



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 <input type="checkbox"/> No <input type="checkbox"/>
	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 <input type="checkbox"/> No <input type="checkbox"/>
	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 <input type="checkbox"/> No <input type="checkbox"/>	
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 <input type="checkbox"/> No <input type="checkbox"/>	
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 <input type="checkbox"/>	No <input type="checkbox"/>
If yes, how many children?		
Are there any previous court actions involving these children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	Father <input type="checkbox"/> Other <input type="checkbox"/>
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 <input type="checkbox"/>	Father <input type="checkbox"/> Other <input type="checkbox"/>
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 <input type="checkbox"/>	Father <input type="checkbox"/> Other <input type="checkbox"/>
If child lives with someone other than Mother or Father, please list the child's address:	Street Address:	
	City/Town:	
	State &	
	Zip Code:	



Amaral & Associates, P. C.
ATTORNEYS AT LAW

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 <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>	
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 <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>	
If child lives with someone other than Mother or Father, please list the child's address:	Street Address:	
	City/Town:	
	State &	
	Zip Code:	