



**CLIENT INTAKE FORM
DOMESTIC RELATIONS**

DATE: _____

FILE NO.: _____

OFFICE USE ONLY

RETAINER AMOUNT: _____

CLIENT INFORMATION

NAME: _____ MAIDEN: _____

ADDRESS: _____
STREET, CITY, STATE, ZIP, COUNTY

CELL PHONE: _____ HOME PHONE: _____ OTHER: _____

E-MAIL ADDRESS: _____ D/O/B: _____ AGE: _____

SOCIAL SECURITY NO.: _____ DRIVER'S LICENSE NO.: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____
STREET, CITY, STATE, ZIP, COUNTY

ESTIMATED YEARLY GROSS INCOME: _____

HOW DO YOU PREFER TO BE CONTACTED? _____

HOW DID YOU FIND OUR OFFICE? _____

OPPOSING PARTY INFORMATION

NAME: _____ MAIDEN: _____

ADDRESS: _____
STREET, CITY, STATE, ZIP, COUNTY

CELL PHONE: _____ HOME PHONE: _____ OTHER: _____

E-MAIL ADDRESS: _____ D/O/B: _____ AGE: _____

SOCIAL SECURITY NO.: _____ DRIVER'S LICENSE NO.: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____
STREET, CITY, STATE, ZIP, COUNTY

ESTIMATED YEARLY GROSS INCOME: _____

1. I AM SEEKING LEGAL ASSISTANCE WITH:

- Alimony Enforcement
- Alimony Modification
- Child Custody/Visitation
- Child Custody Modification
- Child Support
- Child Support Enforcement
- Child Support Modification
- Contempt Of Court Order
- Other: _____
- Contested Adoption
- Divorce
- Domestic Battery
- Domestic Violence
- Equitable Distribution Enforcement
- Grandparent Visitation
- Paternity
- Uncontested Adoption

2. HAS A CASE BEEN FILED? No Yes, Civil Action No.: _____

3. IF YES, WHO IS THE OPPOSING COUNSEL? _____

4. IF YES, IN WHAT COUNTY IS THE CASE PENDING? _____

5. THE STATUS OF OUR RELATIONSHIP IS:

- We are still living together.
- We are separated and have not yet filed for divorce.
- We are separated and a divorce case has been filed.
- We are divorced. We have been divorced for: _____.
- We were never married.
- I am remarried. My spouse's name is: _____.
- Other: _____.

6. DATE OF MARRIAGE: _____ **DATE OF SEPARATION:** _____

7. PLACE OF MARRIAGE: _____
COUNTY, STATE

8. LAST PLACE COHABITED: _____
STREET, CITY, STATE, ZIP, COUNTY

CHILDREN INVOLVED (UNDER THE AGE OF 18):

NAME	D/O/B	AGE	SOCIAL SECURITY NO.	RELATIONSHIP

9. MY CHILD(REN) ARE CURRENTLY:

- In my custody
- In joint custody
- In the custody of opposing party.
- Other: _____

10. IS HEALTH INSURANCE AVAILABLE FOR YOUR CHILD(REN) THROUGH YOUR EMPLOYER? No Yes

11. IF YES, WHAT IS THE ADDITIONAL COST? _____

12. WHO PROVIDES HEALTH INSURANCE FOR YOUR CHILD(REN)?

- My employer Other: _____
 The opposing party's employer.

13. DO ANY OF THE ABOVE LISTED CHILD(REN) HAVE HEALTH PROBLEMS?

IF YES, PLEASE EXPLAIN: _____

14. DO ANY OF THE LISTED CHILDREN REQUIRE DAYCARE OR A BABYSITTER?

- No Yes; Place & cost: _____

15. DO YOU OR THE OPPOSING PARTY (OP) USE SOCIAL MEDIA WEBSITES?

	<i>YOU</i>	<i>OP</i>		<i>YOU</i>	<i>OP</i>
Facebook	<input type="checkbox"/>	<input type="checkbox"/>	MySpace	<input type="checkbox"/>	<input type="checkbox"/>
Twitter	<input type="checkbox"/>	<input type="checkbox"/>	LinkedIn	<input type="checkbox"/>	<input type="checkbox"/>
Instagram	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

16. T-SHIRT SIZE (MEN'S):

- Small Medium Large X-Large XX-Large

17. FAVORITE COLLEGE SPORTS TEAM:

- Marshall Ohio State VA Tech WVU Other

18. HOBBIES: _____

ATTORNEY NOTES: