FRICE S TO:  DOMESTIC RELATIONS CLIENT INFORMATION INTAKE FORM  FIRST INTERVIEW DATE: TYPE: Dissolution Separation Modification  CLIENT NAME:  RESIDENCE ADDRESS:  RESIDENCE PHONE: WORK PHONE: PAGER/CELL:  MALLING ADDRESS:  STILL SHARING RESIDENCE? VES NO BEST CONTACT #  SPOUSE / OTHER PARTY NAME:  ADDRESS FOR SERVICE:  OPPOSING ATTORNEY IF KNOWN:  DATE/PLACE OF THIS MARRIAGE: Gity County State  MALDEN NAME TO BE RESTORED? NO IF YES, NAME:    CLIENT INFORMATION SPOUSE INFORMATION  DRIVER'S LICENSE #  FORMER/OTHER NAMES  SOCIAL SECURITY #  BIRTH DATE / AGE  BIRTHPLACE  EMPLOYER  OCCUPATION  MONTHLY INCOME  EDUCATION (# of years))  # OF THIS MARRIAGE # Dissolved Death # Dissolved Death  MILITARY SERVICE STATUS Active Duty Reserves N / A Active Duty Reserves N / A CHILD NAME AGE/DOB LIVING WITH 5 YEAR HISTORY SOCIAL SECURITY # (required)  Mom Dad   Mom Salter Processor   Mom Salter Proce	Retainer: \$Paid:						Referred By:				
DOMESTIC RELATIONS CLIENT INFORMATION INTAKE FORM  FIRST INTERVIEW DATE:	Estimate: \$	_Y N						Tha	nks:		
FIRST INTERVIEW DATE:											
FIRST INTERVIEW DATE:	-	OMES	TIC D	EL ATIO		ENT INFOR	#ATION	INTAKE EOE	) N //		
CLIENT NAME: RESIDENCE ADDRESS: RESIDENCE PHONE: WORK PHONE: PAGER/CELL: MAILING ADDRESS: STILL SHARING RESIDENCE? YES NO BEST CONTACT#  SPOUSE / OTHER PARTY NAME: ADDRESS FOR SERVICE:  OPPOSING ATTORNEY IF KNOWN: DATEPLACE OF THIS MARRIAGE:  CLIENT INFORMATION SPOUSE INFORMATION  DRIVER'S LICENSE #  FORMER/OTHER NAMES  SOCIAL SECURITY #  BIRTH DATE / AGE  BIRTHPLACE  EMPLOYER  OCCUPATION  MONTHLY INCOME  EDUCATION   Dissolved   Death   #   Dissolved   Death   #    OF THIS MARRIAGE   #   Dissolved   Death   #   Dissolved   Death   #    OF THIS MARRIAGE   #   Dissolved   Death   #   Dissolved   Death   #    CHILD NAME   AGE/DOB   LIVING WITH   SYEAR HISTORY   SOCIAL SECURITY # (required)    OCCUPATION   Mom   Dad   Dad   Dad   Dad    CUSTODY AWARDED TO: CHILD SUPPORT: SPOUSAL SUPPORT:											
RESIDENCE ADDRESS: MALLING ADDRESS: STILL SHARING RESIDENCE? YES NO BEST CONTACT #  SPOUSE / OTHER PARTY NAME:  ADDRESS FOR SERVICE:  OPPOSING ATTORNEY IF KNOWN:  DATE/PLACE OF THIS MARRIAGE:  date city county stat  DATE OF SEPARATION: TEN (10) YEAR ISSUES? YES NO  MAIDEN NAME TO BE RESTORED? NO IF YES, NAME:  CLIENT INFORMATION SPOUSE INFORMATION  DRIVER'S LICENSE #  FORMER/OTHER NAMES  SOCIAL SECURITY #  BIRTH DATE / AGE  BIRTHPLACE  EMPLOYER  OCCUPATION  MONTHLY INCOME  EDUCATION (# of years)  # OF THIS MARRIAGE # Dissolved Death # Dissolved Death  MILITARY SERVICE STATUS Active Duty Reserves N/A Active Duty Reserves N/A  CHILD NAME AGE/DOB LIVING WITH 5 YEAR HISTORY SOCIAL SECURITY # (required)  Mom Dad  Mom Dad  Mom Dad  CUSTODY AWARDED TO: VISITATION RIGHTS:  SPOUSAL SUPPORT:  MEDICAL / DENTAL INSURANCE COVERAGE: MOM DAD BOTH  LIFE INSURANCE POLICY: DAD S  MOM S	<b>CLIENT NAME:</b>								_		
