

INTAKE INFORMATION

General Instructions and Information

- ✓ Please fill out and return this questionnaire as soon as possible.
- ✓ Please be candid in your answers. The information in this document is subject to the Attorney-Client privilege.
- ✓ Put "N/A" in spaces where the information requested is not applicable to your situation, or put a line through the entire section if it is not relevant; this is so a reader will know that you did not simply forget the item. Put "EST" where an amount is estimated.
- ✓ Pencil in "UNK" where you don't know the requested information. Keep a list of things you don't yet know and need to find out. There may be some things you can't get, but put some effort into digging out information and completing as much of the forms as possible.
- ✓ If you run out of room on any item, attach another sheet with a heading that says "continuation of item (x)," and continue on that sheet. When you are completely finished, note the total number of additional pages at the top of the first sheet and staple them all together.

Section 1. Personal Information

A. Information About You

First Name	Middle Name	Last Name	Former/Maiden Name
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WARNING: Please provide any special instructions or limitations regarding how our office should contact you. If you do not pay any instructions, we will assume you want correspondence to go to your home and it is okay to contact you at your home or cell number.

Address of Residence	City	County	State-Zip
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Mailing Address	City	State-Zip
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Employer

Employer's Mailing Address	City	State-Zip
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Home Phone ()	Work Phone ()	Cell Phone ()	Fax Number ()
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E-Mail Address	Social Security Number _____-_____-_____	Driver's License Number and State	Date of Birth / Place of Birth
<p>_____ I do not want my former/maiden name restored.</p> <p>_____ I want my former/maiden name restored as follows: _____</p>			
<p>If you are living with anyone (other than your spouse or children) please list their full name, relationship to you and their age.</p>			
<p>Your education:</p>			

B. Information About Your Spouse			
First Name	Middle Name	Last Name	Former/Maiden Name
Address		City	State - ZIP
Mailing Address		City	State - ZIP
Employer			
Employer's Mailing Address		City	State-ZIP
Home Phone ()	Work Phone ()	Cell Phone ()	Fax Number ()
E-Mail Address	Social Security Number _____-_____-_____	Driver's License Number and State	Date of Birth / Place of Birth
<p>If your spouse is living with anyone (other than you or your children) please list their full name, relationship to them and their age.</p>			
Spouse's Attorney	Address	City	State - ZIP
Your Spouse's Education:			

C. Information About Your Marriage

Date of Marriage	Place of Marriage	<input type="checkbox"/> We do have a pre or post marital agreement. <input type="checkbox"/> We do not have a pre or post marital agreement.
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Have you or your spouse ever filed for divorce in the past?	Have you or your spouse ever filed for a Protective Order?
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What is your religious preference?	What is your spouse's religious preference?
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Did your marriage Involve:

Adultery

Physical Abuse

Cruelty

Insupportability

Mental Health Issues

Felony Conviction(s)

Transmission of a Sexual Disease

Separation

We are not yet separated.

We have seen or are seeing a marriage counselor.

We separated on _____.

Arrangements/Agreements Regarding Separation:

We have made no written agreements and have no oral understandings.

We have a written agreement which is attached.

We have oral agreements or understandings as follows:

D. Children Born or Adopted by the Parties

1.	Full Name	Sex (M/F)	Date and Place of Birth	Social Security Number ____-____-____
Child's Current Residence			Special Health Care Problems	
2.	Full Name	Sex (M/F)	Date and Place of Birth	Social Security Number ____-____-____
Child's Current Residence			Special Health Care Problems	
3.	Full Name	Sex (M/F)	Date and Place of Birth	Social Security Number ____-____-____
Child's Current Residence			Special Health Care Problems	
4.	Full Name	Sex (M/F)	Date and Place of Birth	Social Security Number ____-____-____
Child's Current Residence			Special Health Care Problems	
5.	Full Name	Sex (M/F)	Date and Place of Birth	Social Security Number ____-____-____
Child's Current Residence			Special Health Care Problems	
6.	Full Name	Sex (M/F)	Date and Place of Birth	Social Security Number ____-____-____
Child's Current Residence			Special Health Care Problems	

Please state who provides health insurance for the child(ren), how much it costs, how it is provided, all identifying numbers, including the group and policy numbers, and the name and full address of the health insurance company:

PLEASE LIST THE RESIDENTIAL HISTORY OF YOUR CHILD(REN) FOR THE PAST FIVE (5) YEARS.

1.	_____	_____	_____	_____
	Address, City, State	Who they Resided With	From	To
2.	_____	_____	_____	_____
	Address, City, State	Who they Resided With	From	To

3.	Address, City, State	Who they Resided With	From	To
4.	Address, City, State	Who they Resided With	From	To
5.	Address, City, State	Who they Resided With	From	To

If there has ever been a lawsuit (including adoptions, divorce, child support, etc.) regarding your children please describe the case including the parties, the case number, when it was filed, where it was filed, and a brief description of the outcome:

Please provide the name and address of any person not a party to the current proceeding who has physical custody of the children or claims, or could claim, a legal right of custody or visitation with the children:

_____ I anticipate there will be a dispute over **paternity** of one or more of the child(ren).
 _____ I anticipate there will be a dispute over **custody** of one or more of the child(ren).

