

# STROW LAW LLC

## FAMILY LAW INTAKE FORM - DIVORCE

### CLIENT INFORMATION

Date \_\_\_\_\_

Client Name:

Mr. Ms. or Mrs.

\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_

E-Mail at home \_\_\_\_\_ E-Mail at work \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_

How long in County? \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ U.S. Citizen? Y or N

Emergency Contact: Name: \_\_\_\_\_

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

Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_ Email: \_\_\_\_\_

Employer:

\_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Gross Monthly Pay: \_\_\_\_\_ Paid: (Circle One)

Weekly    Bi-Weekly    Semi-Monthly    Monthly \_\_\_\_\_

### OPPOSING PARTY INFORMATION

Mr. Ms. or Mrs.

\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_

E-Mail at home \_\_\_\_\_ E-Mail at work \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_

How long in County? \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ U.S. Citizen? Y\_\_ or N\_\_

Emergency Contact: Name: \_\_\_\_\_

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

Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_ Email: \_\_\_\_\_

Employer:

\_\_\_\_\_  
Name Address

Gross Monthly Pay: \_\_\_\_\_ Paid: (Circle One)

Weekly Bi-Weekly Semi-Monthly Monthly \_\_\_\_\_

**MARRIAGE INFORMATION**

Date and City of Marriage: \_\_\_\_\_ / \_\_\_\_\_

Date and City of Separation: \_\_\_\_\_ / \_\_\_\_\_

Number of previous marriages: Wife: \_\_\_\_\_ Husband \_\_\_\_\_

When terminated: Wife: \_\_\_\_\_ Husband \_\_\_\_\_

Living together in marital home? Yes \_\_\_ No \_\_\_

**CHILDREN**

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

With Whom? \_\_\_\_\_

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

First Middle Last

Sex: \_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City County State

2. Full Name: \_\_\_\_\_

First Middle Last

Sex: \_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City County State

3. Full Name: \_\_\_\_\_  
                                First                                Middle                                Last

Sex: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

4. Full Name: \_\_\_\_\_  
                                First                                Middle                                Last

Sex: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Monthly Fee for insurance: \$ \_\_\_\_\_

Will there be a custody battle? Yes \_\_\_\_\_ No \_\_\_\_\_

Is either party providing child support? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, \$ \_\_\_\_\_ per month/week from \_\_\_\_\_ to \_\_\_\_\_

Do any of the children have mental or physical disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**NAME CHANGE REQUEST**

Are you requesting the Court to grant a name change? YES or NO \_\_\_\_\_

New Full Name Requested: \_\_\_\_\_

                                First                                Middle                                Last

**OTHER INFORMATION**

Does your case involve allegations of: (circle any applicable) \_\_\_\_\_

Physical Violence      Criminal Record      Excessive Alcohol Use      Adultery      Use of Illegal Drugs  
Child Abuse              Financial Problems      Computer Abuse

Have you ever been charged with any crime other than traffic tickets? YES or NO \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Has your spouse ever been charged with any crime other than traffic tickets? YES or NO \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Are there other circumstances which may be a factor in your case? YES or NO \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Have you been involved with any Family Law proceeding with any Court or the Attorney General's office? YES or NO \_\_\_\_\_

If so, please explain fully when, where, and why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever filed Bankruptcy? YES or NO \_\_\_\_\_

If so, please explain where, when, and the disposition. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How old was the mother at the time the oldest child was conceived? \_\_\_\_\_

How old was the father at the time the oldest child was conceived? \_\_\_\_\_

Have you or anyone associated with this case been the subject of a: (circle or list any applicable)

\_\_\_\_\_

\_\_\_\_\_

- |   |   |
|---|---|
| a) Protective Order                                   | i) Termination of Parental Rights                 |
| b) Restraining Order                                  | j) Prenuptial Agreement or Partitioning Agreement |
| c) Child Protective Services Investigation            | k) Personal Injury/Workers' Compensation Lawsuits |
| d) Mental Health Professional Treatment               |   |
| e) Questionable Paternity Status                      |   |
| f) Substance Abuse Treatment                          |   |
| g) Welfare or Aid to Families with Dependent Children |   |
| h) Common-Law or Informal Marriage                    |   |

