## <u>Divorce Intake Sheet</u> <u>Please complete all information</u>

## HSp**Client Information: Spouse Information:** Full Name: Full Name: Maiden Name?\_\_\_\_ Maiden Name? Address: Address: City, State Zip City, State Zip Home Phone #:\_\_\_\_\_ Home Phone #:\_\_\_\_\_ Social Security #: Social Security #:\_\_\_\_\_ Driver's Lic. # Driver's Lic. # Date of Birth: Race: White Black Hispanic Date of Birth: Race: White Black Hispanic Place of Birth:\_\_\_\_ Place of Birth: Length of residence: Length of residence: Level of Education: Level of Education: Number of this marriage: First Second Third Number of marriages: First Second Third If married previously how did it end? If married previously how did it end?\_\_\_\_\_ Employer:\_\_\_\_\_ Employer Address: Employer Address: Employer Phone #: Employer Phone #:\_\_\_\_\_ Date of Marriage: City:\_\_\_\_ How did you hear about our office? County/ State:\_\_\_\_ Peoria Phone Book Old Heritage Phone Book Journal Star Thrifty Nickel Friend TV Ad Date of Separation: OFFICE USE ONLY Do not complete. Children of Marriage Debts Joint Y/N Each Pay Own Please include: Full name, age, birthdate, Social Security # Custody Mom / Dad Joint / Sole Visitation Mom/ Dad Normal Supervised Restricted Non-custodial parents annual gross income **Property** Medical Insurance Mom / Dad Motor Vehicle Information. Please include: Year Make Model Remainder Medical Expenses Mom / Dad 50/50 IRS Dependency Exemption Mom/ Dad Real Estate Maintenance Y/N Miscellaneous Wife is to resume maiden name of: