

**CLIENT INTAKE SHEET**

**Date of Intake:** \_\_\_\_\_ **Matter:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**CLIENT QUESTIONNAIRE**

1. Answer all questions completely. If you need more space, please use additional paper and attach it to this questionnaire.

2. If a particular question does not apply, enter "n/a".

3. **CONFIDENTIALITY:** The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law.

**A. CLIENT INFORMATION:**

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ DOB: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Dates of residency at current address: \_\_\_\_\_

List any previous residences in the past five (5) years, and dates resided in each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer's Name (if any): \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Telephone No.: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Salary: \$\_\_\_\_\_ weekly/biweekly/twice a month/monthly/annual (circle one)

List any other jobs held during the course of this marriage (indicate employer and annual salary):

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If not currently employed, list date of last employment, name of last employer, and reason currently unemployed: \_\_\_\_\_

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Indicate any additional plans for future employment: \_\_\_\_\_

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Highest level of education completed: \_\_\_\_\_

Describe any other education received such as Post-high school training/education including the name of the school or college, dates attended and degree received: \_\_\_\_\_

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Describe plans you have to enroll in school or complete your education, if any: \_\_\_\_\_

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What is your religious preference? \_\_\_\_\_

How did you hear about our office? \_\_\_\_\_

Have you retained any other attorneys on this matter prior to coming to this office? (If yes, please provide name, date retained, and reason to discontinue service.) \_\_\_\_\_

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**B. SPOUSE'S INFORMATION:**

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ DOB: \_\_\_\_\_ State of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Is spouse represented by counsel in this matter? \_\_\_ Yes \_\_\_ No - If yes, complete the following:  
Spouse's Attorney: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Employer's Name (if any): \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Nature of Job: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ weekly/biweekly/twice a month/monthly/annual (circle one)

List any other jobs held during the course of this marriage (indicate employer and annual salary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If not currently employed, list date of last employment, name of last employer, and reason currently unemployed: \_\_\_\_\_  
\_\_\_\_\_

Indicate any additional plans for future employment: \_\_\_\_\_  
\_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

Describe any other education received such as Post-high school training/education including the name of the school or college, dates attended and degree received: \_\_\_\_\_  
\_\_\_\_\_

Describe any plans your spouse may have to enroll in school or complete his/her education: \_\_\_\_\_  
\_\_\_\_\_

What is your spouse's religious preference? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**C. PARENT INFORMATION: Mother**

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ DOB: \_\_\_\_\_ State of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Is parent represented by counsel in this matter? \_\_\_ Yes \_\_\_ No - If yes, complete the following:

Spouse's Attorney: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Employer's Name (if any): \_\_\_\_\_  
Employer's Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Nature of Job: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ weekly/biweekly/twice a month/monthly/annual (circle one)

List any other jobs held during the course of this marriage (indicate employer and annual salary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If not currently employed, list date of last employment, name of last employer, and reason currently unemployed: \_\_\_\_\_

\_\_\_\_\_

Indicate any additional plans for future employment: \_\_\_\_\_

\_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

Describe any other education received such as Post-high school training/education including the name of the school or college, dates attended and degree received: \_\_\_\_\_

\_\_\_\_\_

Describe any plans your spouse may have to enroll in school or complete his/her education: \_\_\_\_\_

\_\_\_\_\_

What is mother's religious preference? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. PARENT INFORMATION: FATHER**

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ DOB: \_\_\_\_\_ State of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Is spouse represented by counsel in this matter? \_\_\_ Yes \_\_\_ No - If yes, complete the following:  
Spouse's Attorney: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Employer's Name (if any): \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Nature of Job: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ weekly/biweekly/twice a month/monthly/annual (circle one)

List any other jobs held during the course of this marriage (indicate employer and annual salary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If not currently employed, list date of last employment, name of last employer, and reason currently unemployed: \_\_\_\_\_  
\_\_\_\_\_

Indicate any additional plans for future employment: \_\_\_\_\_  
\_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

Describe any other education received such as Post-high school training/education including the name of the school or college, dates attended and degree received: \_\_\_\_\_  
\_\_\_\_\_

Describe any plans your spouse may have to enroll in school or complete his/her education: \_\_\_\_\_  
\_\_\_\_\_

