

# Your Law Firm Here

Phone: (603) 555-1212 Fax: (603) 555-1212

<https://clientrock.com/intake-forms>

## Divorce

### 1. Your Information

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Full Name

Address

Unit or office

Phone Number (home)

Phone Number (work)

Phone Number (mobile)

Email Address

Date of Birth

Social Security Number

Gender

Male

Female

Non-binary

Other

Marital Status

Single

Married

Separated

Divorced

Widowed

Employment Status

Employed (Part-Time)

Employed (Full-Time)

Unemployed

Self Employed

Retired

Disability

On Leave

## Employment (1)

You can skip this section if you are currently unemployed.

Employer

Employer  
address

Unit  
or  
office

Job title

Annual salary (\$)

## Income (1)

What is your gross  
monthly pay?

On what schedule is this paid?

*Choose one.*

Weekly

Bi-Weekly

Semi-Monthly

Monthly

**Marriage (1)**

Marriage Date

In what city and state were you married?

Are you and your spouse legally separated?

Yes

No

Please provide the city and state of separation

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## 2. Spouse' Information

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Spouse

Full Name	<input type="text"/>		
Address	<input type="text"/>		
Unit or office	<input type="text"/>		
Phone Number (home)	<input type="text"/>		
Phone Number (work)	<input type="text"/>		
Phone Number (mobile)	<input type="text"/>		
Email Address	<input type="text"/>		
Date of Birth	<input type="text"/>		
Social Security Number	<input type="text"/>		
Gender			
Male	Female	Non-binary	
Other			
Citizenship Status			
Citizen	Naturalized		
Employment Status			
Employed (Part-Time)	Employed (Full-Time)	Unemployed	
Self Employed	Retired	Disability	
On Leave			

### Spouse' Employment (1)

You can skip this section if your spouse is unemployed.

Employer	<input type="text"/>
Employer address	<input type="text"/>
Unit or office	<input type="text"/>
Job title	<input type="text"/>
Salary (\$)	<input type="text"/>
Gross monthly pay	<input type="text"/>

On what schedule is your spouse paid?

*Choose one.*

Weekly

Bi-Weekly

Semi-Monthly

Monthly

### Spouse' Income (1)

Gross monthly pay	<input type="text"/>
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On what schedule is your spouse paid?

*Choose one.*

Weekly

Bi-Weekly

Semi-Monthly

Monthly

### 3. Other contacts

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#### Emergency Contact

Full Name	<input type="text"/>
Address	<input type="text"/>
Unit or office	<input type="text"/>
Phone Number (home)	<input type="text"/>
Phone Number (work)	<input type="text"/>
Phone Number (mobile)	<input type="text"/>

#### Person financially responsible (if not client)

Full Name	<input type="text"/>
Address	<input type="text"/>
Unit or office	<input type="text"/>
Phone Number (home)	<input type="text"/>
Phone Number (work)	<input type="text"/>
Phone Number (mobile)	<input type="text"/>
Email Address	<input type="text"/>



## 4. Children

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### Child

Full Name	<input type="text"/>
Address	<input type="text"/>
Unit or office	<input type="text"/>
Date of Birth	<input type="text"/>
Social Security Number	<input type="text"/>

Full Name	<input type="text"/>
Address	<input type="text"/>
Unit or office	<input type="text"/>
Date of Birth	<input type="text"/>
Social Security Number	<input type="text"/>

Full Name	<input type="text"/>
Address	<input type="text"/>
Unit or office	<input type="text"/>
Date of Birth	<input type="text"/>
Social Security Number	<input type="text"/>

Full Name	<input type="text"/>
Address	<input type="text"/>
Unit or office	<input type="text"/>
Date of Birth	<input type="text"/>
Social Security Number	<input type="text"/>

Full Name	<input type="text"/>
Address	<input type="text"/>
Unit or office	<input type="text"/>
Date of Birth	<input type="text"/>
Social Security Number	<input type="text"/>

With whom do the children reside?

Who presently provides health insurance for the child(ren)?