STILL SHARING RESIDENCE? YES NO BEST CONTACT #  SPOUSE / OTHER PARTY NAME:  ADDRESS FOR SERVICE:  OPPOSING ATTORNEY IF KNOWN:  DATE/PLACE OF THIS MARRIAGE:    Gate   City   County   State	RESIDENCE ADDR	ESS: _									
STILL SHARING RESIDENCE? YES NO BEST CONTACT #  SPOUSE / OTHER PARTY NAME:  ADDRESS FOR SERVICE:  OPPOSING ATTORNEY IF KNOWN:  DATE/PLACE OF THIS MARRIAGE:    Gate   City   County   State	RESIDENCE PHON	E:			_WORK	PHONE:		PAGER/CELL:			
SPOUSE / OTHER PARTY NAME:  ADDRESS FOR SERVICE:  OPPOSING ATTORNEY IF KNOWN:  DATE/PLACE OF THIS MARRIAGE:  date city county state  DATE OF SEPARATION:  TEN (10) YEAR ISSUES? YES NO  MAIDEN NAME TO BE RESTORED? NO IF YES, NAME:    CLIENT INFORMATION   SPOUSE INFORMATION	MAILING ADDRES	S:	ICEO								
ADDRESS FOR SERVICE:  OPPOSING ATTORNEY IF KNOWN:  DATE/PLACE OF THIS MARRIAGE:    date											
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DATE /PLACE OF THIS MARRIAGE:    date   city   county   state											
DATE OF SEPARATION:  MAIDEN NAME TO BE RESTORED?  NO IF YES, NAME:    CLIENT INFORMATION   SPOUSE INFORMATION											
DATE OF SEPARATION:  MAIDEN NAME TO BE RESTORED?  NO IF YES, NAME:    CLIENT INFORMATION   SPOUSE INFORMATION	DATE/PLACE OF T	HIS MA	ARRIA	GE:	data		oity	county		state	
MAIDEN NAME TO BE RESTORED? NO IF YES, NAME:    CLIENT INFORMATION   SPOUSE INFORMATION											
CLIENT INFORMATION   SPOUSE INFORMATION	MAIDEN NAME TO	HON:_ TRE RE	STOR	FD2	NO I	TE	N (10) Y1 IF•	EAR ISSUES?	YES	NO	
DRIVER'S LICENSE # FORMER/OTHER NAMES  SOCIAL SECURITY # BIRTH DATE / AGE  BIRTHPLACE  EMPLOYER  OCCUPATION  MONTHLY INCOME  EDUCATION (# of years)  # OF THIS MARRIAGE # Dissolved Death # Dissolved Death  MILITARY SERVICE STATUS Active Duty Reserves N / A Active Duty Reserves N / A  CHILD NAME AGE/DOB LIVING WITH 5 YEAR HISTORY SOCIAL SECURITY # (required)  Mom Dad  Mom Dad  Mom Dad  CUSTODY AWARDED TO: VISITATION RIGHTS: CHILD SUPPORT: SPOUSAL SUPPORT:  MEDICAL / DENTAL INSURANCE COVERAGE: MOM DAD BOTH  LIFE INSURANCE POLICY: DAD \$ MOM \$	MAIDEN NAME TO	DE RE	BION							ION	
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SOCIAL SECURITY # BIRTH DATE / AGE BIRTHPLACE  EMPLOYER  OCCUPATION  MONTHLY INCOME  EDUCATION (# of years)  # OF THIS MARRIAGE # Dissolved Death # Dissolved Death  MILITARY SERVICE STATUS Active Duty Reserves N / A Active Duty Reserves N / A  CHILD NAME AGE/DOB LIVING WITH 5 YEAR HISTORY SOCIAL SECURITY # (required)  Mom Dad  Mom Dad  Mom Dad  CUSTODY AWARDED TO: VISITATION RIGHTS: CHILD SUPPORT: SPOUSAL SUPPORT:  MEDICAL / DENTAL INSURANCE COVERAGE: MOM DAD BOTH  LIFE INSURANCE POLICY: DAD \$ MOM \$	DRIVER'S LICEN	SE#									
