

Originating atty: LGB ETB PGN JDM
Working atty: _____ _____ _____ _____

CONFIDENTIAL DOMESTIC CLIENT INTAKE FORM

Date: _____

How did you get our name? _____

√ Type of Case: Divorce _____
 Separation _____
 Paternity _____
 Child Support _____
 Custody _____
 Name Changes _____

Name: _____

Address: _____

(If you are still living with your spouse, please give us an alternate mailing address as we will not send mail to the house.)

Home Telephone: _____ **Date of Birth:** _____

Cell Phone: _____ **Pager #:** _____

Fax#: _____

Employer: _____

Address: _____

Work Telephone: _____ **Fax Number:** _____

E-Mail Address: _____

Is your e-mail secure from access by opposing party? (Yes or No) _____

Employment Position: _____

Number of Years there: _____ **Income:** \$ _____

Social Security Number: _____

INFORMATION about SPOUSE or CHILD'S OTHER PARENT

Name: _____

Address: _____

Telephone: _____ Date of Birth: _____

Employer: _____

Address: _____

Position: _____ Income: \$ _____

Number of Years there: _____ SS #: _____

Maiden Name (You / Your Spouse): _____

Who provides Health Insurance for:

You: _____ Cost: \$ _____

Spouse: _____ Cost: \$ _____

Child(ren): _____ Cost: \$ _____

Total cost for Family Coverage: \$ _____

CHILDREN'S INFORMATION

NAME

DATE OF BIRTH

AGE

The law requires that we disclose the children's addresses where they have resided for the last five years. Please list each address and the date(s) where each of your children has lived during that period and with whom.

Daycare Cost Per Month: \$ _____

Private School Tuition: \$ _____

Date of Marriage: _____

City and State of Marriage: _____

Date last lived together: _____

Are you or your spouse paying or receiving child support in another case?

Yes _____ No _____ Amount: \$ _____

Briefly Explain the Circumstances of Your Separation:

FAMILY HOME INFORMATION

Address: _____

Date of Purchase: _____

Title Holder: _____

Current Value: \$ _____

Current Mortgage Balance: \$ _____

2nd Trust Balance: \$ _____

Monthly Mortgage Payment: \$ _____

2nd Trust Monthly Payment: \$ _____

2nd PROPERTY INFORMATION

Address: _____

Date of Purchase: _____

Title Holder: _____

Current Value: \$ _____

Current Mortgage Balance: \$ _____

2nd Trust Balance: \$ _____

Monthly Mortgage Payment: \$ _____

2nd Trust Monthly Payment: \$ _____

3rd PROPERTY INFORMATION

Address: _____

Date of Purchase: _____

Title Holder: _____

Current Value: \$ _____

Current Mortgage Balance: \$ _____

2nd Trust Balance: \$ _____

Monthly Mortgage Payment: \$ _____

2nd Trust Monthly Payment: \$ _____

VEHICLE INFORMATION

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Purchased</u>	<u>Titled to whom?</u> <u>H/W/J</u>	<u>Payments</u>	<u>Who</u> <u>Drives?</u>
1)	_____	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____	_____

INVESTMENTS - YOU and/or SPOUSE

<u>Bank / Location</u>	<u>Amount</u>
Stock _____	_____
IRA _____	_____
Keogh _____	_____
Money Market _____	_____
CD _____	_____

Business Owned? Name and Type of Business: _____

RETIREMENT ASSETS - YOU and/or SPOUSE

Do You/Your Spouse have Retirement? _____ Value: \$ _____
(Yes or No)

Please provide the specific name of the plan, the plan administrator's name , address and phone number for any and all retirement assets in your name or your spouse's name.

2nd RETIREMENT ASSET - YOU and/or SPOUSE

Please provide the specific name of the plan, the plan administrator's name , address and phone number for any and all retirement assets in your name or your spouse's name.

3rd RETIREMENT ASSET - YOU and/or SPOUSE

Please provide the specific name of the plan, the plan administrator's name , address and phone number for any and all retirement assets in your name or your spouse's name.

4th RETIREMENT ASSET - YOU and/or SPOUSE

Please provide the specific name of the plan, the plan administrator's name , address and phone number for any and all retirement assets in your name or your spouse's name.

DEBTS, CREDIT CARDS

<u>Name of Card</u>	<u>Amount Due</u>	<u>Monthly Minimum Payment</u>	<u>Responsible Party</u>
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

THANK YOU.

Please return form to receptionist upon completion.