



## NEW CLIENT INTAKE FORM

### CLIENT INFORMATION:

Client Name: \_\_\_\_\_

Client Maiden Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Telephone: « Matter.Client.PhoneNumber »

\_\_\_\_\_ Cellphone: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

E-mail Address: « Matter.Client.Email »

Can we mail documents to your home address? YES NO (Email only)

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

City of Birth: \_\_\_\_\_

Where Did You Grow Up?: \_\_\_\_\_

Religious and church or synagogue affiliation, if any: \_\_\_\_\_

Specify highest degree and school attended: \_\_\_\_\_

Number of previous marriages: \_\_\_\_\_

Approximate dates of marriage and termination (indicate by death or divorce): \_\_\_\_\_

List the names and ages of any children by previous marriage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the names of children of previous marriage currently living at home or being supported by you:

\_\_\_\_\_

\_\_\_\_\_



**SPOUSE'S INFORMATION:**

Spouse Name: \_\_\_\_\_ Spouse Maiden Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

\_\_\_\_\_ Cellphone: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

City of Birth: \_\_\_\_\_ Where Did You Grow Up?: \_\_\_\_\_

Religious and church or synagogue affiliation, if any: \_\_\_\_\_

Specify highest degree and school attended: \_\_\_\_\_

Number of previous marriages: \_\_\_\_\_

Approximate dates of marriage and termination (indicate by death or divorce): \_\_\_\_\_

List the names and ages of any children by previous marriage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the names of children of previous marriage currently living at home or being supported by you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## INFORMATION REGARDING CURRENT MARRIAGE

### GENERAL MARRIAGE INFORMATION:

Date of marriage: \_\_\_\_\_

City, County, & State where marriage took place: \_\_\_\_\_

Date of separation: (Ordinarily, this is the last time you slept in the same room and/or had sexual intercourse, whichever occurred last. If you are living in the same residence, state any plans to move):  
\_\_\_\_\_

Children of this marriage: \_\_\_\_\_

List the names of the persons with whom the children lived during the past five years other than you and the addresses where they lived during the past five years: \_\_\_\_\_

List any health problems of the children: \_\_\_\_\_  
\_\_\_\_\_

### WORK EXPERIENCE OF CLIENT:

Current or last employer: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Past Employment and approximate dates: \_\_\_\_\_

Your current salary and/or other forms of compensation: \_\_\_\_\_

List all amounts and sources of other income: \_\_\_\_\_  
\_\_\_\_\_

### WORK EXPERIENCE OF SPOUSE:

Current or last employer: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Past Employment and approximate dates: \_\_\_\_\_

Your current salary and/or other forms of compensation: \_\_\_\_\_

List all amounts and sources of other income: \_\_\_\_\_  
\_\_\_\_\_



## INFORMATION REGARDING CURRENT MARRIAGE

### ASSETS:

Home: \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Year of purchase: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Down payment: \_\_\_\_\_ Out of funds from: \_\_\_\_\_

Balance owed: \_\_\_\_\_

First mortgage: \_\_\_\_\_ Second Mortgage: \_\_\_\_\_

Name of bank or other lender: \_\_\_\_\_

List any other financing: \_\_\_\_\_

Property is in the name(s) of: \_\_\_\_\_

Current value of home and lot: \_\_\_\_\_

Previous Homes: \_\_\_\_\_

List how each was titled and approximate equity received: \_\_\_\_\_

Other real estate: \_\_\_\_\_

Year of purchase: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Down Payment: \_\_\_\_\_ Out of funds from: \_\_\_\_\_

Balance owed: \_\_\_\_\_

First mortgage: \_\_\_\_\_ Second Mortgage: \_\_\_\_\_

Name of bank or other lender: \_\_\_\_\_

List any other financing: \_\_\_\_\_

Property is in the name(s) of: \_\_\_\_\_

Current value of home and lot: \_\_\_\_\_

List any other real estate holdings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## INFORMATION REGARDING CURRENT MARRIAGE

### STOCKS, BONDS, AND OTHER SECURITIES:

List holdings by account, names, and approximate values or approximate value of each and how titled:

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IRAs and Retirement Plans: \_\_\_\_\_

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List all retirement plans, pension, and profit sharing plans, 401k plans, Keough plans, and all IRAs, providing the names of each, how titled, and approximate value: \_\_\_\_\_

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Other – Include all other assets, including boats, certificates of deposit, coins, etc.: \_\_\_\_\_

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### PRE-MARTIAL ASSETS:

List all real estate, stocks, bonds, securities, cash, and any other assets of significant value that you or your spouse owned prior to your current marriage, the value of each, and show whether it was yours or your spouse's pre-marital asset: \_\_\_\_\_

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## INFORMATION REGARDING CURRENT MARRIAGE

