \_\_\_\_\_

**INFORMATION ABOUT THE OPPOSING PARTY:**

Full name: \_\_\_\_\_

Maiden name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers with area code:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Personal E-mail address: \_\_\_\_\_@\_\_\_\_\_

Work E-mail address: \_\_\_\_\_@\_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Gross Annual Income (before taxes): \_\_\_\_\_

How paid (eg weekly, bi-weekly, bi-monthly): \_\_\_\_\_

Place of Birth (City, County & State): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver's License Issuing State & Number: \_\_\_\_\_

Number of this Marriage (first, second, etc.): \_\_\_\_\_

Is the opposing party in the military? \_\_\_\_\_ If so, what branch? \_\_\_\_\_

Education (specify only *highest* level completed):  
Elementary/Secondary: \_\_\_\_\_ College: \_\_\_\_\_

**CHILDREN:**

Child (1) born of the marriage/relationship:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

In physical custody of: \_\_\_\_\_

If attending school, name of school and grade: \_\_\_\_\_

Child (2) born of the marriage/relationship:

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
In physical custody of: \_\_\_\_\_  
If attending school, name of school and grade: \_\_\_\_\_

Child (3) born of the marriage/relationship:

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
In physical custody of: \_\_\_\_\_  
If attending school, name of school and grade: \_\_\_\_\_

Child (4) born of the marriage/relationship:

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
In physical custody of: \_\_\_\_\_  
If attending school, name of school and grade: \_\_\_\_\_

Monthly cost of health insurance for children: \$ \_\_\_\_\_  
Who provides health insurance for children: \_\_\_\_\_  
Policy Name and Number: \_\_\_\_\_

Weekly cost of any work related childcare for children: \$ \_\_\_\_\_  
Who pays for said work related childcare: \_\_\_\_\_  
Name and address childcare provider: \_\_\_\_\_  
\_\_\_\_\_

Do either you, or the other parent, dispute or question the paternity of any of the above-named children? \_\_\_\_\_

OTHER DEPENDENTS OF YOURS (not of this union):

Full name	Birth date	Relationship	Custodian
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you pay support for any other children (not of this relationship)? \_\_\_\_\_  
If so, how much do you pay monthly? \_\_\_\_\_  
If this amount is court ordered, provide what court entered the order and when the order was entered: \_\_\_\_\_

Is the child/ren covered under health insurance? If yes, how much (for child/ren ONLY) \_\_\_\_\_ monthly.

**OTHER DEPENDENTS OF THE OPPOSING PARTY (not of this union):**

Full name	Birth date	Relationship	Custodian
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does the opposing party pay support for any other children (not of this relationship)? \_\_\_\_  
If so, how much do they pay monthly? \_\_\_\_\_

Is this amount is court ordered (if known)? If so, provide what court entered the order and when the order was entered: \_\_\_\_\_

**GENERAL:**

Date of Marriage: \_\_\_\_\_  
Place of Marriage (city, county & state or country): \_\_\_\_\_  
\_\_\_\_\_

Date of Separation: \_\_\_\_\_  
If there has been any attempt at reconciliation, what was the date of the last attempt:  
\_\_\_\_\_

Address at which you and your spouse last lived together as husband and wife:  
\_\_\_\_\_  
\_\_\_\_\_

In the past 12 months, when did you last:  
Live under the same roof as your spouse? \_\_\_\_\_  
Have sexual relations with your spouse? \_\_\_\_\_

Do you (or your spouse, as applicable), want your/her maiden name restored?  
\_\_\_\_\_

Do you own Real Estate with your spouse? \_\_\_\_\_  
Separately? \_\_\_\_\_ If so please provide date purchased \_\_\_\_\_,  
amount of purchase \_\_\_\_\_, equity \_\_\_\_\_.

What are your most important goals in the case (a divorce, sole custody, child support, avoiding having to pay alimony, etc.)?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_