What is father's religious preference? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. GENERAL MARITAL HISTORY OF PARENTS:**

Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_  
(Please attach a marriage certificate)

Are parents of children currently living together? \_\_\_\_ Yes \_\_\_\_ No

**D. CHILDREN'S INFORMATION (subject of this action):**

| Name: | SSN: | Place of Birth: | Date of Birth: | Living With: | Sex:  |
|-------|------|-----------------|----------------|--------------|-------|
|       |      |                 |                |              | M / F |
|       |      |                 |                |              | M / F |
|       |      |                 |                |              | M / F |
|       |      |                 |                |              | M / F |
|       |      |                 |                |              | M / F |
|       |      |                 |                |              | M / F |

Is the mother of children currently pregnant? \_\_\_ No \_\_\_ Yes; date child is due: \_\_\_\_\_

**UCCJEA Information:**

If any of the children have resided with anyone other than you and your spouse during the last five (5) years, please complete the following information:

| Name of Custodian: | Address: | Dates Resided with: |
|--------------------|----------|---------------------|
|                    |          |                     |
|                    |          |                     |
|                    |          |                     |

Have you participated as a party, witness or any other capacity in other litigation or custody proceedings, including divorce, separate maintenance, child neglect, dependancy or guardianship, concerning custody or visitation of any child subject to this proceeding? \_\_\_ No \_\_\_ Yes - If Yes, please describe: \_\_\_\_\_

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Do you have any information of any custody or visitation proceeding currently pending in a court of this or any other state concerning any child subject to this proceeding \_\_\_ No \_\_\_ Yes - If Yes, please describe: \_\_\_\_\_

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Do you have any knowledge of any support order issued by a court of this or any other state concerning any child subject to this proceeding? \_\_\_ No \_\_\_ Yes - If Yes, please describe: \_\_\_

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**Other Information:**

Do you anticipate a dispute about the custody of the children (if so, please explain)? \_\_\_\_\_

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Who should have primary custody of the children, and why? \_\_\_\_\_

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Are any children adopted? \_\_\_\_\_

Are any other children of prior marriages or other dependents living in your residence? \_\_\_\_\_

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Indicate if your, or your spouse's, career or education has been interrupted due to child rearing: \_\_\_

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Are any of the children in private school (if yes, indicate the cost of the private school, how such cost has been paid, if you and your spouse both agree on the private school, any special reasons why the child needs private schooling, and if you desire to continue the child in the private school, your belief as to why it is in such child's best interest and the expected impact on the child's life if private school is not continued)? \_\_\_\_\_

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Describe children's involvement in school activities: \_\_\_\_\_

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Describe the physical and mental health of the children: \_\_\_\_\_

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Indicate if any child is being treated for any medical or psychological conditions (if so, indicate the name of the treating physician or counselor, the frequency of medical or psychological treatment, any medications prescribed, cost of medical or physiological care and medicines, portion of expense not covered by insurance, and the length of time you feel treatment will be necessary): \_\_\_\_\_

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Describe the parties' understanding regarding employment of either or both of the child's parents during marriage: \_\_\_\_\_

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Indicate if any child of the parties has separate assets or income, including trust or estate assets: \_\_\_\_\_

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Indicate if any child of the parties has any special needs: \_\_\_\_\_

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Describe your involvement as the non-custodial parent in the children's activities in the last two years : \_\_\_\_\_

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Do you feel the parents' contact with the children should be limited (if so, please explain)? \_\_\_\_\_

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Do the children receive religious training (if so, indicate if there is any primary influence by you or your spouse in the religious training of the children)? \_\_\_\_\_

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Are the children more likely to turn to you or to a parent when they have problems? \_\_\_\_\_

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Describe your working hours (i.e., when you leave for work and arrive home, if your hours are flexible, if your work requires travel, and if so, the frequency of such travel, time involved and distance): \_\_\_\_\_

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Describe your spouse's working hours (i.e., when your spouse leaves for work and arrives home, if your spouse's hours are flexible, if your spouse's work requires travel, and if so, the frequency of such travel, time involved and distance): \_\_\_\_\_

