

Retainer: \$ \_\_\_\_\_  
 Paid: \_\_\_\_\_ Y N  
 Estimate: \$ \_\_\_\_\_  
 To: \_\_\_\_\_

Referred By: \_\_\_\_\_  
 Thanks: \_\_\_\_\_

**DOMESTIC RELATIONS CLIENT INFORMATION INTAKE FORM**

FIRST INTERVIEW DATE: \_\_\_\_\_ TYPE: Dissolution Separation Modification \_\_\_\_\_  
 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: \_\_\_\_\_  
 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		
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				
		Mom	Dad				

CUSTODY AWARDED TO: \_\_\_\_\_ VISITATION RIGHTS: \_\_\_\_\_  
 CHILD SUPPORT: \_\_\_\_\_ SPOUSAL SUPPORT: \_\_\_\_\_  
 MEDICAL / DENTAL INSURANCE COVERAGE: MOM DAD BOTH  
 LIFE INSURANCE POLICY: DAD \$ \_\_\_\_\_ MOM \$ \_\_\_\_\_  
 ATTORNEY FEES PAID BY: \_\_\_\_\_ OTHER: \_\_\_\_\_

**REAL PROPERTY**  
(Legal descriptions of all real property are required)

CLIENT	SPOUSE

**PERSONAL PROPERTY**

CLIENT	SPOUSE

**VEHICLES**

CLIENT		SPOUSE	
MAKE	YEAR	LICENSE or VIN	AWARDED TO

**DEBTS**

CLIENT	SPOUSE

**RETIREMENT PLANS**

CLIENT	SPOUSE