

DOMESTIC CLIENT INTAKE

DATE: _____

FULL NAME

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ HOW LONG IN CURRENT COUNTY: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ PLEASE CHECK PREFERRED CONTACT NUMBER

MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS) _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DATE OF MARRIAGE: _____ DATE OF SEPARATION: _____

LOCATION OF MARRIAGE: _____

WHO MAY WE CONTACT IF WE CANNOT GET A HOLD OF YOU: _____

PHONE NUMBER: _____

OPPOSING PARTY

FULL NAME

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ HOW LONG IN CURRENT COUNTY: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ PLEASE CHECK PREFERRED CONTACT NUMBER

MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS) _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

COUNSEL FOR OPPOSING PARTY: _____

HAS EITHER PARTY PREVIOUSLY FILED A COMPLAINT/PETITION/ETC. WITH THE COURT? Y N

IF YES, WHAT WAS FILED AND WHEN? _____

CHILDREN

NUMBER OF CHILDREN FROM THIS RELATIONSHIP? _____ CIRCLE

NAME: _____ DOB: _____ SSN: _____ M F

NAME: _____ DOB: _____ SSN: _____ M F

NAME: _____ DOB: _____ SSN: _____ M F

NAME: _____ DOB: _____ SSN: _____ M F

NAME: _____ DOB: _____ SSN: _____ M F

NAME: _____ DOB: _____ SSN: _____ M F

WHERE IS/ARE THE CHILD(REN) RESIDING? _____

ADDRESSES WHERE THE CHILD(REN) HAVE RESIDED FOR THE PAST FIVE YEARS:

DATES: WITH WHOM THE CHILD(REN) LIVED: ADDRESS:

PLEASE LIST ANY CHILDREN NOT OF THIS RELATIONSHIP, THEIR RELATIONSHIP TO THE PARTIES, AND THEIR CURRENT RESIDENCE(S):

SPECIFY WHAT CUSTODY ARRANGEMENT YOU BELIEVE IS APPROPRIATE, WITH A BRIEF EXPLANATION OF THE REASONS WHY:

PLEASE LIST ANY SPECIFIC TIMES THAT YOU WISH TO HAVE CUSTODY/VISITATION (I.E. HOLIDAYS, VACATION, BIRTHDAYS, REGULARLY HELD FAMILY EVENTS, ETC.):

PLEASE LIST THE CHILD(REN)'S PRESENT:

RELIGION: _____

DOCTOR (NAME AND ADDRESS): _____

DENTIST (NAME AND ADDRESS): _____

OTHER MEDICAL (NAME AND ADDRESS): _____

SCHOOL(S) (NAME AND ADDRESS): _____

CHILDCARE PROVIDER(S): _____

CHILD(REN)'S EXTRACURRICULAR ACTIVITIES: _____

OTHER:

WERE YOU EVER MARRIED TO THE OPPOSING PARTY? Y N

IF YES, DATE OF DIVORCE _____

IS THERE A CURRENT CUSTODY ORDER IN PLACE? Y N

IF YES, PLEASE BRING A CURRENT COPY OF THE CURRENT CUSTODY ORDER.

IF YOU ARE UNABLE TO LOCATE THE CURRENT CUSTODY ORDER, PLEASE BRIEFLY DESCRIBE
WHAT THE ORDER STATES:

HAS PATERNITY BEEN ESTABLISHED? Y N

IS CHILD SUPPORT CURRENTLY BEING PAID? Y N

IF YES, BY WHOM AND HOW MUCH? _____

IF THERE IS A CURRENT SUPPORT ORDER, PLEASE BRING A CURRENT COPY OF THE ORDER.

IS THE OPPOSING PARTY CURRENTLY BEHIND IN CHILD SUPPORT AND, IF SO, BY HOW MUCH?

WHO CARRIES MEDICAL/DENTAL INSURANCE ON CHILD(REN)? _____

MONTHLY COST OF MEDICAL/DENTAL INSURANCE? _____

ARE THERE CHILDCARE EXPENSES? Y N

IF YES, HOW MUCH AND PAID BY WHOM? _____

GROSS MONTHLY INCOME FOR MOTHER: _____

GROSS MONTHLY INCOME FOR FATHER: _____

WHY ARE YOU THE BETTER PARENT? PLEASE EXPLAIN.

WHY IS YOUR SPOUSE NOT THE BETTER PARENT? PLEASE EXPLAIN.

WHAT NEGATIVE INFORMATION DO YOU BELIEVE THE OPPOSING PARTY WOULD INTRODUCE AGAINST YOU? PLEASE EXPLAIN.

DO YOU HAVE A CRIMINAL RECORD? YES _____ NO _____
IF SO, PLEASE EXPLAIN:

DO YOU HAVE ANY FRIENDS IN COMMON WITH THE OTHER PARTY? IF SO, WHO ARE THEY
AND WOULD THEY TESTIFY AGAINST YOU? PLEASE EXPLAIN:

HAVE YOU EVER BEEN TREATED FOR A MENTAL ILLNESS, ADDICTION OR PLACED IN A
TREATMENT CENTER FOR MENTAL HEALTH ISSUES? PLEASE EXPLAIN:

DO YOU HAVE A CPS HISTORY? PLEASE EXPLAIN:

HAVE YOU EVER BEEN INVOLVED IN OTHER LITIGATION? WHAT WAS THE RESULT? PLEASE EXPLAIN:

PLEASE PROVIDE ADDITIONAL INFORMATION THAT YOU BELIEVE WOULD BE INTEGRAL IN REPRESENTING YOU OR UNDERSTANDING WHO YOU ARE