

**DIVORCE INTAKE**

DATE: \_\_\_\_\_

**1. FULL NAME OF CLIENT** (plus maiden name) \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHPLACE (State): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ RACE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

HOME PHONE NO.: \_\_\_\_\_

LENGTH OF RESIDENCE IN [COUNTY]: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

WORK PHONE NO.: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SALARY PER MONTH: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_

EDUCATION (circle): grade school/high school/college/graduate/tradeschool

**If you have any wage stubs or other income documentation including W-2 forms, tax returns, pension plan documents, profit sharing plan documents, please provide.**

**2. FULL NAME OF SPOUSE** (plus maiden name): \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ RACE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

HOME PHONE NO.: \_\_\_\_\_

LENGTH OF RESIDENCE IN [COUNTY]: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

WORK PHONE NO.: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SALARY PER MONTH: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

EDUCATION (circle): grade school/high school/college/graduate/tradeschool

If you have any wage stubs or other income documentation including W-2 forms, tax returns, pension plan documents, profit sharing plan documents for your spouse, please provide.

WILL SERVICE OF PROCESS BE NECESSARY? \_\_\_\_\_

Should we ask for temporary orders on property? \_\_\_\_\_

On support for spouse? \_\_\_\_\_ On children? \_\_\_\_\_

Do you want to send Respondent a notice of hearing on temporary orders when served?  
\_\_\_\_\_

Do you want to ask for attorneys' fees? \_\_\_\_\_

**3. DATE OF MARRIAGE:** \_\_\_\_\_

PLACE OF MARRIAGE (city and state): \_\_\_\_\_

ARE YOU NOW SEPARATED? \_\_\_\_\_

DATE OF SEPARATION: \_\_\_\_\_

HAVE YOU PREVIOUSLY FILED FOR DIVORCE? \_\_\_\_\_

DO YOU THINK YOUR SPOUSE HAS AN ATTORNEY? \_\_\_\_\_

IF SO, NAME: \_\_\_\_\_

IF A DIVORCE IS GRANTED WILL THERE BE A CHANGE OF NAME?

NO \_\_\_\_\_ YES: \_\_\_\_\_

**4. CHILDREN:**

A. NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

BIRTHPLACE (include county): \_\_\_\_\_

SEX: \_\_\_\_

SS#: \_\_\_\_\_

Current residence: \_\_\_\_\_

B. NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_

SEX: \_\_\_\_\_

SS#: \_\_\_\_\_

Current residence: \_\_\_\_\_

C. NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_

SEX: \_\_\_\_\_

SS#: \_\_\_\_\_

Current residence: \_\_\_\_\_

Who will the children live with \_\_\_\_\_

Use Standard Visitation? \_\_\_\_\_

Who are the child(ren) living with now? \_\_\_\_\_

Are the children covered by health insurance now? \_\_\_\_\_

If yes, where? \_\_\_\_\_

Has anyone received Aid to Families with Dependent Children (Government Assistance); Medicaid or is the Attorney General's office involved in any way? \_\_\_\_\_

Have either you or your spouse been a party to a Family Protective Order?  
\_\_\_\_ Yes \_\_\_\_ No (If the answer is yes, provide a copy of the order).

Do either you or your spouse have children from previous marriages, if so, list: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

