

### FAMILY LAW INTAKE FORM

#### I. CLIENT

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

                    First                    Middle                    Last                    Maiden

DOB: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ Parish: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

I authorize emails concerning my case and monthly billing

Employer: \_\_\_\_\_ Employer Phone: (\_\_\_\_) \_\_\_\_\_

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

**\*PERSON FINANCIALLY RESPONSIBLE FOR THESE SERVICES**

I am financially responsible

Name \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

#### II. INFORMATION ON SPOUSE/EX PARTNER

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

                    First                    Middle                    Last                    Maiden

DOB: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ Parish: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Employer Phone: (\_\_\_\_) \_\_\_\_\_

Do they have an attorney? If yes, who? \_\_\_\_\_

Preferred Address of Service: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

**III. DIVORCE PROCEEDINGS**

**A. MARRIAGE INFORMATION:**

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_  
Parish/County, State

Covenant Marriage: YES/NO

Date of Separation: \_\_\_\_\_

Address of last matrimonial domicile: \_\_\_\_\_

Person who left the matrimonial domicile: \_\_\_\_\_

**B. SUPPORT:**

Who has been the primary financial provider? \_\_\_\_\_

Are you seeking spousal support? YES/NO

Are you at fault for the breakup of the marriage? YES/NO

If yes, please explain \_\_\_\_\_

Please provide Gross monthly income: \_\_\_\_\_

Please provide your spouse's monthly income: \_\_\_\_\_

Who carries health insurance for the parties? \_\_\_\_\_

**C. COMMUNITY PROPERTY:**

Have you been separated for more than 30 days? YES/NO

Was the marital home purchased during the marriage? YES/NO

List major assets each party has (including bank accounts, retirement funds, houses, cars, other items over \$1,500.00) \_\_\_\_\_

Parties customary vehicles:

Yours: \_\_\_\_\_  
Year Make Model Vehicle Identification No.

Spouse: \_\_\_\_\_  
Year Make Model Vehicle Identification No.

Are you fine with each party using their own vehicle until the community property partition? YES/NO

Do you wish to remain in the marital home during the divorce? YES/NO After? YES/NO

Can you maintain the expenses of the former martial residence by yourself? YES/NO

Has ex recently been selling or purchasing items belonging to the community? YES/NO

**D. ANCILLARY MATTERS:**

Does your case involve any physical or verbal abuse: YES/NO

Have any protective orders been filed? YES/NO If so, where? \_\_\_\_\_

Are you requesting the Court to grant a name change? YES/NO

New full name requested? \_\_\_\_\_

**IV. CUSTODY**

1. Please list the children associated in this matter below:

FIRST	MIDDLE	LAST	DATE OF BIRTH	AGE

2. Who has been the primary caregiver of the child? \_\_\_\_\_

3. Have you been receiving child support for the children listed above? YES/NO  
 If so, how much and how often? \_\_\_\_\_

4. Is child support being enforced through the state? YES/NO  
 If so, please list the docket number. \_\_\_\_\_

5. How have the parties previously been exercising custody? \_\_\_\_\_

- Sole Custody – List reasons why \_\_\_\_\_
- Joint Custody
- Joint Shared Custody (*approximately 50/50 time*)

6. Are any of the following issues a concern where custody is involved?

- Drug/Alcohol use
- Physical/verbal abuse
- Criminal history
- Lack of interest in children
- Supervised visits

**NOTES:**