

**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 \_\_\_\_\_

\_\_\_\_\_

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**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 \_\_\_\_\_

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

Where?	With whom?	For how long?
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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  
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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 \_\_\_\_\_

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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

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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  
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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) \_\_\_\_\_

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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:

Previous employer

Previous employer



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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: \_\_\_\_\_

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**EDUCATION**

*Client*

*Spouse*

Highest degree obtained \_\_\_\_\_ Highest degree obtained \_\_\_\_\_

High school \_\_\_\_\_ High school \_\_\_\_\_

**CLIENT INTAKE  
WITH CHILDREN #1**

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 \_\_\_\_\_