



New Client Intake Form Divorce

Instructions: Please complete all sections. Any and all information you provide is confidential and protected by Attorney-Client Privilege. Your information will not be disclosed to anyone outside of this office except in the course of rendering legal services on your behalf unless required by law.

Date: _____

CLIENT(S) INFORMATION

Your Name: _____

Address: _____

Cell Phone: _____ Other: _____

E-mail Address(es): _____

SS #: _____ Date of Birth: _____ City & State of Birth: _____

DL #: _____ Sex: _____ Race: _____

Nature of case / reason for seeking consultation: _____

How did you hear about our office? _____

MARRIAGE INFORMATION

Date of Marriage: _____ Place of Marriage: _____

Wife's Maiden Name: _____ Date of Separation: _____

How long have you resided in this state alone: _____ While married: _____

SPOUSE INFORMATION

Name: _____

Address: _____

Cell Phone: _____ Other: _____

E-mail Address(es): _____

SS #: _____ Date of Birth: _____ City & State of Birth: _____

DL #: _____ Sex: _____ Race: _____

Employer: _____ Work Address: _____

If a member of the military, which branch? _____

If represented by an attorney in this matter, name/firm: _____

CHILDREN (AGE 18 AND UNDER) INFORMATION

Name: _____ Date of Birth: _____ Sex: _____

SS #: _____ Currently residing with: _____

Name: _____ Date of Birth: _____ Sex: _____

SS #: _____ Currently residing with: _____

Name: _____ Date of Birth: _____ Sex: _____

SS #: _____ Currently residing with: _____

PAYMENT INFORMATION

If legal plan member, name of plan: _____

Member SS #: _____ Member ID #: _____ Case #: _____

I understand that the cost of a consultation is \$60 and to be paid at time of service.*

Signature: _____

* Legal plan members will be charged according to their respective plans.