

FAMILY LAW INTAKE

NAME: _____ SPOUSE/PARTNER: _____

ADDRESS: _____ E-MAIL: _____

DAY PHONE: _____ EVENING PHONE: _____ CELL: _____

CHILDREN OF MARRIAGE/PARTNERSHIP:

NAME	D.O.B.	SOCIAL SECURITY NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CLIENT SS#: _____ SPOUSE/PARTNER SS#: _____

CLIENT D.O.B. _____ SPOUSE/PARTNER D.O.B. _____

DATE OF MARRIAGE: _____ PLACE OF MARRIAGE: _____

RELIGIOUS CEREMONY: __ YES__ NO SPOUSE/PARTNER ATTORNEY: _____

PRENUPTIAL/PARTNERSHIP AGREEMENT: _____ YES _____ NO *Bring a Copy to Attorney*

MEDICAL INSURANCE: *Provide copy of insurance cards covering client and family*

CLIENT'S EMPLOYER: _____ SPOUSE/PARTNER EMPLOYER: _____

ISSUES TO BE DECIDED: [Check all that apply, add more if not listed]

- Custody of Children
- Child Support
- Spousal/Partner support
- House
- Retirement
- Medical Insurance
- Degree or License earned during marriage
- Division of Other Assets
- Division of Debts
- Other issues *[list here and on back]*