

CLIENT INTAKE
WITH CHILDREN #1

Date _____

Client

Spouse

Full name _____

Full name _____

Date of birth _____

Date of birth _____

Age _____

Age _____

Birth place _____

Birth place _____

Work phone _____

Work phone _____

Can you receive calls at work? _____

Home phone _____

Home phone _____

Cell phone _____

Cell phone _____

Email _____

Email _____

Address _____

Address _____

Social security no. _____

Social security no. _____

Driver license no. _____

Driver license no. _____

State _____

State _____

Occupational license no(s). _____

Occupational license no(s). _____

Armed forces status _____

Armed forces status _____

Next of kin _____

Relation _____

Address _____

MARRIAGE

Location (City, County, State) _____

Date of marriage _____ Date of separation _____

Have you lived in Michigan 180 days? _____ Have you lived in Jackson County 10 days? _____

Number of previous marriages: yours _____ spouse _____

Child(ren)'s residences for the past five years:

Where?	With whom?	For how long?
--------	------------	---------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is wife pregnant? yes When is birth expected? _____
 no

Name of health care insurance provider for children _____

Does it include: dental yes no vision yes no

Policy, group or contract number _____

Paid for by whom? _____

Does your/spouse's health insurance require that he/she have the child(ren) as (a) dependent(s) to continue health insurance for their benefit? (Check with employer benefits office.) _____

Do you have child care expenses?

yes How many weeks per year? _____

 Paid for by whom? _____

 Cost per week: During school _____ summer _____

no

Are you ***paying*** or ***receiving*** support for other children?

yes How much per week? \$ _____ Number of children _____

no

Is your spouse ***paying*** or ***receiving*** support for other children?

yes How much per week? \$ _____ Number of children _____

no

Does either party have children from a prior relationship?

1. Name _____ Date of Birth _____ Age _____
Living with () client () spouse Social Security no. _____
2. Name _____ Date of Birth _____ Age _____
Living with () client () spouse Social Security no. _____
3. Name _____ Date of Birth _____ Age _____
Living with () client () spouse Social Security no. _____
4. Name _____ Date of Birth _____ Age _____
Living with () client () spouse Social Security no. _____
5. Name _____ Date of Birth _____ Age _____
Living with () client () spouse Social Security no. _____

PRIOR LITIGATION

Has either spouse previously filed for divorce, custody, etc., in this county or elsewhere?

- () yes Indicate when and where the action was filed, the status of the action, the case number and which judge the matter was assigned to. _____

- () no

Has there been any previous domestic relations case filed int his county involving you and/or your spouse or any other family member?

- () yes Indicate when and where the action was filed, the status of the action, the case number and which judge the matter was assigned to. _____

- () no

Does anyone else claim custody over your or your spouse's children?

- () yes Indicate when and where the action was filed, the status of the action, the case number and which judge the matter was assigned to. _____

- () no

Is there an order/judgment for continuing jurisdiction over your or your spouse's children for any other reason?

- () yes Indicate when and where the action was filed, the status of the action, the case number and which judge the matter was assigned to. _____

- () no

Is there presently a case wherein one of the Parties is currently paying support for another child not of this marriage?

- () yes Indicate when and where the action was filed, the status of the action, the case number and which judge the matter was assigned to. _____

- () no

FAMILY HEALTH AND SOCIAL ISSUES

Do you, or your spouse, or your children have:

Any serious physical or mental disability, disorder, handicap or incurable disease?

- () yes Please explain. _____
() no

Any problems with substance abuse (drugs, alcohol)?

- () yes What type of drugs? _____
What treatment and by whom? _____
When? _____
Place of treatment _____
- () no

Any particular interest in another person by either Party?

- () yes Whom? _____
() no

Any problems with debts?

- () yes
() no

Any problems with gambling?

- () yes
() no

Any marriage counseling?

- () yes Please explain. _____
() no

Any personal counseling (yours and/or your spouse's)?

- () yes Please explain. _____
() no

Would you be willing to begin or continue counseling?

- yes
- no

Would you sign a waiver of confidentiality so that we may have access to your records?

- yes
- no

Attitudes (yours and your spouse's) toward reconciliation. _____

Are you or your spouse receiving ADC?

- yes Caseworker _____ Case No. _____
- no

PHYSICAL INJUNCTION INFORMATION

What physical abuse, if any, has occurred and on what dates? _____

Has either spouse ever been arrested, convicted, imprisoned, or placed on probation?

