

**CLIENT INTAKE
WITH CHILDREN #1**

Please provide as much detail as you are able. If there is something you do not know, you may be able to find it on a tax return, etc. If you think it will cause conflict to request information from your spouse, we can always get it in other ways. If there is something you are not sure about, just mark it and ask me about that question. This is only for my use so feel free to write anything you want to bring to my attention.

Date _____

Client

Spouse

Full name (first, middle, last)

Full name (first, middle, last)

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 _____

Armed forces status _____

Armed forces status _____

Next of kin _____

Relation _____

Address _____

**CLIENT INTAKE
WITH CHILDREN #1
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 _____

How were prior marriages terminated (divorce, etc)? yours _____ spouse _____

Wife's maiden name _____ Wife's name before this marriage _____

Does wife desire name change? () yes To what? _____
() no

Is there a prenuptial or postnuptial agreement? () yes Please attach a copy.
() no

**CHILDREN WITH SPOUSE - INCLUDING ADULT CHILDREN
BIOLOGICAL AND/OR ADOPTED - LIVING OR DECEASED**

1. Full name (first, middle, last) _____

Currently residing with () client () spouse Social Security No. _____

Date of birth _____ School _____

2. Full name (first, middle, last) _____

Currently residing with () client () spouse Social Security No. _____

Date of birth _____ School _____

3. Full name (first, middle, last) _____

Currently residing with () client () spouse Social Security No. _____

Date of birth _____ School _____

4. Full name (first, middle, last) _____

Currently residing with () client () spouse Social Security No. _____

Date of birth _____ School _____

**CLIENT INTAKE
WITH CHILDREN #1**

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? _____ Cost: _____

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. _____

**CLIENT INTAKE
WITH CHILDREN #1**

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

**CLIENT INTAKE
WITH CHILDREN #1**

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

**CLIENT INTAKE
WITH CHILDREN #1**

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 speak to your therapist?

() 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? _____

**CLIENT INTAKE
WITH CHILDREN #1**

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 _____

Date of hire _____ Date of hire _____

Professional license, type and no. _____ Professional license, type and no. _____

Weekly gross income _____ Weekly gross income _____

Weekly net income _____ Weekly net income _____

Hourly pay rate (including shift premium
and cost of living adjustment) _____ Hourly pay rate (including shift premium
and cost of living adjustment) _____

**CLIENT INTAKE
WITH CHILDREN #1**

Total regular hours worked _____ Total regular hours worked _____

Average overtime hours for past 12 months _____ Average overtime hours for past 12 months _____

Do you receive the following employment benefits:	Does your spouse receive the following employment benefits:
Health insurance _____	Health insurance _____
Vision insurance _____	Vision insurance _____
Dental insurance _____	Dental insurance _____
Life insurance _____	Life insurance _____
Car allowance (include amount) _____	Car allowance (include amount) _____
Expense reimbursements _____	Expense reimbursements _____
Other _____	Other _____

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? _____

If self-employed, list each owner's draw you have made during the past 12 months _____ If your spouse is self-employed, list each owner's draw your spouse made during the past 12 months _____

Attach your 4 most recent paycheck stubs, or a statement from your employer(s) of wages and deductions. Indicate if any deductions are mandatory (other than taxes). Also attach the last 2 federal and state income tax returns with their schedules and W-2s. If self-employed, also attach a copy of your 3 most recent business tax returns and/or corporate returns.

If you are unemployed, and are not receiving unemployment or worker's compensation benefits, or are working part-time only, provide the following information regarding your last full-time employer:

**CLIENT INTAKE
WITH CHILDREN #1**

Previous employer _____ Previous employer _____
 Position _____ Position _____
 Address _____ Address _____

 Last day employed full-time _____ Last day employed full-time _____
 Length of time employed _____ Length of time employed _____
 Reason for leaving _____ Reason for leaving _____

 Gross earnings per pay period _____ Gross earnings per pay period _____

Provide monthly income from all other sources and whether you or your spouse receive same.

Commissions	_____	Unemp. Benefits	_____	Nat'l Guard/ Res.Drill	_____
Bonuses	_____	Strike Pay	_____	Armed Services	_____
Profit Sharing	_____	SUB Pay	_____	Allowance for Rent	_____
Interest	_____	Sick Benefits	_____	Rental Income	_____
Dividends	_____	Workers' Comp.	_____	Spousal Support	_____
Annuities	_____	Soc. Sec. Benefits	_____	State Disability Asst.	_____
Pensions/ Longevity	_____	VA Benefits	_____	FIP	_____
Deferred Comp/IRA	_____	Disability Ins.	_____	SSI	_____
Trust Funds	_____	GI Benefits	_____	Other	_____

Does anyone pay any living or housing expenses on your behalf? _____

If yes, provide details of the payments including amount per month paid on your behalf: _____

EDUCATION

Client

Spouse

Highest degree obtained _____ Highest degree obtained _____

**CLIENT INTAKE
WITH CHILDREN #1**

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 _____