

DIVORCE CLIENT INTAKE FORM

Date: _____

1. STATISTICAL INFORMATION:

CLIENT:

Client Name: _____

Client's Maiden Name: _____

Address: _____

County: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Race: _____

Employment: _____

Address of Employment: _____

Occupation: _____

Number of Previous Marriages: _____

How were marriages terminated? _____

Current Military Service? _____

Education: (Highest level completed) _____

SPOUSE:

Spouse's Name: _____

Spouse's Maiden Name: _____

Address: _____

County: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Race: _____

Employment: _____

Address of Employment: _____

Occupation: _____

Number of Previous Marriages: _____

How were the marriages terminated? _____

Current Military Service? _____

Education: (Highest level completed) _____

MARRIAGE INFORMATION:

Date of Marriage: _____

City and State Where Married: _____

Date of Separation: _____

CHILDREN'S INFORMATION:

Names (oldest to youngest): _____

Date(s) of Birth: _____
Social Security Number(s): _____
ADDRESSES: (Where and with whom the children have lived for the last 5 years)

2. OPPOSING ATTORNEY:

Name: _____
Docket Number: _____
Next Court Date and Time: _____

3. DEBTS OF THE MARRIAGE:

Name of Creditor: _____
Amount Owed: _____
Acct Number: _____
Who will pay debt? _____

(Attach additional sheet if necessary)

4. REAL ESTATE:

1. Real Estate located at: _____
Who owns the property? _____
Debt Amount: _____
Lender's name and address: _____
Account Number: _____
Who will assume and pay debt: _____
2. Real Estate located at: _____
Who owns the property? _____
Debt Amount: _____
Lender's name and address: _____
Account Number: _____
Who will assume and pay debt: _____

5. PERSONAL PROPERTY:

Please list all of the valuable items of personal property that will be, or may be in dispute, the value of each, and who should receive the property.

<u>Property</u>	<u>Value</u>	<u>Who receives?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. FINANCIAL/BANKING ACCOUNTS:

Client: _____
Spouse: _____

7. ATTORNEY FEES/COURT COSTS:

How will attorney fees be paid? _____
Who will be responsible for Court costs? (Split, Client, or Spouse) _____

8. AUTOMOBILES:

Client's: Make Model Year Amount of Debt Lender Value
Spouse's: Make Model Year Amount of Debt Lender Value

9. OTHER VEHICLES:

Boats, ATVs, Jet Ski, Tractors, Riding Lawnmowers
Name Debt Who will assume debt and item?

10. RETIREMENT: 401K, IRAs, Stocks and Bonds:

1. Type of account: _____
Name of account: _____
Owner of account: _____
2. Type of account: _____
Name of account: _____
Owner of account: _____

11. RESTORATION OF FORMER/MAIDEN NAME?

12. INSURANCE:

Husband

Company: _____
Policy No.: _____

Wife

Company: _____
Policy No.: _____

13. CHILD SUPPORT WORKSHEET and PARENTING PLAN INFORMATION:

NUMBER OF DAYS IN CUSTODY OF EACH PARENT:

Child's Name: _____
of days with Mother: _____ # of days with Father: _____
Child's Name: _____
of days with Mother: _____ # of days with Father: _____

INCOME: (Gross Monthly)

Mother: _____
Father: _____

HEALTH INSURANCE PREMIUM:

PAID BY: _____

PAID BY: _____

CHILDCARE COSTS:

PAID BY: _____

PAID BY: _____

RECURRING MEDICAL EXPENSES:

OTHER EXPENSES ROUTINELY PAID:

Such as music, private school, athletics etc. describe

SUPPORT OF OTHER CHILDREN

If you or your spouse are supporting other children, please provide their names, dates of birth, amounts paid, and Docket #: _____

Please send this completed form to bpl@brennanlenihanlaw.com.