- yes Please explain. _____
- no

Physical Description of Client:

Race _____ Height _____ Weight _____ Eye color _____ Hair color _____

Glasses

- yes Worn all the time? yes no
- no

Mustache/beard

- yes Color? _____
- no

Distinguishing scars or tattoos? _____

Any current Personal Protection Orders?

- yes In what county? _____ Case No. _____
- no

Physical Description of Spouse:

Race _____ Height _____ Weight _____ Eye color _____ Hair color _____

Glasses

() yes Worn all the time? () yes () no
() no

Mustache/beard

() yes Color? _____
() no

Distinguishing scars or tattoos? _____

Any current Personal Protection Orders?

() yes In what county? _____ Case No. _____
() no

Is carrying a weapon a condition his/her employment?

() yes
() no

EMPLOYMENT

Client

Spouse

Employer _____ Employer _____

Address _____ Address _____

Occupation _____ Occupation _____

Weekly gross income _____ Weekly gross income _____

Weekly net income _____ Weekly net income _____

Do you have a pension? _____ Does your spouse have a pension?

Do you have early retirement benefits? _____ Does your spouse have early retirement
benefits? _____

Do you receive a signing bonus or any special payments/bonuses? _____ Does your spouse receive a signing
bonus or any special payments/bonuses?

Do you receive profit sharing?

Does your spouse receive profit sharing?

Have you received any recognition or awards? _____

Has your spouse received any recognition or awards?

What was your income last year?

What was your spouse's income last year? _____

Please attach a copy of your last 3 pay stubs. Indicate if any deductions are mandatory (other than taxes). For example, union dues, pension, etc., would be considered mandatory. Please attach the last 2 income tax returns (personal and business) with their schedules and W-2s.

Previous employer _____
Address _____

Annual income _____

Previous employer _____
Address _____

Annual income _____

Other income sources (pension, retirement, public assistance or ADC, veterans' benefits, Social Security, annuity funds):

1. Type (wage/dividend) _____
Gross per year _____ In whose name _____
2. Type (wage/dividend) _____
Gross per year _____ In whose name _____
3. Type (wage/dividend) _____
Gross per year _____ In whose name _____

EDUCATION

Client

Spouse

Highest degree obtained _____

Highest degree obtained _____

High school _____

High school _____

Date of diploma _____

Date of diploma _____

Univ/College _____

Unv/College _____

Degree _____

Degree _____

Date obtained _____

Date obtained _____

Additional training _____

Additional training _____

Did either spouse contribute to the education of the other?

Yes Describe. _____

No

RELIEF TO BE REQUESTED

- Divorce
- Separate maintenance
- Annulment
- Custody of children _____
- Parenting time rights _____
- Child support payments _____
- Spousal support _____
- Spouse to vacate home _____
- Contribution to your attorney fees _____
- Restoration of former name _____
- Procurement of \$_____ in life insurance to secure child support
- Property division
- Property injunction
- Domestic abuse injunction
- Health insurance for children or yourself _____
- Home utility payments _____
- Home insurance (Plaintiff/Defendant) _____
- Mortgage payments _____
- Debts _____
- Other _____
- Attorney fee arrangement _____

ASSETS INTAKE #2
(Attach additional sheets of necessary.)

Client name: _____

A. Real property

Residence address _____
Date purchased _____ Purchase price _____
Mortgage co. _____
Account no. _____ In whose name _____
Monthly payments _____ Balance due _____
Paid by () Husband () Wife () Both
Land contract _____ In whose name _____
Home equity loan _____
Amount of property taxes _____ Included in payment? () Yes () No
Current value, if known or best estimate _____

Additional real estate

Address _____
Date purchased _____ Purchase price _____
Mortgage co. _____
Account no. _____ In whose name _____
Monthly payments _____ Balance due _____
Paid by () Husband () Wife () Both
Land contract _____ In whose name _____
Home equity loan _____
Amount of property taxes _____ Included in payment? () Yes () No
Current value, if known or best estimate _____

Attach copies of deeds or land contracts.

