



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*

Can we send mail to this address? \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_  
Can we leave a VM with case info? \_\_\_\_\_ Can we email you with case info? \_\_\_\_\_

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

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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: \_\_\_\_\_