

DIVORCE INTAKE INFORMATION

CLIENT:

NAME:

First	Middle	Last
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ADDRESS:

COUNTY:

PHONE: (H) _____ (W) _____ (C) _____

SSN: _____ D/O/B: _____

EMPLOYER:

JOB TITLE:

YEARS OF EDUCATION:

RACE:

PRIOR MARRIAGES & HOW ENDED (IF APPLICABLE):

ADVERSE PARTY:

NAME:

First	Middle	Last
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ADDRESS:

COUNTY:

PHONE: (H) _____ (W) _____ (C) _____

SSN: _____ D/O/B: _____

EMPLOYER:

JOB TITLE:

YEARS OF EDUCATION:

RACE:

PRIOR MARRIAGES & HOW ENDED, DATE & COUNTY & STATE DIVORCE
WAS GRANTED **FOR BOTH PARTIES** (IF APPLICABLE):

DATE OF MARRIAGE:

WHERE MARRIED:

CHILDREN, D/O/B & SSN:

ANY CHILDREN BORN TO THE WIFE DURING THIS MARRIAGE, BUT NOT
FATHERED BY THE HUSBAND, D/O/B & SSN:

ANY ADOPTED CHILDREN:

WIFE PREGNANT:

ON AID? _____ (If so, Child Support & Paternity Agency needs to get served with an Admission of Service with Summons and Petition.)

MISCELLANEOUS QUESTIONS:

1.) Can we serve spouse at work?

2.) Shall we serve by mail (i.e., Admission of Service) or personally serve?

3.) Can we call you at work? _____ Phone Number: _____

4.) Where have children resided for the last 5 years?

5.) With whom are children currently living?

6.) Spouses maiden name, if applicable:

7.) Is spouse to be removed from the residence immediately?

REQUESTS THE FOLLOWING RELIEF:

_____ Absolute Divorce/Legal Separation (If so, state reason for legal separation)

_____ Property Division.

_____ Joint legal custody with primary physical placement with Pet/Resp.

_____ Costs and Attorney Fees.

_____ Child Support.

_____ Maintenance.

_____ Such other relief as is appropriate.