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CLIENT INTAKE FORM - WITH CHILDREN

SECTION I – CLIENT INFORMATION

Name (First, Middle, Last): _____

Phone: Cell: _____

Work: _____

Home: _____

Address: _____
Street

_____
City, State, Zip Code

County: _____ City/Township: _____

Email Address: _____

In Case of Emergency – Contact and Relationship: _____

Phone(s): _____

Social Security Number: _____

Age: _____ Date of Birth: _____ Birth Place: _____
City, State and County

Health Condition: _____

Drivers License Number and State: _____

Height: _____ Weight: _____ Race: _____

Eye Color: _____ Hair Color: _____

Scars/Tattoos: _____

Level of Education: _____

Number of this Marriage: _____
First, Second, Third, etc.

Previous Divorce(s): _____
County and State

Employer Name: _____ Occupation: _____

Address: _____
Street

_____
City, State, Zip Code

Number of Years Employed: _____ Net Pay: $_____

Health Insurance Provider: _____

Policy Number: _____

Group Number: _____

Contract Number: _____

Persons Covered on Health Insurance: _____

_____

SECTION II - ADVERSE PARTY INFORMATION

Name (First, Middle, Last): _____

Phone: Cell: _____

Work: _____

Home: _____

Address: _____
Street

_____
City, State, Zip Code

Select one

Resident of MI for 180 days or more: Yes / No. If so, what County? _____

Social Security Number: _____

Age: _____ Date of Birth: _____ Birth Place: _____
City, State and County

Health Condition: _____

Drivers License Number and State: _____

Height: _____ Weight: _____ Race: _____

Eye Color: _____ Hair Color: _____

Scars/Tattoos: _____

Level of Education: _____

Number of this Marriage: _____
First, Second, Third, etc.

Previous Divorce(s): _____
County and State

Employer Name: _____ Occupation: _____

Address: _____
Street

_____
City, State, Zip Code

Number of Years Employed: _____ Net Pay: $_____

Health Insurance Provider: _____

Policy Number: _____

Group Number: _____

Contract Number: _____

Persons Covered on Health Insurance: _____

_____

SECTION III - MARRIAGE

Date of Marriage: _____ Date of Separation: _____

Place of Marriage: _____ Maiden Name: _____
City, State and County

If you are Wife, do you want your previous/maiden name restored? Yes / No. Select one

Cause of Breakdown: _____

_____

Fault: _____

_____ _____
Select one

Is Wife pregnant? Yes / No. If so, when is the due date? _____

SECTION IV - CHILDREN

Number of children born of this marriage: _____

Children(s) Name:	Age:	Date of Birth:	Social Security No:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Children living with: _____ Custody: Sole _____ Joint _____ Physical _____

Custodial Parent: _____

Who have children been living with during the last 5 years? _____

Address: _____
Street

_____
City, State, Zip Code

Visitation: _____

Child Care Expenses: _____
Select one

Have you participated in any litigation concerning the children in this or any other state? Yes / No.

If so, when and where: _____

Do you have any information regarding a custody proceeding concerning your children now pending in this state or any other state? Yes / No. Select one

If so, when and where: _____

Do you know of any person not a party to these proceedings who has physical custody of the children or who claims custody or visitation rights with the children? Yes / No. Select one

If so, state name, address, and relationship: _____

_____

Any Injunctions: _____

How soon would you like this filed? _____

Any service on other party instructions: _____

SECTION V - PROPERTY
(Please attach any additional pages if necessary)

Marital Home Address: _____
Street

_____
City, State, Zip Code

Do you and your spouse own or rent? _____

Date of Purchase: _____ Purchase Price: $_____

Current Market Value: $_____

Mortgagor – Bank/Lender: _____
Name

_____
Street

_____
City, State, Zip Code

Real Estate (1): _____ Title: _____

Date Purchased: _____ Mortgagor: _____

Purchase Price: $_____ Amount Down: $_____ Balance Due: $_____

Fair Market Value: _____ Payments/Terms: _____

Source of Property: _____ Property Taxes Owing: _____

Real Estate (2): _____ Title: _____

Date Purchased: _____ Mortgagor: _____

Purchase Price: $_____ Amount Down: $_____ Balance Due: $_____

Fair Market Value: _____ Payments/Terms: _____

Source of Property: _____ Property Taxes Owing: _____

Automobile (1): Make: _____ Model: _____ Year: _____

Title/Possession: _____ Date purchased: _____

Lienholder: _____ Purchase Price: $_____

Balance Due: $_____ Value: $_____ Amount Down: $_____

Payments/Terms: _____

Automobile (2): Make: _____ Model: _____ Year: _____

Title/Possession: _____ Date purchased: _____

Lienholder: _____ Purchase Price: $_____

Balance Due: $_____ Value: $_____ Amount Down: $_____

Payments/Terms: _____

SECTION VI – BANK ACCOUNTS

(1) Name of Financial Institution: _____ Type of Account: _____

Name on Account: _____ Account No: _____

Approximate Account Balance: $_____

(2) Name of Financial Institution: _____ Type of Account: _____

Name on Account: _____ Account No: _____

Approximate Account Balance: $_____

(3) Name of Financial Institution: _____ Type of Account: _____

Name on Account: _____ Account No: _____

Approximate Account Balance: $_____

SECTION VII - RETIREMENT, PENSION, AND OTHER ASSETS

Stocks and Bonds: _____

_____

Other Assets: _____

_____

_____

Any inherited property? Yes / No. Select one

If so, what property and by which spouse? _____

_____

Major Debts: _____

_____

Life Insurance: _____

Name on Insured: _____

Approximate amount of insurance: $_____

Pension: _____

Name on Insured: _____

Approximate amount of pension: $_____

SECTION VIII – ADDITIONAL COMMENTS/INFORMATION NOT LISTED ABOVE:

_____

_____

_____

SECTION IX – INITIAL CONSULTATION

Please bring this completed form and the following documents, if reasonably available, with you to your consultation:

1. Last two (2) pay stubs for you and your spouse;
2. Most recent year's tax returns;
3. Deed, land contract, or lease agreement on marital home and any other real estate;
4. Most recent pension statement for both parties;
5. All vehicle titles; and
6. Joint credit card statements.

Thank you for your interest in our firm. We look forward to working with you.