



For Internal Use:

Name: Last _____ First _____
Date of Initial Meeting: _____
Type of Case: _____
County: _____
Intake Completed By: _____

New Client Intake Form

Full Name: _____ Maiden Name (if applicable): _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

SSN (Optional) : _____ Date of Birth: _____

Date of Marriage.: _____ Date of Separation (if applicable): _____

Number of previous marriages: _____

Opposing Party

Full Name: _____ Maiden Name (if applicable): _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____
Can we leave a VM with case info? Y or N Can we email you with case info? Y or N

SSN (Optional): _____ Date of Birth: _____

Number of previous marriages: _____

Do you know if the other party has an attorney? YES NO
 If "Yes", who represents them?

Children Involved In Case
(If none, skip this section)

Full Name	Gender	Age	Date of Birth

Case Summary

Please provide us with a brief description of your case and the goals you hope to achieve.

I certify that my answers are true and complete to the best of my knowledge. I understand that completing this document and/or consulting with a member of the Atlanta Divorce Law group does not create an attorney-client relationship without the execution of a Legal Agreement and payment of a Retainer or Flat Fee.

Signature: _____ Date: _____