

**DISSOLUTION OF MARRIAGE IN-TAKE FORM**

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

**CLIENT INFORMATION**

Name: \_\_\_\_\_

SSN \_\_\_\_\_

DOB: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Prior addresses for the past 5 years. For each address please indicate with whom you were living.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

**PRIOR MARRIAGES**

Date of Marriage: \_\_\_\_\_

Date of Divorce: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

**EMPLOYMENT**

Name of Employer \_\_\_\_\_

Job title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Rate of pay: \_\_\_\_\_ per \_\_\_hr \_\_\_week

**Weekly work schedule (Days/Times):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRIOR EMPLOYMENT (Past 5 Years)**

Name of Employer \_\_\_\_\_

Job title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Rate of pay: \_\_\_\_\_ per \_\_\_hr \_\_\_week

\_\_\_\_\_

**SPOUSES INFORMATION**

Name: \_\_\_\_\_

SSN \_\_\_\_\_

DOB: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Prior addresses for the past 5 years. For each address please indicate with whom you were living.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPOUSES PRIOR MARRIAGES**

Date of Marriage: \_\_\_\_\_

Date of Divorce: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

**SPOUSES FINANCIAL INFORMATION**

Please indicate all information with regard to each bank account or financial institution in which your spouse currently has an interest.

1) Name \_\_\_\_\_  
Type of account:  
Savings Checking Other  
  
Balance of account: \_\_\_\_\_

2) Name \_\_\_\_\_  
Type of account:  
Savings Checking Other  
  
Balance of account: \_\_\_\_\_

3) Name \_\_\_\_\_  
Type of account:  
Savings Checking Other  
  
Balance of account: \_\_\_\_\_

**SPOUSES EMPLOYMENT**

Name of Employer \_\_\_\_\_

Job title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Rate of pay: \_\_\_\_\_ per \_\_\_ hr \_\_\_ week

**Weekly work schedule (Days/Times):**

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

**SPOUSES PRIOR EMPLOYMENT**

Name of Employer \_\_\_\_\_

Job title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Rate of pay: \_\_\_\_\_ per \_\_\_ hr \_\_\_ week

**FINANCIAL INFORMATION**

(From Client )

Please indicate all information with regard to each bank account or financial institution in which you currently have an interest.

**Financial Institutions:**

1) Name \_\_\_\_\_  
Type of account:  
Savings Checking Other  
  
Balance of account: \_\_\_\_\_

2) Name \_\_\_\_\_  
Type of account:  
Savings Checking Other  
  
Balance of account: \_\_\_\_\_

3) Name \_\_\_\_\_  
Type of account:  
Savings Checking Other  
  
Balance of account: \_\_\_\_\_

4) Name \_\_\_\_\_  
Type of account:  
Savings Checking Other  
  
Balance of account: \_\_\_\_\_

5) Name \_\_\_\_\_  
Type of account:  
Savings Checking Other  
  
Balance of account: \_\_\_\_\_

**PENSIONS, IRA'S, ETC.**

Name of fund: \_\_\_\_\_

Owner of fund \_\_\_\_\_

Value of fund: \_\_\_\_\_

Name of fund: \_\_\_\_\_

Owner of fund \_\_\_\_\_

Value of fund: \_\_\_\_\_

Name of fund: \_\_\_\_\_

Owner of fund \_\_\_\_\_

Value of fund: \_\_\_\_\_

**REAL ESTATE**

Please indicate all real estate in which you or your spouse has an interest.

1) Property address \_\_\_\_\_

\_\_\_\_\_

Any financial institution with a mortgage interest or lien on this property.

\_\_\_\_\_

Balance: \_\_\_\_\_

2) Property address \_\_\_\_\_

\_\_\_\_\_

Any financial institution with a mortgage interest or lien on this property.

\_\_\_\_\_

Balance: \_\_\_\_\_

**MOTOR VEHICLES**

Please list each vehicle owned by either you or your spouse.

1) Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Amount owed to any financial institution.

\_\_\_\_\_

2) Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Amount owed to any financial institution.

\_\_\_\_\_

3) Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Amount owed to any financial institution.

\_\_\_\_\_

4) Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Amount owed to any financial institution.

