



Client Intake Form

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOURSELF

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (best): _____ (work) _____ (other) _____

E-mail Address: _____

How Would You Prefer We Send You Documents and Letters? () E-mail () Regular Mail () Both

Birth Date: _____ Social Security Number: _____

Birthplace (City, State): _____ Highest Level of Education: _____

Employer: _____

Employer Address: _____

Employer City: _____ State: _____ Phone: _____

Income (Gross): \$ _____ Income (Net): \$ _____

Contact Information of Person We Can Contact If We Cannot Reach You:

(name): _____ (phone): _____

Military Status: () Not in the Military () Active Duty () Reserves () Other: _____

How Did You Hear About Our Office? _____

Other Notes: _____

MARRIAGE INFORMATION (if applicable)

Date of Marriage: _____ Location of Marriage (city, state): _____

Date of Separation (if applicable): _____ Date of Divorce (if applicable): _____

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT THE OPPOSING PARTY

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (best): _____ (work) _____ (other) _____

E-mail Address: _____

Birth Date: _____ Social Security Number: _____

Birthplace (City, State): _____ Highest Level of Education: _____

Employer: _____

Employer Address: _____

Employer City: _____ State: _____ Phone: _____

Military Status: () Not in the Military () Active Duty () Reserves () Other: _____

Name of Attorney Representing Opposing Party: _____

Income (Gross): \$ _____ Income (Net): \$ _____

Other Notes: _____

PLEASE LIST ALL BIOLOGICAL AND ADOPTED CHILDREN YOU AND THE OTHER SIDE HAVE TOGETHER:

Age	Birthday	Full Name of Child	Social Security Number

Are you expecting any additional children to be born? If so, what is the due date? _____

What Is the Current Parent-time Schedule? _____

Who Is Obligated To Pay Child Support and How Much? _____

Who Is Your Current Medical Insurance Provider? _____

Who is Your Current Life Insurance Provider? _____ How much? _____

COURT ORDER INFORMATION

Date Decree of Divorce or Paternity Was Entered: _____

Date Subsequent Order(s) Was/Were Entered: _____

Are Any Protective Orders In Effect? () Yes () No If so, Date of Entry: _____

Are There Any Pending Court Hearings? If so, When?: _____