



## Family Law Client Intake Form

### Full Legal Name \*

### Home Address \*

### County of Residence \*

### How long have you lived at this current address? \*

### Social Security Number \*

### Driver's License State & Number \*



### Cell Phone Number \*

### Email Address \*

### Date of Birth \*



### Race \*

### Name change? If so, to what? \*

### Name of Employer

### Work Address

### Work Phone Number

### Annual Salary

### How long have you worked for this employer?

**Opposing Party - Full Legal Name \***

**Opposing Party - Home Address \***

**Opposing Party - Cell Phone Number**

**Opposing Party - Date of Birth \***



**Opposing Party - Social Security Number \***

**Opposing Party - Driver's License State & Number**

**Opposing Party - Email Address \***

**Opposing Party - Name of Employer \***

**Opposing Party - Address of Employer**

**Opposing Parties Annual Salary**

**Date of Marriage \***



**City and State of Marriage \***

**Date of Separation \***



**Have you ever been married before?**

**Has your spouse ever been married before?**

**First Child - Full Legal Name**

**First Child - Date of Birth**



First Child - Gender

Second Child - Full Legal Name

Second Child - Date of Birth



Second Child - Gender

Third Child - Full Legal Name

Third Child - Date of Birth



Third Child - Gender

Is/are the child(ren) covered by health insurance? \*

If so, name of the insurance company:

Who is responsible for health insurance payments/coverage? \*

How much is health insurance coverage per month solely for the child(ren)? \*

\$

Number of children from prior marriages/relationships

Number of these children living with you

How did you hear about us? \*