

## **DIVORCE INTAKE FORM**

TODAY'S DATE:
NAME:
ADDRESS:
PHONE:
EMAIL:
DOB:
CURRENT EMPLOYER:
SALARY:
NATURE OF YOUR LEGAL ISSUE(S) (check one):
CONTEMPT OF CHILD SUPPORT
CONTEMPT OF COURT ORDER
Any prior or current legal representation in this matter? Yes or No
If yes, Attorney name:
Spouse Name:
DOB of Spouse:
Spouse's Current Employer:
Salary (if known):
Spouse's Current Address:
Spouse's County:
Spouse's County:  Date of Marriage:





Reason for divorce:		
Number of children wi	th spouse:	
nformation about t	he child(ren) involved i	in this matter:
Name	DOB:	Who they reside with
Name	DOB:	Who they reside with
Name	DOB:	Who they reside with
		re you had custody of the child?  18 not involved in this matter:
Name	DOB:	Who they reside with
Name	DOB:	Who they reside with
Name	DOB:	Who they reside with
Name	DOB:	Who they reside with
COURT ORDERS		
Is there a court order fo	or child support in place?	
What is the history of t	he relationship between t	he spouse and child:
What is your desired se	ettlement/custody agreen	nent?





Brief Facts about your issue:
Do you or the other parent/spouse have a history of drug abuse? Please describe in detail.
Do you or the other parent have a history of mental illness? Please describe in detail.
Goals you hope to achieve:
How did you hear about our law firm?

Please note that any further consultations required beyond today will be subject to charges per the Attorney's standard hourly rate. Furthermore, please be aware that all fee estimates provided for case representation are subject to change and are only guaranteed for 7 days from the date of issuance. Cases not retained within 30 days may require a new consultation.



Rooted in Family. Rooted in Service.