**5. PROPERTY:**

**REAL ESTATE:**

1. ADDRESS: \_\_\_\_\_

MORTGAGE CO.: \_\_\_\_\_

MORTGAGE BALANCE: \_\_\_\_\_

ESTIMATED MARKET VALUE: \_\_\_\_\_

YEAR BOUGHT: \_\_\_\_\_

MONTHLY PAYMENTS: \_\_\_\_\_

**BANK ACCOUNTS, SAVINGS ACCOUNTS, CD'S, CREDIT UNION, ETC.:**

1. NAME OF INSTITUTION: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

AMOUNT ON DEPOSIT: \_\_\_\_\_

NAMES ON WITHDRAWAL CARDS: \_\_\_\_\_

2. NAME OF INSTITUTION: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

AMOUNT ON DEPOSIT: \_\_\_\_\_

NAMES ON WITHDRAWAL CARDS: \_\_\_\_\_

**VEHICLES, BOATS, MOTORCYCLES:**

1. YEAR: \_\_\_\_\_ MODEL: \_\_\_\_\_ WHO DRIVES? \_\_\_\_

MORTGAGE WITH: \_\_\_\_\_

VIN # \_\_\_\_\_

2. YEAR: \_\_\_\_\_ MODEL: \_\_\_\_\_ WHO DRIVES? \_\_\_\_

MORTGAGE WITH: \_\_\_\_\_

VIN # \_\_\_\_\_

3. YEAR: \_\_\_\_\_ MODEL: \_\_\_\_\_ WHO DRIVES? \_\_\_\_\_

MORTGAGE WITH: \_\_\_\_\_

VIN # \_\_\_\_\_

Whose name are the vehicles listed in? \_\_\_\_\_

Will a power of attorney be necessary? \_\_\_\_\_

LIFE INSURANCE:

1. NAME OF COMPANY: \_\_\_\_\_

INSURING LIFE OF: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

2. NAME OF COMPANY: \_\_\_\_\_

INSURING LIFE OF: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

STOCKS, MUTUAL FUNDS:

1. NAME OF STOCK: \_\_\_\_\_

ESTIMATED AMOUNT INVESTED: \_\_\_\_\_

RETIREMENT, PENSION OR OTHER BENEFITS:

DO YOU PARTICIPATE IN ANY RETIREMENT PLAN? \_\_\_\_\_

DOES YOUR SPOUSE PARTICIPATE IN ANY PLAN? \_\_\_\_\_

DO YOU PARTICIPATE IN ANY SAVINGS PLAN? \_\_\_\_\_

DOES YOUR SPOUSE PARTICIPATE IN ANY SAVINGS PLAN? \_\_\_\_\_

**6. DEBTS:**

DOES ANYONE OWE YOU OR YOUR SPOUSE ANY MONEY? \_\_\_\_\_

IF SO, EXPLAIN: \_\_\_\_\_

ARE YOU INVOLVED IN ANY LAWSUITS? \_\_\_\_\_

IF SO, EXPLAIN: \_\_\_\_\_

LIST LIABILITIES OTHER THAN HOUSE AND/OR AUTOMOBILES:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**7. SEPARATE PROPERTY:**

DO YOU OWN ANY SEPARATE PROPERTY (gifts to only you during the marriage and all property prior to marriage)? \_\_\_\_\_

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DOES YOUR SPOUSE OWN ANY SEPARATE PROPERTY (gifts to only you during the marriage and all property prior to marriage)? \_\_\_\_\_

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**8. MISCELLANEOUS INFORMATION:**

ADDRESS IN WHICH YOU WOULD LIKE TO RECEIVE MAIL (IF DIFFERENT FROM ABOVE ADDRESS): \_\_\_\_\_

HAVE YOU OR YOUR SPOUSE FILED FOR BANKRUPTCY?

If yes, has the case been closed? \_\_\_\_\_

**HAVE YOU OR YOUR SPOUSE EVER USED DRUGS OR ALCOHOL?**

If yes, name drug or alcohol used, and frequency of use: \_\_\_\_\_

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**DOMESTIC VIOLENCE**

If your spouse has ever physically harmed you or your children, please supply the requested information.

Have you ever obtained an Order of Protection? \_\_\_ Yes \_\_\_ No

If yes, Case Number \_\_\_\_\_; Date Issued \_\_\_\_\_

Expiration date \_\_\_\_\_; Upcoming hearing date(s) \_\_\_\_\_

If no, Have you ever requested one \_\_\_ Yes \_\_\_ No; When \_\_\_\_\_

What happened \_\_\_\_\_

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**DOES YOUR SPOUSE:**

Have a criminal record?

Have a history of psychiatric treatment?

Verbally abuse you or the children?

If yes, Frequency? \_\_\_\_\_

Examples of things s/he says:

Make threats to harm you or the children?

Examples:

Have you ever received counseling? \_\_\_\_\_

Would you like referrals to counseling services? \_\_\_Yes \_\_\_No

**Please be aware that the attorney and staff are required by law to report instances of child abuse that come to their attention.**

I, \_\_\_\_\_, state that I completed this questionnaire honestly and to the best of my ability.

\_\_\_\_\_  
[your signature]

\_\_\_\_\_  
[Date]