



PROSPECTIVE FAMILY LAW CLIENT INTAKE SHEET

Instructions: *Please complete relevant sections providing information in the space provided. All information provided will be kept confidential. Please bring with you to your initial appointment.*

DATE: _____

I. PROSPECTIVE CLIENT INFORMATION:

FULL LEGAL NAME (First, Middle, Last)	
ADDRESS (Street / City / County / State / Zip)	
HOME PHONE	
MOBILE PHONE	
WORK PHONE	
E-MAIL	
HOW LONG HAVE YOU RESIDED IN YOUR COUNTY OF RESIDENCE?	
EMPLOYER NAME	
EMPLOYER ADDRESS (Street / City State / Zip)	
EMPLOYER PHONE	
LENGTH OF EMPLOYMENT	
SALARY	
DATE OF BIRTH	
PLACE OF BIRTH (State / Foreign Country)	
SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER (Include State)	
PLEASE LIST ALL OTHER NAMES YOU HAVE BEEN KNOWN AS	
EDUCATION (Highest Grade Completed)	
REFERRED TO THE WORSTELL LAW FIRM BY	
CURRENT SPOUSE'S NAME (Include if other than opposing party.)	
CURRENT SPOUSE'S EMPLOYER'S NAME	
CURRENT SPOUSE'S EMPLOYER'S PHONE	

II. OPPOSING PARTY INFORMATION:

NAME (First, Middle, Last)	
RELATIONSHIP TO YOU	
ADDRESS (Street / City / County / State / Zip)	
HOME PHONE	
MOBILE PHONE	
HOW LONG HAS HE OR SHE RESIDED IN SAID COUNTY?	
EMPLOYER NAME	
EMPLOYER ADDRESS (Street / City State / Zip)	
EMPLOYER PHONE	
LENGTH OF EMPLOYMENT	
SALARY	
DATE OF BIRTH	
PLACE OF BIRTH (State / Foreign Country)	
SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER (Include State)	
ALL OTHER NAMES PARTY HAS BEEN KNOWN AS	
EDUCATION (Highest Grade Completed)	
CURRENT SPOUSE'S NAME (Include if other than you.)	

III. INFORMATION CONCERNING CHILDREN:

NAME	DATE OF BIRTH	SSN	CURRENTLY IN CUSTODY OF

CHILD(REN)'S CURRENT ADDRESS (Street / City / State / Zip)	
--	--

PLEASE LIST EVERY RESIDENCE THE CHILD(REN) HAVE RESIDED FOR THE LAST FIVE (5) YEARS AND ALL PERSON RESIDING WITH THE CHILDREN AT EACH SAID ADDRESS.

ADDRESS	ALL PERSON RESIDING WITH CHILDREN

CHILD(REN)'S EDUCATIONAL INFORMATION:

NAME OF CHILD ATTENDING	NAME OF SCHOOL /ADDRESS	GRADE LEVEL	TEACHER'S NAME	PERFORMANCE

WORK-RELATED DAY CARE PROVIDERS

NAME OF CHILD ATTENDING	PROVIDER'S NAME AND ADDRESS	MONTHLY COST	PAID BY

ARE YOU AWARE OF ANY OTHER LITIGATION CONCERNING CUSTODY OF THE CHILDREN? YES NO
IF YES, PLEASE EXPLAIN BELOW:

OTHER CHILDREN OF EITHER PARTY, IF ANY:

NAME	DATE OF BIRTH	SSN	RELATIONSHIP TO CLIENT / OPPOSING PARTY

HEALTH AND DENTAL INSURANCE COVERAGE FOR THE MINOR CHILDREN:

WHO CURRENTLY PROVIDES THE HEALTH AND DENTAL INSURANCE COVERAGE FOR THE CHILDREN WHO ARE A PARTY OF THIS ACTION? (Please indicate if Mother or Father)	
WHAT COST IS ATTRIBUTABLE TO THE CHILDREN WHO ARE A PARTY OF THIS ACTION?	
WHAT IS THE NAME OF THE HEALTH AND DENTAL INSURANCE CARRIERS?	

IV. DIVORCE MATTERS ONLY:

PLACE OF MARRIAGE (City / State)		# OF MARRIAGES FOR WIFE	
COUNTY WHERE MARRIAGE IS REGISTERED		HOW WIFE'S PREVIOUS MARRIAGE(S) ENDED	
DATE OF MARRIAGE		DATE WIFE'S PREVIOUS MARRIAGE(S) ENDED (Month / Year)	
DATE OF SEPARATION		# OF MARRIAGES FOR HUSBAND	
DID YOU AND YOUR SPOUSE SIGN A PRE- MARITAL AGREEMENT?		HOW HUSBAND'S PREVIOUS MARRIAGE(S) ENDED	
WIFE'S MAIDEN NAME		DATE HUSBAND'S PREVIOUS MARRIAGE(S) ENDED (Month / Year)	
DOES WIFE DESIRE TO HAVE HER MAIDEN NAME RESTORED?			

V. MODIFICATION OF CHILD CUSTODY OR CHILD SUPPORT MATTERS ONLY:

DATE OF DECREE:		CHILD SUPPORT AWARDED TO:	
DATE OF LAST MODIFICATION:		HOW CHILD SUPPORT IS TO BE PAID:	
CUSTODY AWARDED TO:		DATE OF LAST RECEIVED / PAID CHILD SUPPORT:	
TYPE OF CUSTODY:		AMOUNT OF LAST RECEIVED / PAID CHILD SUPPORT:	
TYPE OF VISITATION:		AMOUNT OF MAINTENANCE TO BE PAID:	
AMOUNT OF CHILD SUPPORT TO BE PAID:		DATE OF LAST RECEIVED / PAID MAINTENANCE:	

VI. PATERNITY MATTERS ONLY:

STATE WHERE CHILD WAS CONCEIVED:		INCLUSIVE DATES OF RESIDENCE WITH OTHER PARENT		
CITY AND STATE OF CHILD'S BIRTH:		IS THE FATHER'S NAME LISTED ON THE BIRTH CERTIFICATE?	YES	NO
COUNTY OF CHILD'S BIRTH:		IS THERE A CURRENT ORDER FOR PAYMENT OF CHILD SUPPORT?	YES	NO
INCLUSIVE DATES OF RELATIONSHIP WITH OTHER PARENT:		IF YES, PLEASE EXPLAIN:		