B. Vehicles (car, boat, trailer, motorcycle, snowmobile, etc.)

1. Year/make _____
Vehicle Identification No. (VIN) _____
In whose name _____ In whose possession _____
Purchase price _____ Monthly payments _____
Lien holder _____ Balance due _____
Current value (obtain from Kelley Blue Book website **kbb.com**) _____
Attach copies of Kelley Blue Book valuation.
2. Year/make _____
Vehicle Identification No. (VIN) _____
In whose name _____ In whose possession _____
Purchase price _____ Monthly payments _____
Lien holder _____ Balance due _____
Current value (obtain from Kelley Blue Book website **kbb.com**) _____
Attach copies of Kelley Blue Book valuation.

3. Year/make _____
 Vehicle Identification No. (VIN) _____
 In whose name _____ In whose possession _____
 Purchase price _____ Monthly payments _____
 Lien holder _____ Balance due _____
 Current value (obtain from Kelley Blue Book website **kbb.com**) _____
Attach copies of Kelley Blue Book valuation.
4. Year/make _____
 Vehicle Identification No. (VIN) _____
 In whose name _____ In whose possession _____
 Purchase price _____ Monthly payments _____
 Lien holder _____ Balance due _____
 Current value (obtain from Kelley Blue Book website **kbb.com**) _____
Attach copies of Kelley Blue Book valuation.
5. Year/make _____
 Vehicle Identification No. (VIN) _____
 In whose name _____ In whose possession _____
 Purchase price _____ Monthly payments _____
 Lien holder _____ Balance due _____
 Current value (obtain from Kelley Blue Book website **kbb.com**) _____
Attach copies of Kelley Blue Book valuation.

C. Bank accounts or credit union accounts

1. Name of bank and branch _____
 Account number _____
 Type of account (savings, checking, money market) _____
 Signatories _____
 Source of monies _____ Balance _____
2. Name of bank and branch _____
 Account number _____
 Type of account (savings, checking, money market) _____
 Signatories _____
 Source of monies _____ Balance _____
3. Name of bank and branch _____
 Account number _____
 Type of account (savings, checking, money market) _____
 Signatories _____
 Source of monies _____ Balance _____
4. Name of bank and branch _____
 Account number _____
 Type of account (savings, checking, money market) _____
 Signatories _____
 Source of monies _____ Balance _____

D. Individual Retirement Accounts (IRAs)

1. Financial institution _____
 Account number _____ Balance _____
 In whose name _____

2. Financial institution _____
Account number _____ Balance _____
In whose name _____

E. Retirement plans, pensions, Keoghs, 401(k) plans, profit-sharing plans, stock bonus or option plans, etc.

Attach copies of plan descriptions and annual reports for each account.

1. Employer or financial institution _____
Name and type of plan _____
Account no. _____ In whose name _____

Vested () Yes () No

2. Employer or financial institution _____
Name and type of plan _____
Account no. _____ In whose name _____

Vested () Yes () No

3. Employer or financial institution _____
Name and type of plan _____
Account no. _____ In whose name _____

Vested () Yes () No

4. Employer or financial institution _____
Name and type of plan _____
Account no. _____ In whose name _____

Vested () Yes () No

F. Corporate stocks, bonds, notes, securities, bills, brokerage accounts

1. Name of broker and firm holding investments _____
Type of investment _____
Account no. _____ In whose name _____

Type of account (savings, checking, money market) _____

Purchase price _____ In whose name _____

What was the source of stock or funds to purchase? _____

2. Name of broker and firm holding investments _____
Type of investment _____
Account no. _____ In whose name _____

Type of account (savings, checking, money market) _____

Purchase price _____ In whose name _____

What was the source of stock or funds to purchase? _____

3. Name of broker and firm holding investments _____
Type of investment _____
Account no. _____ In whose name _____

Type of account (savings, checking, money market) _____

Purchase price _____ In whose name _____

What was the source of stock or funds to purchase? _____

G. Patents, inventions, copyrights, etc.

H. Life insurance

<i>Client</i>	<i>Spouse</i>
Name of insurer _____	Name of insurer _____
Name of insured _____	Name of insured _____
Name of beneficiary _____	Name of beneficiary _____
_____	_____
Type of insurance (term, whole life, etc) _____	Type of insurance (term, whole life, etc) _____
_____	_____
Policy no. _____	Policy no. _____
Amount of policy _____	Amount of policy _____
Cash surrender value _____	Cash surrender value _____
Loans against policy _____	Loans against policy _____

I. Business interests (corporations, partnerships, sole proprietorships, etc.)

Name and type of business interest _____
Type of ownership interest _____
Value of interest _____
Initial investment and when _____
Additional amounts invested and when _____

J. Community property (property acquired with your spouse)

Have you ever lived in a state which has a community property law (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin)?

