



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 \_\_\_\_\_  
Can we leave a VM with case info? Y or N Can we email you with case info? Y or N

Emergency Contact : \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone: \_\_\_\_\_

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 \_\_\_\_\_

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

Questions (Optional)

Use this section to jot down any questions you want to ask during the consult.

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: \_\_\_\_\_