E. Previous Marriage(s)

I WAS PREVIOUSLY MARRIED _____ TIMES BEFORE THIS MARRIAGE.

1.	Name of Former Spouse	Date Marriage Terminated and How (death, divorce, etc.)
2.	Name of Former Spouse	Date Marriage Terminated and How (death, divorce, etc.)
3.	Name of Former Spouse	Date Marriage Terminated and How (death, divorce, etc.)

4. _____
Name of Former Spouse Date Marriage Terminated and How (death, divorce, etc.)

CHILDREN BORN OR ADOPTED BY YOU INTO PREVIOUS MARRIAGE(S) (AND NON-MARITAL CHILDREN)

1. _____
Name Date of Birth Social Security Number Current Residence

2. _____
Name Date of Birth Social Security Number Current Residence

3. _____
Name Date of Birth Social Security Number Current Residence

4. _____
Name Date of Birth Social Security Number Current Residence

5. _____
Name Date of Birth Social Security Number Current Residence

6. _____
Name Date of Birth Social Security Number Current Residence

MY SPOUSE WAS PREVIOUSLY MARRIED _____ TIMES BEFORE THIS MARRIAGE.

1. _____
Name of Former Spouse Date Marriage Terminated and How (death, divorce, etc.)

2. _____
Name of Former Spouse Date Marriage Terminated and How (death, divorce, etc.)

3. _____
Name of Former Spouse Date Marriage Terminated and How (death, divorce, etc.)

4. _____
Name of Former Spouse Date Marriage Terminated and How (death, divorce, etc.)

MY SPOUSE'S CHILD(REN) BORN OR ADOPTED INTO PREVIOUS MARRIAGE(S) (AND NON-MARITAL CHILDREN)

1.	Name	Date of Birth	Social Security Number	Current Residence
2.	Name	Date of Birth	Social Security Number	Current Residence
3.	Name	Date of Birth	Social Security Number	Current Residence
4.	Name	Date of Birth	Social Security Number	Current Residence
5.	Name	Date of Birth	Social Security Number	Current Residence
6.	Name	Date of Birth	Social Security Number	Current Residence

F. Other Information

_____ I have no Last Will and Testament.
_____ I have a Last Will and Testament that was executed on ____/____/____

Who Referred you to this Law Office:

Section 2. Information for Temporary Restraining Order

When your case is filed, the Court can issue a Temporary Restraining Order preventing your spouse from doing certain specific things regarding you and regarding the money and property. The following information will be used to ensure that you and your property is protected during the pendency of your case.

A. Residence and Vehicles

Please provide the full address of the residence where you want to stay during the pendency of your suit:

Address: _____

Please provide the year, make, model, and VIN number of the vehicle currently in your possession:

Year _____

Make _____

Model _____

VIN _____

Is this the vehicle you want possession and control of during the pendency of your suit? _____

B. Accounts and Other Assets

Your Temporary Restraining Order can be served on financial institutions who customarily freeze accounts and assets upon receipt of the Temporary Restraining Order. This prevents the hiding or wasting of community assets during the divorce proceeding. However, it can also cause inconvenience if the account you use for daily living expenses is frozen. Please list the following information for each financial institution that should receive a copy of the Temporary Restraining Order:

Name of Institution _____

Address _____

City, State ZIP _____

Telephone _____

Purpose or Use of Account _____

Type of Account _____

Name on Account _____

Account Number _____

Financial Advisor _____

Name of Institution _____

Address _____

City, State ZIP _____

Telephone _____

Purpose or Use of Account _____

Type of Account _____

Name on Account _____

Account Number _____

Financial Advisor _____

Name of Institution _____

Address _____

City, State ZIP _____

Telephone _____

Purpose or Use of Account _____

Type of Account _____

Name on Account _____

Account Number _____

Financial Advisor _____

Section 3. "Skeletons in the Closet" and Sensitive Topics

Do you anticipate that anyone will allege that you the other party have done any of the following (answer Yes or No for each):

		You	Other Party
1.	Committed a crime?		
2.	Been arrested?		
3.	Been in jail or prison?		

		You	Other Party
4.	Used illegal drugs?		
5.	Been hospitalized for abusing illegal drugs?		
6.	Abused prescription drugs?		
7.	Been hospitalized for abusing prescription drugs?		
8.	Abused Alcohol?		
9.	Been hospitalized for abusing alcohol?		
10.	Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)?		
11.	Engaged in gambling (legal or illegal)?		
12.	Engaged in other illegal activities?		
13.	Attempted suicide?		
14.	Been hospitalized for an emotional or psychiatric condition?		
15.	Suffered from or received treatment for an emotional or psychiatric condition?		
16.	Abused own spouse?		
17.	Been accused of child abuse?		
18.	Had a sexual relationship during the marriage with someone other than own spouse?		
19.	Had a sexual relationship with someone other than own spouse of which the children were aware?		
20.	Engaged in unusual sexual practices?		
21.	Had a pregnancy outside of marriage?		
22.	Had or has a sexually transmitted disease?		
23.	Made audio or video recordings of the other party?		
24.	Suffer from a physical disability that would interfere with the ability to care for children?		
25.	Other _____:		

For each question answered "yes" please provide details:	
Question Number:	Details:

