



Divorce Client Intake Form

The following information will be used if we need to contact you (unless you indicate otherwise) and to evaluate your legal needs. This information will be held in strict confidence. This information will also help us initiate your case if you decide to retain our services. **Please print or type.**

Today's Date: _____

A. Client Information

Your Name: _____
First Middle Last

If female, maiden or birth last name: _____ Resume this name? Yes No

Address: _____
Address City State Zip Code

County of Residence: _____ DOB: _____ SS#: _____ - _____ - _____
mm/dd/yy

Contact Information.: _____
Home Cell Work Email: _____ Preferred contact _____

Name of Employer: _____ Gross Annual Income: \$ _____

B. Spouse Information

Spouse's Name: _____
First Middle Last

If female, maiden or birth last name: _____ Resume this name? Yes No

Address: _____
Address City State Zip Code

County of Residence: _____ DOB: _____ SS#: _____ - _____ - _____
mm/dd/yy

Contact Information.: _____
Home Cell Work

E-mail Address: _____ Preferred Contact: _____

Name of Employer: _____ Gross Annual Income: \$ _____



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C. Marriage and Child(ren) Information

Date of Marriage: _____ Date of Separation: _____
mm/dd/yy *mm/dd/yy*

How many times have you been married? You: _____ Your spouse: _____

Reason(s) for this divorce: _____

Names and birthdates of minor children (**under the age of 18**):

Name	Date of Birth (mm/dd/yy)
_____	_____
_____	_____
_____	_____
_____	_____

D. Miscellaneous Information

1) Have you or your spouse had a previous consultation with this firm? Yes No

2) Is an attorney currently representing you in any legal action? Yes No

If yes, who is your current attorney: _____

3) Have you discussed your situation with another attorney? Yes No

If yes, what other attorneys have you discussed your case with? _____

4) Do you have a prenuptial agreement? Yes No

10) If your spouse has retained an attorney, what is his/her name? _____

Please provide a copy of a photo ID, such as a driver's license or passport.



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How were you referred to us?

Referral from _____

Legal Insurance (if applicable): ARAG CLC Hyatt Legal Other _____

Plan Member Name: _____ Plan Member ID or SS#: _____

Tradebank (if applicable): Name on card _____ Membership # _____