

DOMESTIC RELATIONS INTAKE INFORMATION

NAME: _____ Maiden Name: _____

ADDRESS: _____

TELEPHONE NO: (Home) _____ (Work) _____ (Cell) _____

E-MAIL ADDRESS: _____

Social Security No: _____

Birthdate: _____ Place of Birth: _____

Date of Marriage: _____ Place of Marriage: _____

Married by: _____ (Priest, Rabbi, Minister, Pastor, Judge, other)

Number of this Marriage: _____ (i.e., 1st, 2nd) Date of Separation: _____

Place of Employment: _____

Address/phone number of employer: _____

Average weekly wage _____

Driver's License No: _____ State: _____

Hgt. _____ Weight: _____ Hair color: _____ Race: _____ Eye color: _____ Scars/tatoos: _____

SPOUSE NAME: _____ Maiden Name: _____

Address (if different) _____

E-MAIL ADDRESS: _____

Phone No: _____ Social Security No: _____

Place of Employment: _____ Employer Address/Ph: _____

Job Description: _____ Average weekly wage: _____

Driver's License No: _____ State: _____

Birthdate: _____ Place of Birth: _____

Number of this marriage: _____

Hgt. _____ Weight: _____ Hair color: _____ Race: _____ Eye color: _____ Scars/tatoos: _____

Are you or your spouse receiving Aid to Dependent Children? If yes, what is the case number and the name of the caseworker?

Other Minor Children of either party: _____

Do you believe that custody will be an issue in the litigation?

Yes _____ No _____

Do you believe that property division will become an issue in the litigation?

Yes _____ No _____ If so, briefly list for me the major assets that you think will be at issue: _____

Do you and/or your spouse own a business? Yes _____ No _____

If so, what is the name, address and type of business? _____

How did you hear about us? (Referral source) _____