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Describe working hours of either or both of the child's parents (i.e., when the parent leaves for work and arrives home, if parents' hours are flexible, if parents' work requires travel, and if so, the frequency of such travel, time involved and distance): \_\_\_\_\_

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What are your plans for child care? \_\_\_\_\_

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What are parents' plans for child care? \_\_\_\_\_

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Describe your housing arrangements, including number of bedrooms? \_\_\_\_\_

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Describe the housing arrangements either or both of the child's parents, including number of bedrooms? \_\_\_\_\_

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**PARENTAL RESPONSIBILITIES:** Indicate whether you, your spouse, and/or another person currently take or have taken responsibility for the various duties regarding the children. You may check more than one box for a particular item if two or more persons apply.

|   | <b>custodial<br/>parent</b> | <b>Spouse</b> | <b>other<br/>person</b> | <b>Grand-<br/>parent<br/>(which)</b> |
|---|-----------------------------|---------------|-------------------------|--------------------------------------|
| Helped children put on clothes                              | _____                       | _____         | _____                   | _____                                |
| Gave children baths   | _____                       | _____         | _____                   | _____                                |
| Took care of children during the day                        | _____                       | _____         | _____                   | _____                                |
| Put children to bed at night                                | _____                       | _____         | _____                   | _____                                |
| Prepared food for children                                  | _____                       | _____         | _____                   | _____                                |
| Made medical/dental appointments for children               | _____                       | _____         | _____                   | _____                                |
| Took children to the doctor/dentist                         | _____                       | _____         | _____                   | _____                                |
| Took care of children when sick                             | _____                       | _____         | _____                   | _____                                |
| Made arrangements for outside child care                    | _____                       | _____         | _____                   | _____                                |
| Communicated with day care personnel                        | _____                       | _____         | _____                   | _____                                |
| Took children to day care or sitters                        | _____                       | _____         | _____                   | _____                                |
| Took children to school                                     | _____                       | _____         | _____                   | _____                                |
| Participated in children's education                        | _____                       | _____         | _____                   | _____                                |
| Picked up children from school                              | _____                       | _____         | _____                   | _____                                |
| Met with teachers, principal                                | _____                       | _____         | _____                   | _____                                |
| Helped children with homework                               | _____                       | _____         | _____                   | _____                                |
| Took children to extracurricular activities                 | _____                       | _____         | _____                   | _____                                |
| Participated in outdoor activities with children            | _____                       | _____         | _____                   | _____                                |
| Organized children's time with friends                      | _____                       | _____         | _____                   | _____                                |
| Contacted parents of children's friends                     | _____                       | _____         | _____                   | _____                                |
| Arranged children's birthday activities                     | _____                       | _____         | _____                   | _____                                |
| Shopped for children's clothes, shoes and other necessities | _____                       | _____         | _____                   | _____                                |
| Bought gifts for the children                               | _____                       | _____         | _____                   | _____                                |
| Taught money management to children                         | _____                       | _____         | _____                   | _____                                |
| Took children to church                                     | _____                       | _____         | _____                   | _____                                |
| Disciplined the children                                    | _____                       | _____         | _____                   | _____                                |
| Helped the children when they have "problems" or "issues"   | _____                       | _____         | _____                   | _____                                |
| Other not listed above: _____                               | _____                       | _____         | _____                   | _____                                |
| Other not listed above: _____                               | _____                       | _____         | _____                   | _____                                |

If you checked "Other" regarding any of the above, please identify each such person, and generally



**PRIOR MARITAL HISTORY**

**A. CLIENT'S PRIOR MARRIAGES:**

Name of 1st Ex-spouse: \_\_\_\_\_  
How, When and Where Marriage Terminated: \_\_\_\_\_  
\_\_\_\_\_

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

| Name of Child | Date of Birth | Currently residing with: |
|---------------|---------------|--------------------------|
| _____         | _____         | _____                    |
| _____         | _____         | _____                    |

Indicate if you currently pay or receive any child support on behalf of these children? \_\_\_\_\_

Name of 2nd Ex-spouse: \_\_\_\_\_  
How, When and Where Marriage Terminated: \_\_\_\_\_  
\_\_\_\_\_

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

| Name of Child | Date of Birth | Currently residing with: |
|---------------|---------------|--------------------------|
| _____         | _____         | _____                    |
| _____         | _____         | _____                    |