### AUTOMOBILES:

Year Make and model: \_\_\_\_\_

How titled: \_\_\_\_\_

Purchase price: \_\_\_\_\_ Financed or Leased through: \_\_\_\_\_

Year Make and model: \_\_\_\_\_

How titled: \_\_\_\_\_

Purchase price: \_\_\_\_\_ Financed or Leased through: \_\_\_\_\_

Year Make and model: \_\_\_\_\_

How titled: \_\_\_\_\_

Purchase price: \_\_\_\_\_ Financed or Leased through: \_\_\_\_\_

### BANK ACCOUNTS:

Checking account: \_\_\_\_\_

Joint or Separate: \_\_\_\_\_

Balance: \_\_\_\_\_

Account No.: \_\_\_\_\_

In the name of: \_\_\_\_\_

Checking account: \_\_\_\_\_

Joint or Separate: \_\_\_\_\_

Balance: \_\_\_\_\_

Account No.: \_\_\_\_\_

In the name of: \_\_\_\_\_

Checking account: \_\_\_\_\_

Joint or Separate: \_\_\_\_\_

Balance: \_\_\_\_\_

Account No.: \_\_\_\_\_

In the name of: \_\_\_\_\_

Checking account: \_\_\_\_\_

Joint or Separate: \_\_\_\_\_

Balance: \_\_\_\_\_

Account No.: \_\_\_\_\_

In the name of: \_\_\_\_\_



## INFORMATION REGARDING CURRENT MARRIAGE

### DEBTS:

Creditor: \_\_\_\_\_  
Primary Account Holder: \_\_\_\_\_  
Current Monthly Payment: \_\_\_\_\_  
Payoff Balance: \_\_\_\_\_

Creditor: \_\_\_\_\_  
Primary Account Holder: \_\_\_\_\_  
Current Monthly Payment: \_\_\_\_\_  
Payoff Balance: \_\_\_\_\_

Creditor: \_\_\_\_\_  
Primary Account Holder: \_\_\_\_\_  
Current Monthly Payment: \_\_\_\_\_  
Payoff Balance: \_\_\_\_\_

Creditor: \_\_\_\_\_  
Primary Account Holder: \_\_\_\_\_  
Current Monthly Payment: \_\_\_\_\_  
Payoff Balance: \_\_\_\_\_

### INSURANCE:

House: \_\_\_\_\_  
Household goods & furnishings: \_\_\_\_\_  
On automobiles: \_\_\_\_\_

Company &/or Agent: \_\_\_\_\_  
Company &/or Agent: \_\_\_\_\_  
Company &/or Agent: \_\_\_\_\_

### MEDICAL COVERAGE:

Yours: \_\_\_\_\_  
Insurance Co.: \_\_\_\_\_  
Name of dependents: \_\_\_\_\_

Policy No.: \_\_\_\_\_  
Group No.: \_\_\_\_\_

Spouse: \_\_\_\_\_  
Insurance Co.: \_\_\_\_\_  
Name of dependents: \_\_\_\_\_

Policy No.: \_\_\_\_\_  
Group No.: \_\_\_\_\_

### LIFE INSURANCE:

Owner: \_\_\_\_\_  
Insurance company: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

The Insured: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Cash value (if any): \_\_\_\_\_

Owner: \_\_\_\_\_  
Insurance company: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

The Insured: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Cash value (if any): \_\_\_\_\_



## INFORMATION REGARDING CURRENT MARRIAGE

### COUNSELING:

Name and address of any counselor (psychiatrist, psychologist, MSW, M.Ed., clergy, etc.)

For Yourself: \_\_\_\_\_

For Your Spouse: \_\_\_\_\_

Purpose of counseling: \_\_\_\_\_

\_\_\_\_\_

Specific recommendations of counselor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time period and frequency of visits (weekly, bi-weekly, etc.): \_\_\_\_\_

\_\_\_\_\_

### HEALTH:

Describe each party's health and any operations, hospitalizations, major drugs used, which you deem to be significant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CAUSES OF SEPARATION:

Detail why you are seeking a divorce and/or causes of the separation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CUSTODY:

Are you seeking custody of your children? \_\_\_\_\_

Do you believe there will be a contest over custody/visitation rights? \_\_\_\_\_

If yes, describe reasons why you should have custody or unrestricted visitation and why your spouse should not have custody or why spouse's visitation should be limited: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**NEW CLIENT INTAKE FORM  
OFFICE USE ONLY**

*Intake Date:* \_\_\_\_\_ *Completed By:* \_\_\_\_\_ *Referred By:* \_\_\_\_\_

*TYPE OF CASE:* Divorce w/children \_\_\_\_\_ Divorce w/o children \_\_\_\_\_  
 Child Custody \_\_\_\_\_ Child Support \_\_\_\_\_ Other: \_\_\_\_\_  
 Contempt \_\_\_\_\_ Modification \_\_\_\_\_

*COUNTY:* \_\_\_\_\_

*FOLLOW UP INFORMATION:* Take \_\_\_\_\_ T/A \_\_\_\_\_ Other \_\_\_\_\_  
 Retainer \_\_\_\_\_ Date paid \_\_\_\_\_

<i>TASK</i>	<i>DUE DATE</i>	<i>ASSIGN TO</i>
Update CLIO with intake information		
Send F/U "Thank you" email/letter		
Follow-up on New CL intake form		
Follow-up on Retainer/Legal Agreement		
Initiate New Client Checklist		
Hearing date already scheduled: Date _____ - Initiate Court Reminder Process		
Make call to opposing counsel		
Send Decline Representation Letter		

*Additional Notes/ Special Instructions:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_