

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? _____

DOMESTIC RELATIONS INFORMATION SHEET

- Significant Personal Effects—Automobiles; jewelry; art; antiques; boats; aircraft; collections; furs; tangible personal property:

Item	In Whose Name (H, W, J)	% Contributed by		Present Value	Location of Item
		H	W		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- Real Estate:

Item or Parcel	Location	Purchased by (H, W, J)	Owned by (H, W, J)	% Contributed by		Present Value	Mortgage Balance
				H	W		
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

- Business Interests, including sole proprietorships, corporations, partnerships:

Item	In Whose Name (H, W, J)	% Contributed by		Present Value	Location of Item
		H	W		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

—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:

(ii) Dental:

(iii) Other:

(b) Disability:

(c) Legal Insurance:

(d) Other:

• Children's Assets and Income:

- Expected Gifts or Inheritance (you, your spouse and children): When, by whom, from whom, and in what amount (if known):

Liabilities of You and Your Spouse

- Mortgages on Real Estate:

Property Location	Owed by (H, W, J)	Owed to	Present Amount	When Item Due
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- Notes or Loans Owed to Banks and Others:

Item Type	Owed by (H, W, J)	Owed to	Present Amount	When Item Due
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- Other Debts (i.e., car and tuition loans, consumer credit or alimony obligations):

Item Type	Owed by (H, W, J)	Owed to	Present Amount	When Item Due
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Special Medical and Educational Needs:

Item Type	Owed by (H, W, J)	Owed to	Present Amount	When Item Due
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- If any of your children have special educational needs, please explain on a separate sheet.
- If you, your spouse or your children are currently receiving medical (including psychological or psychiatric) care, please provide full details on a separate sheet, including names and addresses of doctors, term, frequency and cost.

Annual Income of You and Your Spouse

Type of Income	Self	Spouse	Joint
Gross Salary			
Dividend Income	_____	_____	_____
Interest Income	_____	_____	_____
Income from Trusts	_____	_____	_____
Rental Income	_____	_____	_____
Other Income	_____	_____	_____
TOTAL ANNUAL INCOME (Sum of Above)	_____	_____	_____

- Existing arrangements, including court orders, as to support, visitation, family finances.