*Choose one.*

I do (client)

My spouse

We do not carry health insurance

## 5. Special Concerns

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Does your matter involve allegations of any of the following?

*Select all that apply.*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Physical Violence    | <input type="checkbox"/> Criminal Record | <input type="checkbox"/> Excessive Alcohol Use |
| <input type="checkbox"/> Use of Illegal Drugs | <input type="checkbox"/> Adultery        | <input type="checkbox"/> Child Abuse           |
| <input type="checkbox"/> Financial Problems   | <input type="checkbox"/> Computer Abuse  |  |

If physical violence, has a Protective Order ever been issued?

Yes

No

Please explain...

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Have you ever been charged with any crime other than traffic tickets?

Yes

No

Please explain...

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Has your spouse ever been charged with a crime other than traffic tickets?

Yes

No

Please explain...

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Have you been involved with any family law proceedings with any Court or the Attorney General's office?

Yes

No

Please explain...

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Have you ever filed bankruptcy?

Yes

No

Please explain when, where, and the disposition...

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Are there any other circumstances which you believe may be a factor in your case?

Yes

No

Please explain...

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## 6. Name Change Request

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Are you planning to ask the Court to grant a name change?

Yes

No

Please provide the full name you would like to request

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## 7. Assets

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So that we can build an accurate accounting of your estate, please list any bank accounts, property and assets.

### Bank Account (1)

Bank name

Account holder name

How is the account held?

*Choose one.*

Jointly

Individually by me

Individually by my spouse

Last 4 Digits of  
account number

Account Type

*Choose one.*

Checking

Savings

Investment

Retirement



Please provide a copy of your most recent statement.

*Please provide copies of the files requested above.*

**Bank Account (2)**

Bank name

Account holder name

How is the account held?

*Choose one.*

Jointly

Individually by me

Individually by my spouse

Last 4 Digits of  
account number

Account Type

*Choose one.*

Checking

Savings

Investment

Retirement



Please provide a copy of your most recent statement.

*Please provide copies of the files requested above.*



**Bank Account (3)**

Bank name

Account holder name

How is the account held?

*Choose one.*

Jointly

Individually by me

Individually by my spouse

Last 4 Digits of  
account number

Account Type

*Choose one.*

Checking

Savings

Investment

Retirement



Please provide a copy of your most recent statement.

*Please provide copies of the files requested above.*

**Bank Account (4)**

Bank name

Account holder name

How is the account held?

*Choose one.*

Jointly

Individually by me

Individually by my spouse

Last 4 Digits of  
account number

Account Type

*Choose one.*

Checking

Savings

Investment

Retirement



Please provide a copy of your most recent statement.

*Please provide copies of the files requested above.*

**Bank Account (5)**

Bank name

Account holder name

How is the account held?

*Choose one.*

Jointly

Individually by me

Individually by my spouse

Last 4 Digits of  
account number

Account Type

*Choose one.*

Checking

Savings

Investment

Retirement



Please provide a copy of your most recent statement.

*Please provide copies of the files requested above.*

Property (1)

Address

Unit  
or  
office

Value

How is the property held?

*Choose one.*

Jointly

Individually by me

Individually by my spouse

Is there a mortgage on this property?

Yes

No

How much is owed, and to whom?

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Please attach latest statement if available...

*Please provide copies of the files requested above.*

Asset (1)

Please list any other assets such as vehicles, heirlooms, businesses, etc

Name

How is this asset held?

*Choose one.*

Jointly

Individually by me

Individually by my spouse

Is there debt associated with this asset?

Yes

No

How much is owed, and to whom?

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Please attach the latest statements if available...

*Please provide copies of the files requested above.*

Value (\$)

## 8. Review & Submit

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Once you're comfortable that you've filled out as much of the form as you can, click the button below to send it to our office.



*Please review the form above. Then sign and date below.*

*You can bring this with you to your consultation or email the completed form to [jamie@smithlaw.com](mailto:jamie@smithlaw.com).*

Signature

Date