**Client Family Law & Divorce Intake Form**

**Wife/Mother**

|  |  |
| --- | --- |
| First Name: |  |
| Middle Name: |  |
| Last Name: |  |
| Maiden Name: |  |
| Have you ever been known by any other name? | Yes □ No □ |
| Other legal names: |
| Name Wife wishes to resume after divorce: |  |
| Date of Birth: |  |
| Social Security Number: |  |
| Street Address: |  |
| City/Town: |  |
| State & Zip Code: |  |
| Home Phone: |  |
| Cell Phone: |  |
| Work Phone: |  |
| Email: |  |
| How many times have you been married? |  |

**Husband/Father**

|  |  |
| --- | --- |
| First Name: |  |
| Middle Name: |  |
| Last Name: |  |
| Have you ever been known by any other name? | Yes □ No □ |
| Other legal names: |
| Date of Birth: |  |
| Social Security Number: |  |
| Street Address: |  |
| City/Town: |  |
| State & Zip Code: |  |
| Home Phone: |  |
| Cell Phone: |  |
| Work Phone: |  |
| Email: |  |
| How many times have you been married? |  |

**Marriage Details**

|  |  |
| --- | --- |
| Date of Marriage: |  |
| City/Town of Marriage: |  |
| County of Marriage: |  |
| State of Marriage: |  |
| Country of Marriage: |  |

|  |  |  |
| --- | --- | --- |
| Do you and your spouse still live together? | Yes □ No □ | |
| When did you and your spouse last live together? |  | |
| Where did you and your spouse last live together: | Street Address: |  |
| City/Town: |  |
| State & Zip Code: |  |

|  |  |
| --- | --- |
| Do you believe your marriage is irretrievably broken? | Yes □ No □ |
| Date upon which you believe the irretrievable  breakdown of your marriage occurred: |  |

**Children**

|  |  |
| --- | --- |
| Do you have children born or adopted into this marriage/relationship? | Yes □ No □ |
| If yes, how many children? |  |
| Are there any previous court actions involving these children? | Yes □ No □ |
| Court Name: |  |
| Court location: |  |
| Docket Number(s): |  |
| Date of last Order/Judgment: |  |
| Disposition of last Order/Judgment: |  |

**Child 1**

|  |  |  |
| --- | --- | --- |
| First Name: |  | |
| Middle Name: |  | |
| Last Name: |  | |
| Date of Birth: |  | |
| Social Security Number: |  | |
| Gender: |  | |
| City and State of Birth: |  | |
| With whom does this child live? | Mother □ Father □ Other □ | |
| If child lives with someone other than Mother or Father, please list the child’s address: | Street Address: |  |
| City/Town: |  |
| State &  Zip Code: |  |

**Child 2**

|  |  |  |
| --- | --- | --- |
| First Name: |  | |
| Middle Name: |  | |
| Last Name: |  | |
| Date of Birth: |  | |
| Social Security Number: |  | |
| Gender: |  | |
| City and State of Birth: |  | |
| With whom does this child live? | Mother □ Father □ Other □ | |
| If child lives with someone other than Mother or Father, please list the child’s address: | Street Address: |  |
| City/Town: |  |
| State &  Zip Code: |  |

**Child 3**

|  |  |  |
| --- | --- | --- |
| First Name: |  | |
| Middle Name: |  | |
| Last Name: |  | |
| Date of Birth: |  | |
| Social Security Number: |  | |
| Gender: |  | |
| City and State of Birth: |  | |
| With whom does this child live? | Mother □ Father □ Other □ | |
| If child lives with someone other than Mother or Father, please list the child’s address: | Street Address: |  |
| City/Town: |  |
| State &  Zip Code: |  |

**Child 4**

|  |  |  |
| --- | --- | --- |
| First Name: |  | |
| Middle Name: |  | |
| Last Name: |  | |
| Date of Birth: |  | |
| Social Security Number: |  | |
| Gender: |  | |
| City and State of Birth: |  | |
| With whom does this child live? | Mother □ Father □ Other □ | |
| If child lives with someone other than Mother or Father, please list the child’s address: | Street Address: |  |
| City/Town: |  |
| State &  Zip Code: |  |

**Child 5**

|  |  |  |
| --- | --- | --- |
| First Name: |  | |
| Middle Name: |  | |
| Last Name: |  | |
| Date of Birth: |  | |
| Social Security Number: |  | |
| Gender: |  | |
| City and State of Birth: |  | |
| With whom does this child live? | Mother □ Father □ Other □ | |
| If child lives with someone other than Mother or Father, please list the child’s address: | Street Address: |  |
| City/Town: |  |
| State &  Zip Code: |  |