



# FrancesDyal

FAMILY LAW

## CLIENT INTAKE FORM CONFIDENTIAL DIVORCE SHEET 1/5

Interview Date: \_\_\_\_\_  
Date Retained: \_\_\_\_\_

Conflicts: \_\_\_\_\_

### I. CLIENT INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

Name that you prefer to be called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male  Female

Place of Birth: \_\_\_\_\_  
City County State Country

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

DO NOT send any correspondence to my home address.  
Instead, please send correspondence to my attention at: \_\_\_\_\_  
\_\_\_\_\_

DO NOT call my home number.  
Instead, please call my cell phone or leave a message for me at: \_\_\_\_\_  
\_\_\_\_\_

I authorize emails concerning my case.



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## CLIENT INTAKE FORM CONFIDENTIAL DIVORCE SHEET 2/5

Place of Employment: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Attorney: \_\_\_\_\_

Date & City, State of Marriage: \_\_\_\_\_

Date & City, State of Separation: \_\_\_\_\_

Which number marriage is this? 1st, 2nd, etc.? \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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### II. OPPOSING PARTY INFORMATION

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Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mobile Name: \_\_\_\_\_

How long in County? \_\_\_\_\_

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

Which number marriage is this? 1st, 2nd, etc.? \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Gross Monthly Pay: \_\_\_\_\_

Weekly

Bi-Weekly

Semi-Monthly

Monthly



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## CLIENT INTAKE FORM CONFIDENTIAL DIVORCE SHEET 3/5

### III. CHILDREN

Where do the children reside? \_\_\_\_\_ With whom? \_\_\_\_\_

Who presently provides health insurance for the child(ren)? \_\_\_\_\_

Monthly Cost: \$ \_\_\_\_\_

What insurance company or Peachcare, etc. ? \_\_\_\_\_

1. Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Last

First

Middle

Sex: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_

City

County

State

Country

Special Needs: Yes or No , If yes, please describe: \_\_\_\_\_

1. Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Last

First

Middle

Sex: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_

City

County

State

Country

Special Needs: Yes or No , If yes, please describe: \_\_\_\_\_

1. Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Last

First

Middle

Sex: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_

City

County

State

Country

Special Needs: Yes or No , If yes, please describe: \_\_\_\_\_

1. Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Last

First

Middle

Sex: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_

City

County

State

Country

Special Needs: Yes or No , If yes, please describe: \_\_\_\_\_



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## CLIENT INTAKE FORM CONFIDENTIAL DIVORCE SHEET 4/5

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### IV. DEBTS OF PARTIES

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#### VEHICLES

Yours: \_\_\_\_\_  
Year                      Make                      Model                      Trim

Spouse: \_\_\_\_\_  
Year                      Make                      Model                      Trim

Other: \_\_\_\_\_  
Year                      Make                      Model                      Trim

Other: \_\_\_\_\_  
Year                      Make                      Model                      Trim

Other Debts: (Loans, Credit Cards, Mortgages, etc.)

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

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### V. PROPERTY OF PARTIES

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Is this property already divided by agreement? \_\_\_\_\_

Are you buying or do you own a house? \_\_\_\_\_

Does either party have retirement benefits/stocks of any kind? \_\_\_\_\_

INFO: \_\_\_\_\_

*(if there is any other relevant property, please list on a separate sheet)*

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### VI. NAME CHANGE REQUEST

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Are you requesting the Court to grant a name change?  Yes  No

New full name requested: \_\_\_\_\_  
First                      Middle                      Last



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## CLIENT INTAKE FORM CONFIDENTIAL DIVORCE SHEET 5/5

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### VII. OTHER INFORMATION

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Has your spouse consulted an attorney regarding this matter?  Yes  No

If so, name of attorney, if known: \_\_\_\_\_

Have there been any legal or other proceedings between you and your spouse?  Yes  No

If so, please give details: \_\_\_\_\_

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#### DOMESTIC VIOLENCE

Has either party been physically abusive to the other party? if so, when? Is there a Temporary Protective Order in place? Was a police report made?  Yes  No

If yes, please give details: \_\_\_\_\_

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What, if any allegations against you do you anticipate your spouse will raise? (whether or not the have any merit)

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Do you or the opposing party have accounts on any social networking sites such as Facebook, MySpace, Twitter, Match.com, or any other social/matchmaking/dating online services?

Yes  No

If Yes, please list:

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How were you referred to us?

Website

Phone book, Name of book:

Friend (Name):

Other (Specify):