Indicate if you currently pay or receive any child support on behalf of these children? \_\_\_\_\_

Name of 3rd Ex-spouse: \_\_\_\_\_  
How, When and Where Marriage Terminated: \_\_\_\_\_  
\_\_\_\_\_

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

| Name of Child | Date of Birth | Currently residing with: |
|---------------|---------------|--------------------------|
| _____         | _____         | _____                    |
| _____         | _____         | _____                    |

Indicate if you currently pay or receive any child support on behalf of these children? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. SPOUSE'S PRIOR MARRIAGES:**

Name of 1st Ex-spouse: \_\_\_\_\_  
How, When and Where Marriage Terminated: \_\_\_\_\_

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

| Name of Child | Date of Birth | Currently residing with: |
|---------------|---------------|--------------------------|
| _____         | _____         | _____                    |
| _____         | _____         | _____                    |

Indicate if your spouse currently pays or receives any child support on behalf of these children? \_\_\_\_\_  
\_\_\_\_\_

Name of 2nd Ex-spouse: \_\_\_\_\_  
How, When and Where Marriage Terminated: \_\_\_\_\_

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

| Name of Child | Date of Birth | Currently residing with: |
|---------------|---------------|--------------------------|
| _____         | _____         | _____                    |
| _____         | _____         | _____                    |

Indicate if your spouse currently pays or receives any child support on behalf of these children? \_\_\_\_\_  
\_\_\_\_\_

Name of 3rd Ex-spouse: \_\_\_\_\_  
How, When and Where Marriage Terminated: \_\_\_\_\_

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

| Name of Child | Date of Birth | Currently residing with: |
|---------------|---------------|--------------------------|
| _____         | _____         | _____                    |
| _____         | _____         | _____                    |

Indicate if your spouse currently pays or receives any child support on behalf of these children? \_\_\_\_\_  
\_\_\_\_\_



**B. PARENT'S PRIOR MARRIAGES:** (father of child(ren) if a party to suit)

Name of 1st Ex-spouse: \_\_\_\_\_  
How, When and Where Marriage Terminated: \_\_\_\_\_

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

| Name of Child | Date of Birth | Currently residing with: |
|---------------|---------------|--------------------------|
| _____         | _____         | _____                    |
| _____         | _____         | _____                    |

Indicate if your spouse currently pays or receives any child support on behalf of these children? \_  
\_\_\_\_\_

Name of 2nd Ex-spouse: \_\_\_\_\_  
How, When and Where Marriage Terminated: \_\_\_\_\_

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

| Name of Child | Date of Birth | Currently residing with: |
|---------------|---------------|--------------------------|
| _____         | _____         | _____                    |
| _____         | _____         | _____                    |

Indicate if your spouse currently pays or receives any child support on behalf of these children? \_  
\_\_\_\_\_

Name of 3rd Ex-spouse: \_\_\_\_\_  
How, When and Where Marriage Terminated: \_\_\_\_\_

If there were any children born from this prior marriage, please list the name of each child, the date of birth and with whom such child is currently residing:

| Name of Child | Date of Birth | Currently residing with: |
|---------------|---------------|--------------------------|
| _____         | _____         | _____                    |
| _____         | _____         | _____                    |

Indicate if your spouse currently pays or receives any child support on behalf of these children? \_  
\_\_\_\_\_

## MARITAL MISCONDUCT

From the list below, select if either parent party to this suit has done any of the following:

