

**CLIENT INTAKE
WITHOUT 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 _____

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Is wife pregnant? yes When is birth expected? _____
 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

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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

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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 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

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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 _____

Date of hire _____ Date of hire _____

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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) _____

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 _____

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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:

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? _____

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

EDUCATION

Client

Spouse

Highest degree obtained _____ Highest degree obtained _____

High school _____ High school _____

Date of diploma _____ Date of diploma _____

Univ/College _____ Univ/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 _____