

Domestic Relations Intake Form

Date: _____
How were you referred to the firm:

Consult Time:
Attorney:
H/NH:

Your Information:

Name: _____ Maiden Name _____

SSN: _____ Date of Birth: _____ Age: _____ State of Birth: _____

Address: _____ City/Town: _____

Zip Code: _____ Have you lived at this address for over 1 year: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Employer: _____

Address: _____

Wage/Salary: _____ Other Comp./Bonus/OT: _____

Education: Specify highest grade completed: Elementary or Secondary: _____ College: _____

Other Party's Information:

Name: _____ Maiden Name _____

SSN: _____ Date of Birth: _____ Age: _____ State of Birth: _____

Address : _____ City/Town: _____

Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Employer: _____

Address: _____

Wage/Salary: _____ Other Comp./Bonus/OT: _____

Education: Specify highest grade completed: Elementary or Secondary: _____ College: _____

Opposing Counsel\Firm: _____

Children's Information:

Name: _____ Age: _____ DOB: _____ SSN: xxx-xx- _____ State of Birth: _____

Name: _____ Age: _____ DOB: _____ SSN: xxx-xx- _____ State of Birth: _____

Name: _____ Age: _____ DOB: _____ SSN: xxx-xx- _____ State of Birth: _____

Name: _____ Age: _____ DOB: _____ SSN: xxx-xx- _____ State of Birth: _____

List the places where the minor child/ren of the parties has/have lived in the last five (5) years:

Dates From/To	Town/City, State	Parent(s)/Caretaker	Current Address/Contact Address of Parent/Caretaker	Which Children

Current Parenting Schedule: _____
Guardian *ad Litem*: _____
Current Child Support Order: \$ _____ per: week/bi-week/month

Did you complete the Child Impact Seminar: Yes/No When: _____

Other Information:

Date of Marriage: _____ Location (city, state): _____

Date of Separation: _____ Date of Divorce: _____

Reasons for Divorce: _____

Number of this Marriage: _____ How did marriage(s) end: _____

Number of this Marriage for Other Party: _____ How did marriage(s) end: _____

Court Information:

Current Orders/Filings: _____

Court Location: _____ Docket Number: _____

Next Court Date: _____ Purpose of Hearing: _____

Current Alimony Order: \$ _____ per: week/bi-week/month

Asset Information:

Real Estate Owned: _____

Fair Market Value: \$ _____ Current Mortgage Balance: \$ _____

Name(s) on Mortgage: _____

Names(s) on Deed: _____

Other Real Estate Owned: _____

Fair Market Value: \$ _____ Current Mortgage Balance: \$ _____

Name(s) on Mortgage: _____

Names(s) on Deed: _____

Retirement Accounts: _____

Life Insurance Policies: _____

Stocks, bonds, collections, other: _____

Motor Vehicles (make/model/vin/possession or disposition): _____

Health Insurance Coverage (company/type of plan/who provides it): _____

Do you have any genetic materials (sperm, eggs, embryos), if yes, where are they stored? Please provide all paperwork in your possession regarding the genetic materials, if you do not have it, please indicate below where it is.

Do you have a Prenuptial or Post Nuptial Agreement? Yes/No

Do you have any Estate Planning Documents? Yes/No

Debt Information:

Credit Cards Balance(s) owed \$ _____

Other outstanding bills (medical, personal, student loans, etc.): _____

Miscellaneous Information/Notes: _____

Emergency Contact (Closest Relative)

Name: _____

Address: _____

Home Phone: _____

Relationship to you: _____

I give permission to contact emergency contact should I be incapacitated or if the attorney cannot get ahold of me.

Signature

Date

STAFF USE ONLY:

Photo ID Received: _____