

INTAKE SHEET

Date: _____

Client's Full Name: _____

Referred By: _____

Maiden if applicable: _____

Address: _____

Mailing Address: _____

Email Address: _____

Telephone No: _____

Social Security No: _____

Date & Place of Birth: _____

Date and Place (City/State) of Marriage: _____

Approximate Date of Separation: _____

Employer, Address & Telephone:

Health Insurance, who carries the same you or spouse. Who is covered by the plan and state the name of the plan and costs expended by you for said coverage.

Religion: _____

Race: _____

Education, highest grade completed: _____

For any prior marriages, please state Spouse's name, the date and place of marriage, if any children were born of the marriage, state their names and dates of birth and the date, place and grounds for divorce or if widowed, date of death:

Do you desire family counseling: _____

Is the filing of this Petition influenced by the drinking or use of any drugs by any family member? _____

Do you want to file a Motion for Temporary Support? _____

Are any Restraining Orders necessary? _____

If so, against assets, bodily harm or other? _____

Spouse's Full Name: _____

Maiden if applicable: _____

Address: _____

Mailing Address: _____

If Different: _____

Telephone No: _____

Social Security No: _____

Date & Place of Birth: _____

Employer, Address & Telephone:

Religion: _____ Race: _____

Education, highest grade completed: _____

For any prior marriages, please state Spouse's name, the date and place of marriage, if any children were born of the marriage, state their names and dates of birth and the date, place and grounds for divorce or if widowed, date of death:

Children born of this marriage, giving name, date and place of birth (including children which have been adopted):

Do any of these children presently receive Public Assistance: _____

Has anyone applied for Public Assistance for any of these children: _____

If any real estate is owned, please list its address and who are the owners of the property:

For each automobile owned, motorcycle, campers, boats, etc., please state the make, model, year and to whom the vehicle is registered and insured:

Please list any stocks, bonds, or mutual funds owned: _____

Please list any pension plans, 401K plans or retirement plans presently in effect, who owns them and the company which they are through and list the beneficiaries thereon: _____

Bank Accounts: _____

Additional Information: _____

Life Insurance:

Company: _____
Owner: _____
Death Benefit: _____
Present Value: _____
Term: _____
Premium: _____

Bank Accounts:

Bank: _____

Savings: _____ Balance: _____

Names on Accounts: _____

Checking: _____ Balance: _____

Names on Accounts: _____

Accounts for Children:

Bank: _____

Broker: _____

Amounts: _____

Time Shares:

Jewelry, Antiques, Etc.

Debt:

Credit Cards:

1. Company: _____
Balance: _____
Monthly Payment: _____
Name on Account: _____
Purchases: _____

2. Company: _____
Balance: _____
Monthly Payment: _____
Name on Account: _____
Purchases: _____

3. Company: _____
Balance: _____
Monthly Payment: _____
Name on Account: _____
Purchases: _____

Other Debt:

Student Loans:

Personal

Debt:

Personal Loans:

Unsecured Debt:

Parent Loan:

THIS SECTION TO BE FILLED IN BY ATTORNEY

Fee: \$ _____

Hourly Rate: _____

Retainer Agreement Information: _____