|                                | <b>mother</b> | <b>spouse</b> | <b>father</b> | <b>spouse</b> |
|--------------------------------|---------------|---------------|---------------|---------------|
| Physically abused spouse       | _____         | _____         | _____         | _____         |
| Verbally abused spouse         | _____         | _____         | _____         | _____         |
| Sexually abused spouse         | _____         | _____         | _____         | _____         |
| Abused a child                 | _____         | _____         | _____         | _____         |
| Engaged in an extramarital     | _____         | _____         | _____         | _____         |
| Spent marital funds on an      | _____         | _____         | _____         | _____         |
| Tried to commit suicide        | _____         | _____         | _____         | _____         |
| Has an emotional or            | _____         | _____         | _____         | _____         |
| Committed a crime              | _____         | _____         | _____         | _____         |
| Been arrested                  | _____         | _____         | _____         | _____         |
| Been detained in jail          | _____         | _____         | _____         | _____         |
| Abused alcohol                 | _____         | _____         | _____         | _____         |
| Abused prescription drugs      | _____         | _____         | _____         | _____         |
| Used illegal drugs             | _____         | _____         | _____         | _____         |
| Been hospitalized for alcohol  | _____         | _____         | _____         | _____         |
| Spent marital funds for drugs  | _____         | _____         | _____         | _____         |
| Been arrested for driving      | _____         | _____         | _____         | _____         |
| Engaged in fraud               | _____         | _____         | _____         | _____         |
| Gambled                        | _____         | _____         | _____         | _____         |
| Other illegal activities:_____ | _____         | _____         | _____         | _____         |
| Destroyed property or other    | _____         | _____         | _____         | _____         |
| Hidden, wasted or dissipated   | _____         | _____         | _____         | _____         |
| Spent beyond means, or         | _____         | _____         | _____         | _____         |
| Other not listed above:_____   | _____         | _____         | _____         | _____         |
| Other not listed above:_____   | _____         | _____         | _____         | _____         |

Describe when and how you first learned of parent's marital misconduct, if spouse has admitted misconduct to you, and if you are aware of the frequency of the misconduct: \_\_\_\_\_

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What effect has parent's misconduct had on you? \_\_\_\_\_

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Are children aware of misconduct? If so, how has it affected children? \_\_\_\_\_

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Are you, or your children, currently in counseling, or planning to begin counseling regarding the misconduct? If so, what is the cost of the counseling? \_\_\_\_\_

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When marital difficulties began, did you and/or your spouse seek counseling? If so, provide the name of the marriage counselor, the duration of counseling, whether the counseling was joint or individual, and your reasons to discontinue counseling. \_\_\_\_\_

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Has any spousal or child abuse been reported to a law enforcement agency? If yes, provide name of agency and date of incident and attach a copy of any police report if available. \_\_\_\_\_

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**STANDARD OF LIVING:**

Describe the family's standard of living during the last 2 years: \_\_\_\_\_

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List any memberships to social clubs, including monthly dues, average club bill in addition to monthly dues, frequency of club use, and any particular use by each family member: \_\_\_\_\_

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Describe regular family vacations: \_\_\_\_\_

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Describe separate adult vacations: \_\_\_\_\_

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Describe frequency, and manner of entertaining others: \_\_\_\_\_

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Describe use and frequency of maids or other help: \_\_\_\_\_

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Describe frequency of purchasing or leasing new cars: \_\_\_\_\_

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Have the children been provided with cars? \_\_\_\_\_

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Describe Community activities and involvement: \_\_\_\_\_

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Describe anything not mentioned above regarding the standard of living or social status you consider significant to the outcome of this case: \_\_\_\_\_

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**FAMILY FINANCES:**

Which spouse has primary responsibility for the finances? \_\_\_\_\_

Did this responsibility shift (if so, please explain)? \_\_\_\_\_

\_\_\_\_\_

Was income consolidated? \_\_\_\_\_

Was any income or asset treated differently (if yes, please explain)? \_\_\_\_\_

\_\_\_\_\_

Describe the method of filing tax returns: \_\_\_\_\_

\_\_\_\_\_

Describe any family savings plans or retirement plans: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe anything unusual or significant about the handling of family finances not mentioned above:

\_\_\_\_\_

\_\_\_\_\_

Provide any information not already requested in the preceding questions that you consider important to a fair and equitable result in the case (add additional pages, if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**CLIENT'S MEDICAL INFORMATION**

Describe your current health condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last physical examination: \_\_\_\_\_  
Name, address and phone number of physician: \_\_\_\_\_  
\_\_\_\_\_

If you have any physical disabilities, please describe the nature of the disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have been hospitalized in the past 5 years, for each hospitalization, please describe the date you were hospitalized, the name of the hospital, the reason for hospitalization, the outcome of such hospitalization, and your treating physician: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any major health problems during the marriage not requiring hospitalization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any sexually transmitted disease (if so, please specify)? \_\_\_\_\_  
\_\_\_\_\_

List any medications you are currently taking on a regular basis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are currently, or have ever been under the care of a mental health professional, please provide the name and address of the mental health professional and the dates and frequency of the therapy provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT’S MEDICAL INFORMATION**

All information requested is only for the parent subject of this suit.