\_\_\_\_\_

**CHILDREN OF THIS MARRIAGE**

Name: \_\_\_\_\_

DOB \_\_\_\_\_

SSN \_\_\_\_\_

Where has child resided the past 5 years:

\_\_\_\_\_

Grade in school: \_\_\_\_\_

School or Daycare Name \_\_\_\_\_

Location \_\_\_\_\_

Any special needs either medical or educational \_\_\_\_\_

Name: \_\_\_\_\_

DOB \_\_\_\_\_

SSN \_\_\_\_\_

Where has child resided the past 5 years:

\_\_\_\_\_

Grade in school: \_\_\_\_\_

School or Daycare Name \_\_\_\_\_

Location \_\_\_\_\_

Any special needs either medical or educational \_\_\_\_\_

Name: \_\_\_\_\_

DOB \_\_\_\_\_

SSN \_\_\_\_\_

Where has child resided the past 5 years:

\_\_\_\_\_

Grade in school: \_\_\_\_\_

School or Daycare Name \_\_\_\_\_

Location \_\_\_\_\_

Any special needs either medical or educational \_\_\_\_\_

**CHILDREN OF PRIOR MARRIAGE(S)**

Name: \_\_\_\_\_

DOB \_\_\_\_\_

SSN \_\_\_\_\_

Where has child resided the past 5 years:

\_\_\_\_\_

Grade in school: \_\_\_\_\_

School or Daycare Name \_\_\_\_\_

Location \_\_\_\_\_

Any special needs either medical or educational \_\_\_\_\_

Name: \_\_\_\_\_

DOB \_\_\_\_\_

SSN \_\_\_\_\_

Where has child resided the past 5 years:

\_\_\_\_\_

Grade in school: \_\_\_\_\_

School or Daycare Name \_\_\_\_\_

Location \_\_\_\_\_

Any special needs either medical or educational \_\_\_\_\_

## MONTHLY EXPENSES

### 1. HOUSE

Electric	\$ _____
Gas	\$ _____
House Payment or Rent	\$ _____
Repairs & Maintenance	\$ _____
Phone / Cable	\$ _____
Water, Garbage, Sewer	\$ _____
Other: _____	\$ _____

### 2. PERSONAL

Clothing (Include Children)	\$ _____
Personal Grooming Supplies	\$ _____
Meals & Food	\$ _____
Laundry / Dry Cleaning	\$ _____
Pet Care / Maintenance	\$ _____
Other: _____	\$ _____

### 3. TRANSPORTATION

Vehicle Insurance	\$ _____
Vehicle Repairs	\$ _____
Gas / Oil	\$ _____
Vehicle Payments	\$ _____
Other: _____	\$ _____

### 4. UNPAID MEDICAL

Dental	\$ _____
Prescription Medication	\$ _____
Health Insurance	\$ _____
Medical	\$ _____
Optical	\$ _____
Other: _____	\$ _____

### 5. EDUCATION

Books	\$ _____
Lessons / Tutors	\$ _____
School Supplies / Activities	\$ _____
School Lunches	\$ _____
Other: _____	\$ _____

6. CHILD CARE

Day Care \$ \_\_\_\_\_

7. CHILD OR SPOUSAL SUPPORT

Spousal Support \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

8. CHARITY

Donations & Gifts \$ \_\_\_\_\_

PLEASE GATHER THE FOLLOWING DOCUMENTS:

- Last three (3) years of tax returns
- Last six (6) months of pay stubs
- Current statements for all pensions
- Current bank statements

## ISSUES TO BE ADDRESSED BY THE DISSOLUTION OF MARRIAGE

1. Have the parties reached an agreement with regard to who will receive custody or primary placement of the party's minor children? If so please indicate the agreement below:
2. Have the parties reached an agreement with regard to the visitation schedule that the children will utilize with each parent? If so please indicate the agreement below:
3. Have the parties reached an agreement with regard to division or disposition of real estate? If so, please state the agreement below:
4. Have the parties reached an agreement with regard to disposition of motor vehicles? If so, please state the agreement below:
5. Please list all debts in which the parties have an interest. If the parties have reached an agreement with regard to who will retain or repay each obligation please set forth the agreement below:
6. If either party has a pension please indicate whether the parties have reached an agreement with regard to disposition of pensions, or cash value of life insurance policies.
7. Please indicate any terms or negotiations that you have reached with your spouse that have not been referred to above.