



**ATTORNEYS AT LAW**

**DOMESTIC CLIENT INTAKE SHEET**

Date of Consultation: \_\_\_\_\_ Court Date (if applicable): \_\_\_\_\_

1. Your full name: \_\_\_\_\_  
FIRST MIDDLE LAST

2. Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
\_\_\_\_\_ Cell phone: \_\_\_\_\_  
\_\_\_\_\_ Work phone: \_\_\_\_\_

3. Email Address: \_\_\_\_\_

4. Your date and place of birth: \_\_\_\_\_

5. SSN: \_\_\_\_\_ Driver's license state & number: \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

6. Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Current spouse or significant other: \_\_\_\_\_

7. Reason for Consultation: \_\_\_\_\_

8. Full name of the adverse party/spouse: \_\_\_\_\_

9. Adverse party/spouse's address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Adverse party/spouse's date and place of birth: \_\_\_\_\_

11. Date of marriage: \_\_\_\_\_ If divorced, date of divorce: \_\_\_\_\_

12. Date of separation: \_\_\_\_\_

13. Place of marriage: \_\_\_\_\_  
CITY STATE

14. Are you currently living with the adverse party/spouse? \_\_\_\_\_

15. If not, who left the marital home? \_\_\_\_\_

16. How long have you been a resident?

County: \_\_\_\_\_ Years: \_\_\_\_\_

How long has the adverse party/spouse been a resident?

County: \_\_\_\_\_ Years: \_\_\_\_\_

17. List any and all states and/or counties in which you and the adverse party/spouse have lived during the marriage or relationship: \_\_\_\_\_  
\_\_\_\_\_

18. State ALL children born of this marriage, union, and/or relationship:

Childs Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Childs Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Childs Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Childs Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

19. State the present address of the above named child (ren): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. State the place where each child lived during the last five (5) years together with the names and address of the person with whom each child has lived during the period: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Do any children have exceptional health or dental needs? \_\_\_\_\_

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

22. Who has physical custody of the children? \_\_\_\_\_

23. Do you wish to have legal custody of the children? \_\_\_\_\_

24. State any children NOT born of this marriage, union, and/or relationship:

Childs Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Childs Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Childs Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Childs Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

25. Have either you or the adverse party/spouse participated as a party, witness, or in any other capacity in a litigation concerning any of the above named children in this or any other state? \_\_\_\_\_

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

\_\_\_\_\_

26. Have you had any major health problems during your marriage/relationship?

\_\_\_\_\_

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

\_\_\_\_\_

27. Has the adverse party/spouse had any major health problems during your marriage/relationship? \_\_\_\_\_

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

\_\_\_\_\_

### **EDUCATION AND EMPLOYMENT**

28. State your highest level of education: \_\_\_\_\_

29. State the adverse party's/spouse's highest level of education:

\_\_\_\_\_

30. State your current employer, occupation, hours of work and dates of employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

31. Work address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

32. State your monthly salary: Gross \_\_\_\_\_ Net: \_\_\_\_\_

33. State the adverse party's/spouses current employer, occupation and dates of employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

34. State the adverse party's/spouse's current monthly salary.

Gross: \_\_\_\_\_ Net: \_\_\_\_\_

**FINANCIAL INFORMATION**

35. List all marital or personal assets (homes, vehicles, stocks, bonds, checking & savings accounts, retirement accounts, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

36. List all marital or personal debts and approximate amounts of each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

37. List any questions you may have regarding your case and the legal procedures the attorney will pursue in getting your case resolved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

38. Have you seen our television commercial? \_\_\_\_ Yes \_\_\_\_ No

**HOW WERE YOU REFERRED TO OUR OFFICE**

- Irons & Irons, P.A. Website ([www.TheIronsLawFirm.com](http://www.TheIronsLawFirm.com))
- I am a previous client
- Telephone book/yellow pages
  - The Local Book
  - Dex / CenturyLink
  - LocalEdge
- Television Commercial
- Friend or associate: \_\_\_\_\_
- Another attorney: \_\_\_\_\_