To the best of your knowledge, describe both of the child’s parent’s current health condition:\_\_\_

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If known, date of either of the child’s parent’s last physical examination: \_\_\_\_\_

Name, address and phone number of physician of either or both of the child’s parents : \_\_\_\_\_

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If either or both of the child’s parents has any physical disabilities, please describe the nature of the disability:\_\_\_\_\_

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If either or both of the child’s parents has been hospitalized in the past 5 years, for each hospitalization, please describe the date your spouse was hospitalized, the name of the hospital, the reason for hospitalization, the outcome of such hospitalization, and your Grandparent’s treating physician:\_\_\_\_\_

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Describe any major health problems during the marriage not requiring hospitalization of either or both of the child’s parents: \_\_\_\_\_

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Does either or both of the child’s parents have any sexually transmitted disease (if so, please specify)? \_\_\_\_\_

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List any medications either or both of the child’s parents is currently taking on a regular basis:\_\_\_

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If either or both of the child’s parents is currently, or has ever been under the care of a mental health professional, please provide the name and address of the mental health professional and the dates and frequency of the therapy provided:\_\_\_\_\_

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**LIST OF APPRAISERS AND PROFESSIONAL ADVISORS**

For each professional, indicate whether such professional is an advisor on behalf of yourself, your spouse, or both, by placing a check mark on the line under the appropriate column.

| <b>Name, Address and Phone Number:</b>                             | <b>Client</b>                    | <b>Spouse</b>                    |
|--|----------------------------------|----------------------------------|
| Accountant:<br>_____<br>_____<br>_____                             | _____<br>_____<br>_____          | _____<br>_____<br>_____          |
| Stock Broker:<br>_____<br>_____<br>_____                           | _____<br>_____<br>_____          | _____<br>_____<br>_____          |
| Insurance Agent:<br>_____<br>_____<br>_____                        | _____<br>_____<br>_____          | _____<br>_____<br>_____          |
| Appraiser:<br>_____<br>_____<br>_____                              | _____<br>_____<br>_____          | _____<br>_____<br>_____          |
| Family/Marriage Counselor/Psychiatrist:<br>_____<br>_____<br>_____ | _____<br>_____<br>_____          | _____<br>_____<br>_____          |
| Family Physician:<br>_____<br>_____<br>_____                       | _____<br>_____<br>_____          | _____<br>_____<br>_____          |
| Family Medical Specialist:<br>_____<br>_____<br>_____              | _____<br>_____<br>_____          | _____<br>_____<br>_____          |
| Other: _____<br>_____<br>_____<br>_____                            | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____ |



**RELIEF REQUESTED BY CLIENT**

Children

- \_\_\_\_\_ Primary residential care of children
- \_\_\_\_\_ Sole parental responsibility of children
- \_\_\_\_\_ Split custody of the children
- \_\_\_\_\_ Child support - \$\_\_\_\_\_ Monthly
- \_\_\_\_\_ Continued medical insurance
- \_\_\_\_\_ Provide for specific expenses (i.e., extracurricular activities, etc.)
- \_\_\_\_\_ Provide for disabled child
- \_\_\_\_\_ Agreement for college expenses

Temporary Orders

- \_\_\_\_\_ Temporary Custody
- \_\_\_\_\_ Special provisions for upcoming holidays
- \_\_\_\_\_ Supervised visitation
- \_\_\_\_\_ No visitation
- \_\_\_\_\_ Restrictions on communications between parties
- \_\_\_\_\_ Prevent removal of child from state or country
- \_\_\_\_\_ Prevent passport services or surrender passport of children
- \_\_\_\_\_ Child Support \$\_\_\_\_\_ Monthly
- \_\_\_\_\_ Health Insurance for children
- \_\_\_\_\_ Custodial evaluation
- \_\_\_\_\_ Psychological exams
- \_\_\_\_\_ Injunction against domestic violence
- \_\_\_\_\_ Injunction against harassment
- \_\_\_\_\_ Temporary attorney's fees