If any circled on the previous page, please explain:

\_\_\_\_\_

\_\_\_\_\_

---

---

**DEBTS OF PARTIES**

**VEHICLES:**

**Vehicle #1**

---

Year	Make	Model	Vehicle Identification No.
Monthly Payment:	_____		Balance Due: _____
Number of Payments Left:	_____		Whose Possession? _____

**Vehicle #2**

---

Year	Make	Model	Vehicle Identification No.
Monthly Payment:	_____		Balance Due: _____
Number of Payments Left:	_____		Whose Possession? _____

**Vehicle #3**

---

Year	Make	Model	Vehicle Identification No.
Monthly Payment:	_____		Balance Due: _____
Number of Payments Left:	_____		Whose Possession? _____

**Boat:**

---

Year	Make	Model	Hull Identification No.
Monthly Payment:	_____		Balance Due: _____
Number of Payments Left:	_____		Whose Possession? _____

**OTHER DEBTS AND OBLIGATIONS:**

---

Obligor	Creditor	Amount	Purpose

---

Obligor	Creditor	Amount	Purpose

---

Obligor	Creditor	Amount	Purpose

**PROPERTY OF PARTIES**

Is your property already divided by agreement? YES or NO \_\_\_\_\_

Are you or your spouse paying marital bills? ME MY SPOUSE BOTH \_\_\_\_\_

**BANK ACCOUNTS**

Checking: Where: \_\_\_\_\_

Balance: \_\_\_\_\_ Names on account: \_\_\_\_\_

Other Checking: Where: \_\_\_\_\_

Balance: \_\_\_\_\_ Names on account: \_\_\_\_\_

Savings: Where: \_\_\_\_\_

Balance: \_\_\_\_\_ Names on account: \_\_\_\_\_

Other Savings: Where: \_\_\_\_\_

Balance: \_\_\_\_\_ Names on account: \_\_\_\_\_

Business Account: Where: \_\_\_\_\_

Balance: \_\_\_\_\_ Signatories \_\_\_\_\_

Potential Non-Martial Bank Account: Name: \_\_\_\_\_ Source: \_\_\_\_\_

When acquired: \_\_\_\_\_ Value: \_\_\_\_\_

**HOUSE**

Are you buying or do you own a house? YES or NO \_\_\_\_\_

If yes, please answer the following questions:

When purchased: \_\_\_\_\_

How held (title): \_\_\_\_\_

Purchase price: \_\_\_\_\_ Value today: \_\_\_\_\_

1<sup>st</sup> Mortgage: \_\_\_\_\_

Company Balance

2<sup>nd</sup> Mortgage: \_\_\_\_\_

Company Balance

Purpose of 2<sup>nd</sup> mortgage: \_\_\_\_\_

Monthly Payment: 1<sup>st</sup> Mortgage: \_\_\_\_\_ 2<sup>nd</sup> Mortgage: \_\_\_\_\_

Taxes: \_\_\_\_\_ Insurance: \_\_\_\_\_

Total monthly payment: \_\_\_\_\_

**OTHER REAL ESTATE**

What: \_\_\_\_\_

Where: \_\_\_\_\_

When purchased: \_\_\_\_\_

How held (title): \_\_\_\_\_

Purchase price: \_\_\_\_\_ Value today: \_\_\_\_\_

Mortgagee: \_\_\_\_\_ Mortgage balance: \_\_\_\_\_

Monthly payment: \_\_\_\_\_

**RETIREMENT BENEFITS/STOCKS**

Husband: Pension: \_\_\_\_\_ Profit Sharing: \_\_\_\_\_

Stock: \_\_\_\_\_ 401(k): \_\_\_\_\_

Wife: Pension: \_\_\_\_\_ Profit Sharing: \_\_\_\_\_

Stock: \_\_\_\_\_ 401(k): \_\_\_\_\_

**REFERRAL INFORMATION**

How were you referred to us? (Circle any applicable) \_\_\_\_\_

I am a previous client   Office sign   Web Site   Radio   TV   Billboard   Friend (please see below)  
Physician (please see below)   Phonebook   Other\_\_\_\_\_

If phonebook: name of book\_\_\_\_\_

Name/address/phone of person who referred you: \_\_\_\_\_