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Interview Date: _____
Interviewer: _____
Date Retained: _____
Conflicts: _____Initials: _____
Date: _____

DIVORCE INTAKE SHEET

Date: _____

CLIENT INFORMATION

Full Name: _____

Gross Monthly Pay: _____ Paid: Weekly Bi-Weekly Semi-Monthly Monthly

OPPOSING PARTY INFORMATION

Full Name:_____ Maiden Name:_____

Address:_____

City:_____County:_____State:_____ Zip:_____

How long in County? Years _____ Months _____ U.S. Citizen _____

Social Security No:_____ Driver's License No:_____ Date of Birth:_____

Place of Birth:_____

City State County

Employer:_____ Address:_____

City:_____County:_____State:_____ Zip:_____

Gross Monthly Pay: _____ Paid: Weekly Bi-Weekly Semi-Monthly Monthly

CHILDREN

Where do the children reside?_____ With whom?_____

1. Full Name:_____
   First Middle Last
   Sex:_____Date of Birth:_____

   Place of Birth:_____
   City State County

2. Full Name:_____
   First Middle Last
   Sex:_____Date of Birth:_____

Place of Birth:_____
City State County

3. Full Name:_____
First Middle Last
Sex:_____Date of Birth:_____

Place of Birth:_____
City State County

4. Full Name:_____
First Middle Last
Sex:_____Date of Birth:_____

Place of Birth:_____
City State County

Who presently provides health insurance for the child(ren)? Client or Spouse? _____
Monthly Fee: $_____

DEBTS OF PARTIES

VEHICLES:

Client (you):_____
Year Make Model Vehicle Identification No.
Spouse:_____
Year Make Model Vehicle Identification No.

PROPERTY:

Is your property already divided by agreement? YES or NO
Are you buying, or do you own a house? YES or NO
Does either party have retirement benefits/stocks of any kind? YES or NO

NAME CHANGE REQUEST:

Are your requesting the Court to grant a name change? YES or NO
New Full Name Requested:_____

OTHER INFORMATION:

Does your case involve allegations of: Physical Violence _____

Child Abuse _____
Computer Abuse _____
Criminal Record _____
Excessive Alcohol Use _____
Use of Illegal Drugs _____
Adultery _____
Financial Problems _____
Other _____

If physical violence, has a Protective Order ever been issued? YES or NO
If so, please give details:_____
_____
_____
_____

Have you ever been charged with any crime other than traffic tickets? YES or NO
If so, please give details:_____
_____
_____

Has your spouse ever been charged with any crime other than traffic tickets? YES or NO
If so, please give details:_____
_____
_____

Are there other circumstances which may be a factor in your case? YES or NO
If so, please give details:_____
_____
_____

Have you been involved with any Family Law proceeding with any Court or the Attorney General's office? If so, please explain fully when, where, and why.
_____
_____
_____

Have you ever filed Bankruptcy? If so, please explain where, when, and the disposition.
_____
_____
_____

How old was the mother at the time the oldest child was conceived? _____
How old was the father at the time the oldest child was conceived? _____
Have you or any one associated with this case been the subject of a: (circle any applicable)

Protective Order Restraining Order Child Protective Services Investigation

Mental Health Professional Treatment Questionable Paternity Status

Substance Abuse Treatment Personal Injury Lawsuits Termination of Parental Rights
Common-Law or Informal Marriage Prenuptial Agreement or Partitioning Agreement

Welfare or Aid to Families with Dependent Children

If any circled, please explain:

_____

_____

_____

_____

_____

_____

_____

_____

OFFICE USE ONLY

Uncontested Divorce: _____
Contested Divorce: _____
Child Custody: _____
Other: _____
Petition: _____
Answer: _____
Waiver: _____
Citation: _____
Temporary Restraining Order: _____
Protective Order: _____
Cross-Action: _____
Appearance: _____
Affidavit: _____
AG a party: _____
Insupportability: _____
Adultery: _____
Mental Cruelty: _____
Other: _____
No Service: _____
Personal Service: _____
    Home _____
    Work _____
    Time _____
Alternate Service: _____
    Publication _____
    Posting _____

Uncontested Retainer: $_____ Contested Retainer: $_____
Court Costs: $_____ Court Costs: $_____
Total Retainer: $_____ Total Retainer:$_____
Down Payment: $_____ Down Payment: $_____

Payments: $_____ Weekly Biweekly Monthly

Qualified Domestic Relations Order: $_____ Number:_____
Deed: $_____ Number:_____

Other Fees: substituted service/ ad litem/ mediation/investigators/ deposition

COMMENTS:_____
_____
_____
_____