

Domestic Relations Intake

(Please print legibly)

CLIENT

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

Name: \_\_\_\_\_  
(First) (M) (Last)

Age: \_\_\_\_\_ SSN: \_\_\_\_\_

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

County: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home)

\_\_\_\_\_ (Work)

\_\_\_\_\_ (Cell)

\_\_\_\_\_ (Other)

\_\_\_\_\_ (Email)

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

Occupation: \_\_\_\_\_ Salary: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Was there a divorce? \_\_\_\_\_ (yes) \_\_\_\_\_ (no)

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

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

How was custody awarded: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER PARENT

Name: \_\_\_\_\_  
(First) (M) (Last)

Age: \_\_\_\_\_ SSN: \_\_\_\_\_

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

County: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home)  
\_\_\_\_\_ (Work)  
\_\_\_\_\_ (Cell)  
\_\_\_\_\_ (Other)  
\_\_\_\_\_ (Email)

Occupation: \_\_\_\_\_ Salary: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

How long Resident: \_\_\_\_\_

CHILDREN	DATE OF BIRTH	SSN
(1)	_____	_____
(2)	_____	_____
(3)	_____	_____
(4)	_____	_____
(5)	_____	_____

Who will have custody: \_\_\_\_\_(Father) \_\_\_\_\_ (Mother)

Are there any children from previous marriages? \_\_\_\_\_(Father) \_\_\_\_\_ (Mother)

Is there any alimony or child support paid to or from a former spouse? : \_\_\_\_ Yes \_\_\_\_ No

Are there any child care expenses, if so, what amount for school year \$ \_\_\_\_\_,  
what amount for summer \$ \_\_\_\_\_.

How is health insurance paid for child(ren) \_\_\_\_\_.

Do the children have dental and vision insurance? : \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any motor vehicles: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Client