

DOMESTIC RELATIONS INTAKE SHEET

CONFIDENTIAL CLIENT HISTORY

*Personal Information*

	Full Name	Maiden/Former Name	Date of Birth	Social Security #
Yourself:	_____	_____	_____	_____
Spouse:	_____	_____	_____	_____

Minor Children of Marriage (Either born of or adopted):	Name	Date of Birth	Social Security #
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Your Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Address since: \_\_\_\_\_

Telephone (Home): ( ) \_\_\_\_\_ (Work): ( ) \_\_\_\_\_ Ext.: \_\_\_\_\_

All your home addresses for past two years:

Address	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Alternate Contact*

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

**Spouse's Information**

Spouse's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spouse's Address since: \_\_\_\_\_

Telephone (Home): ( ) \_\_\_\_\_

Spouse's Attorney's Name: \_\_\_\_\_

Spouse's Attorney's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Spouse's Attorney's Telephone: ( ) \_\_\_\_\_

**Marital Information**

Marital Status:  Married  Divorced  Separated  Widowed

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Are you and your spouse living together now?  Yes  No

If no, what was date of separation? \_\_\_\_\_

Where you were living at the time of separation? \_\_\_\_\_

If separated, and if all of your addresses since separation are not listed above, please list others here:

Address	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you an interest in reconciliation?  Yes  No

Has your spouse (as far as you know)?  Yes  No

Please give dates and names of personal or marital counselors seen by you and/or your spouse.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Do you anticipate a dispute about custody of the children?  Yes  No



**Your Spouse's Employment**

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

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

Position: \_\_\_\_\_

Date Started: \_\_\_\_\_

Gross Weekly Pay: \_\_\_\_\_

Net Weekly Pay: \_\_\_\_\_

• **Prior Employment:**

Employer Name	Position Held	Dates of Employment	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Other Sources of Income**

Do you or your spouse receive income from any other source (e.g., AFDC, SSI, disability, etc.)?  Yes

No

If yes, provide

Recipient	Source	Weekly amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Educational Background**

Degrees awarded or highest educational level reached:

By yourself: \_\_\_\_\_

By your spouse: \_\_\_\_\_

**Preliminary Financial Information**

- Please list any bank accounts to which you or your spouse have access. H = Husband; W = Wife; J = Joint

Account Type	Account Number	Bank Name and City or Town	Access By (H, W, J)	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- Please list credit cards and charge accounts, who can use them and who is responsible for the bill.

Credit Card or Account Name	Who May Use (H, W, J)	Responsible Party (H, W, J)	Approximate Amount Owed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate names and addresses of your living parents and siblings:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can you look to any of these people for financial or other assistance if necessary?  Yes  No

Whom from list above? \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

\_\_\_\_\_









—Other Insurance: (Include insurer, persons covered, nature and extent of coverage and whether group or individual, by whom paid and how much, and whether both spouses can remain covered after divorce is final.)

(a) Medical:

(i) Hospital:

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(ii) Dental:

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(iii) Other:

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(b) Disability:

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(c) Legal Insurance:

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(d) Other:

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• Children's Assets and Income:

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