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OCCUPATION  MONTHLY INCOME  EDUCATION (# of years)  # OF THIS MARRIAGE # Dissolved Death # Dissolved Death  MILITARY SERVICE STATUS Active Duty Reserves N / A Active Duty Reserves N / A  CHILD NAME AGE/DOB LIVING WITH 5 YEAR HISTORY SOCIAL SECURITY # (required)  Mom Dad  Mom Dad  Mom Dad  CUSTODY AWARDED TO: VISITATION RIGHTS:  CHILD SUPPORT: SPOUSAL SUPPORT:  MEDICAL / DENTAL INSURANCE COVERAGE: MOM DAD BOTH  LIFE INSURANCE POLICY: DAD \$ MOM \$	BIRTHPLACE										
MONTHLY INCOME  EDUCATION (# of years)  # OF THIS MARRIAGE # Dissolved Death # Dissolved Death  MILITARY SERVICE STATUS Active Duty Reserves N/A Active Duty Reserves N/A  CHILD NAME AGE/DOB LIVING WITH 5 YEAR HISTORY SOCIAL SECURITY # (required)  Mom Dad  Mom Dad  Mom Dad  CUSTODY AWARDED TO: VISITATION RIGHTS: CHILD SUPPORT: SPOUSAL SUPPORT:  MEDICAL / DENTAL INSURANCE COVERAGE: MOM DAD BOTH  LIFE INSURANCE POLICY: DAD \$ MOM \$	EMPLOYER										
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MILITARY SERVICE STATUS  Active Duty  Reserves  N /A  Active Duty  Reserve	EDUCATION (# of	years)									
CHILD NAME AGE/DOB LIVING WITH 5 YEAR HISTORY SOCIAL SECURITY # (required)    Mom   Dad	# OF THIS MARRIAGE		#		Dissolved	Death	#	Dissolved	Death		
Mom Dad  Mom Dad  Mom Dad  Mom Dad  Mom Dad  CUSTODY AWARDED TO:  CHILD SUPPORT:  SPOUSAL SUPPORT:  MEDICAL / DENTAL INSURANCE COVERAGE: MOM DAD BOTH  LIFE INSURANCE POLICY: DAD \$ MOM \$	MILITARY SERVICE STATUS		Active D	uty	Reserves	N/A	<b>Active Duty</b>	Reserves	N/A		
Mom Dad  Mom Dad  Mom Dad  CUSTODY AWARDED TO:  CHILD SUPPORT:  SPOUSAL SUPPORT:  MEDICAL / DENTAL INSURANCE COVERAGE: MOM DAD BOTH  LIFE INSURANCE POLICY: DAD \$ MOM \$	CHILD NAME	AGE/	/DOB	LIVING	WITH	5 YEAR HI	STORY	SOCIAL SEC	CURITY # (re	equired)	
Mom Dad    Mom Dad				Mom	Dad						
CUSTODY AWARDED TO:  CHILD SUPPORT:  MEDICAL / DENTAL INSURANCE COVERAGE: MOM DAD BOTH  LIFE INSURANCE POLICY: DAD \$ MOM \$				Mom	Dad						
CUSTODY AWARDED TO:VISITATION RIGHTS: CHILD SUPPORT:SPOUSAL SUPPORT: MEDICAL / DENTAL INSURANCE COVERAGE: MOM DAD BOTH LIFE INSURANCE POLICY: DAD \$ MOM \$				Mom	Dad						
CUSTODY AWARDED TO:VISITATION RIGHTS: CHILD SUPPORT:SPOUSAL SUPPORT: MEDICAL / DENTAL INSURANCE COVERAGE: MOM DAD BOTH LIFE INSURANCE POLICY: DAD \$ MOM \$				Mom	Dad						
CHILD SUPPORT: SPOUSAL SUPPORT: MEDICAL / DENTAL INSURANCE COVERAGE: MOM DAD BOTH LIFE INSURANCE POLICY: DAD \$ MOM \$	CUSTODY AWAR	DED T	`O:			VISITATIO	ON RIG	HTS:			
MEDICAL / DENTAL INSURANCE COVERAGE: MOM DAD BOTH LIFE INSURANCE POLICY: DAD \$ MOM \$			<u></u>								
	MEDICAL / DENT	TAL IN	SURA	NCE CO	VERAG				вотн		
	LIFE INSURANCI	E POLI	CY:	DAD \$	S		_ 1	MOM \$			
	ATTORNEY FEES	S PAID	<b>BY:</b> _								

## **REAL PROPERTY**

	(Legal descriptions of all real property are required)								
CLIE	NT	SPOUSE							
PERSONAL PROPERTY									
CLIE	NT	SPOUSE							
VEHICLES									
CLIE	NT	SPOUSE							
MAKE	YEAR	LICENSE or VIN	AWARDED TO						
	DEE	BTS							
CLIE	NT	SPOUSE							
RETIREMENT PLANS									
CLIE	NT	SPOUSE							