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## Dissolution Intake Form

### General Information

Client Name \_\_\_\_\_ Spouse Name \_\_\_\_\_  
First Last Middle First Last Middle

Client Address \_\_\_\_\_  
Street Address City, State Zip Code

Spouse Address \_\_\_\_\_  
Street Address City, State Zip Code

How long have you lived at this address? \_\_\_\_\_ Your Spouse? \_\_\_\_\_

In which county do you live? \_\_\_\_\_ How long have you lived there? \_\_\_\_\_

Client Phone Numbers \_\_\_\_\_  
Home Phone Number Work Number Cell Phone Number

Spouse Phone Numbers \_\_\_\_\_  
Home Phone Number Work Number Cell Phone Number

If you are the wife, do you want to keep your married name? Yes No Maiden Name \_\_\_\_\_

Client Social Security Number \_\_\_\_\_ Spouse \_\_\_\_\_

Client Work Address \_\_\_\_\_  
Name of Employer Street Address City, State Zip Code

Spouse Work Address \_\_\_\_\_  
Name of Employer Street Address City, State Zip Code

Client Date of Birth \_\_\_\_\_ Spouse \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Date of Separation \_\_\_\_\_

Is Wife currently pregnant? YES NO Are you a member of the military? YES NO

**Information about Children**

List all information regarding children of the marriage:

<b>Name</b> (First, Middle Last )	<b>Date of Birth</b> (Month/Day/Year)	<b>Age</b>	<b>Social Security Number</b>

List all information for other children.

<b>Name</b> (First, Middle Last )	<b>Date of Birth</b> (Month/Day/Year)	<b>Age</b>	<b>Social Security Number</b>

Are you currently paying child support for any previous children? \_\_\_\_\_ If so, how much per week? \_\_\_\_\_

Is there a prenuptial agreement? YES NO Are you worried about violence? YES NO

Is there another dissolution or custody proceeding currently pending regarding the parties? YES NO

Explain how you would like to see custody of the children handled. \_\_\_\_\_

Do you have dental insurance? YES NO Do you have medical insurance? YES NO

Do you have optical insurance? YES NO Does your spouse have dental insurance? YES NO

Does your spouse have medical insurance? YES NO Does your spouse have optical insurance? YES NO

Explain how you would like to handle tax credits, exemptions, and deductions for the minor children. \_\_\_\_\_

**Financial Information**

List all credit card debts.

Name of Credit Card Company	Amount Owed

List all other debt.

Name of Creditor	Amount Owed

Explain how you would like to see the above debt divided. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List all retirement account information.

Account Owner (Wife/Husband)	Type of Account (IRA, 401K, Keogh, Mutual Fund, etc...)	Value

Explain how you would like to see retirement accounts divided? \_\_\_\_\_

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Do you own or rent your home? OWN      RENT If you own, how would you like it handled? \_\_\_\_\_

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List all vehicles.

Make	Model	Year	Amount Owed

Explain how you would like to see the vehicles divided. \_\_\_\_\_

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Is there any other information I need to know? \_\_\_\_\_

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