() Yes Provide details and the status of the assets brought into this state. _____

() No _____

K. Miscellaneous assets

Jewelry _____	Value _____
_____	_____
Art work _____	Value _____
_____	_____
Coin and other collections _____	Value _____
_____	_____

Inheritances _____ Value _____
Annuities _____ Value _____
Safe deposit box _____ Location _____
Accounts receivable _____

L. Gifts

Have you or your spouse made an substantial gifts in the past or place property in joint names with anyone other than your spouse?

() Yes Provide details _____

() No _____

M. Trust beneficiaries

Are you or your spouse the beneficiary under any trust?

() Yes Provide details _____

() No _____

N. Assets held at time of marriage

O. Are you aware of assets being given away, sold, or hidden from you?

() Yes Briefly explain _____

() No _____

LIABILITIES

Please indicate with an asterisk any accounts that you have reason to believe are delinquent.

Indebtedness (i.e., credit cards, educational loans, personal loans, etc.)

1. Creditor _____ Account no. _____

Type of indebtedness (credit card, etc.) _____

Is the account current? () Yes () No

Present balance due _____ Monthly payment _____

Named borrowers _____

Who will pay until the divorce is finalized? _____

2. Creditor _____ Account no. _____

Type of indebtedness (credit card, etc.) _____

Is the account current? () Yes () No

Present balance due _____ Monthly payment _____

Named borrowers _____

Who will pay until the divorce is finalized? _____

3. Creditor _____ Account no. _____
 Type of indebtedness (credit card, etc.) _____
 Is the account current? () Yes () No
 Present balance due _____ Monthly payment _____
 Named borrowers _____
 Who will pay until the divorce is finalized? _____
4. Creditor _____ Account no. _____
 Type of indebtedness (credit card, etc.) _____
 Is the account current? () Yes () No
 Present balance due _____ Monthly payment _____
 Named borrowers _____
 Who will pay until the divorce is finalized? _____
5. Creditor _____ Account no. _____
 Type of indebtedness (credit card, etc.) _____
 Is the account current? () Yes () No
 Present balance due _____ Monthly payment _____
 Named borrowers _____
 Who will pay until the divorce is finalized? _____
6. Creditor _____ Account no. _____
 Type of indebtedness (credit card, etc.) _____
 Is the account current? () Yes () No
 Present balance due _____ Monthly payment _____
 Named borrowers _____
 Who will pay until the divorce is finalized? _____

Delinquent indebtedness

Mortgage _____	How much? _____	How long overdue? _____
Property _____	How much? _____	How long overdue? _____
Income taxes _____	How much? _____	How long overdue? _____
Vehicle loan _____	How much? _____	How long overdue? _____
Other _____	How much? _____	How long overdue? _____

Business debts

What kind? _____ How much? _____ How long overdue? _____

Other obligations (for example spousal support to a former spouse) _____

Is anyone other than the spouse and identified children financially dependent on you?

() Yes Give details. _____
 () No

On your spouse?

() Yes Give details. _____
 () No

The items checked below are needed to complete your divorce. Please collect the items that have been checked and bring in copies or originals as soon as possible.

Items needed:

- (X) Tax returns with schedules and W2s for the last two years _____
- (X) Paycheck stubs — last two months _____
 - (X) You _____
 - (X) Your spouse - if available _____
- (X) Mortgage statement _____
- (X) Deed for marital home _____
- (X) Deed for any vacation properties _____
- (X) Deed for any income properties _____
- (X) Pension/Retirement account statement _____
 - (X) You _____
 - (X) Your spouse - if available _____
- (X) Car titles _____
- (X) Life insurance cash value statement _____
- (X) Investment account balance statements _____
- (X) Any appraisals for any owned real property (i.e., marital home, etc.) _____
- (X) Prenuptial or postnuptial agreements _____

You should review your credit report at annualcreditreport.com. You receive three (3) free credit reports per year. I do not need a copy of your credit report unless there are problems with it. You should identify all joint debt and debt that you do not know about so that we can ensure that it is addressed in this process. All open accounts with balances should appear in the liabilities section whether they are joint debts or in your name, alone.