

Arnold & Arnold, Ltd.

ATTORNEYS AND ADVISORS AT LAW

Domestic Relations Intake Form

Date Form Completed: _____

New Client
Existing Client

Section I: Personal Information

Client: _____ SS# _____

Have you ever used, or been known by, any other name than that shown above? Yes No

If yes, list here each other name, and state when and why each other name was used:

Date of Birth: _____ Place of Birth: _____

Citizenship: United States Other: _____

Date of Marriage: _____ Place of Marriage: _____

Date of Separation: _____

Reason for Separation/Dissolution/Divorce (i.e. Affair, Abuse, Financial Problems, etc.) :

Are you and your spouse currently living together: Yes No

Client Home Address: _____

Length of Time At Current Residence: _____

Home Telephone: _____

May we contact you at this number? Yes No

Cell Phone: _____

May we contact you at this number? Yes No

Email Address: _____

Educational Background:

Spouse: _____ SS# _____

Have you ever used, or been known by, any other name than that shown above? Yes No

If yes, list here each other name, and state when and why each other name was used:

Date of Birth: _____ Place of Birth: _____

Citizenship: United States Other: _____

Spouse Home Address: _____

Same as address above

Spouse Employer & Occupation: _____

Telephone: _____

Educational Background:

Spouse Attorney: _____

Please list all prior marriages for yourself and spouse (include name of ex-spouse and length of marriage):

Self:

Spouse:

If you and your spouse have been to marriage counseling, please list name of counselor(s):

Do you anticipate a dispute regarding child custody:

Children From Current Marriage

Child	M/F	Date of Birth	Place of Birth	School

Children Not of Current Marriage

Child	M/F	Date of Birth	Place of Birth	School	Child of Yours or Spouse?

State the current custodial arrangements and any preferences or agreements regarding custody of the children:

What is important to you in this divorce? (i.e. house, children, restraining orders, separate property)

List any questions you would like to discuss:

Do you or your spouse have problems with any of the following? Physical violence Gambling
Alcohol Abuse Drug Abuse Financial/Debt Physical Disability Mental Illness

Section II: Income Information

Client Employer & Occupation: _____

Telephone: _____

Job Title: _____ Date Started Job: _____

Work Schedule: _____

Gross Income: _____ Net Income: _____

Second Job: _____

Rental Income: _____ Dividends/Interest Income: _____

Trust Income: _____ Disability Income: _____

Retirement: _____

Spouse Employer & Occupation: _____

Telephone: _____

Job Title: _____ Date Started Job: _____

Work Schedule: _____

Gross Income: _____ Net Income: _____

Second Job: _____

Rental Income: _____ Dividends/Interest Income: _____

Trust Income: _____ Disability Income: _____

Retirement: _____

Section III: Business Interests

Client Annual Business Profit: _____

Business Name: _____

Business Address: _____

Type of Business: _____

Your Title: _____ Percentage Interest: _____

Current FMV: _____ Date Business Acquired: _____

Cost of Acquisition: _____ Source of Funds: _____

Business Accountant: _____

Spouse Annual Business Profit: _____

Business Name: _____

Business Address: _____

Type of Business: _____

Your Title: _____ Percentage Interest: _____

Current FMV: _____ Date Business Acquired: _____

Cost of Acquisition: _____ Source of Funds: _____

Business Accountant: _____

Section IV: Real Property

Property 1

Address: _____

Names on Title: _____

Date of Purchase: _____ Purchase Price: _____

Source of Funds: _____ Fair Market Value: _____

First Loan Balance: _____ Monthly Payment: _____

Second Loan Balance: _____ Annual Property Taxes: _____

Date of Refinance: _____

Property 2

Address: _____

Names on Title: _____

Date of Purchase: _____ Purchase Price: _____

Source of Funds: _____ Fair Market Value: _____

First Loan Balance: _____ Monthly Payment: _____

Second Loan Balance: _____ Annual Property Taxes: _____

Date of Refinance: _____

Section V: Other Personal Property – Significant Personal Effects

Provide Loan Balance and Current Fair Market Value

Household Goods:

Motorhomes/RV: _____

Motorcycle:

Boat/Watercraft:

Airplane: _____

Investment Jewelry:

Collections/Hobbies:

Other Assets:

Please list any separate property that was acquired prior to your current marriage:

Section VI: Vehicles

Vehicle 1:

Make: _____ Model & Year: _____

Names on Title: _____

Date Acquired: _____ Fair Market Value: _____

Amount of Loan: _____ Who Drives Vehicle: _____

Vehicle 2:

Make: _____ Model & Year: _____

Names on Title: _____

Date Acquired: _____ Fair Market Value: _____

Amount of Loan: _____ Who Drives Vehicle: _____

Vehicle 3:

Make: _____ Model & Year: _____

Names on Title: _____

Date Acquired: _____ Fair Market Value: _____

Amount of Loan: _____ Who Drives Vehicle: _____

Section VII: Accounts

Provide names of Financial Institutions, Account Number, Names of Account and Current Balance

Checking Account(s):

Savings Account(s):

CDs:

Brokerage Account(s):

Stock/Bonds:

Retirement Account(s):

Miscellaneous:

Section VIII: Debts

Provide names of Financial Institutions, Account Number, Names of Account and Current Balance

Credit Card Debt:

Student Loans:

Other Loans:

Income Tax Due: _____

Section IX: Insurance

Life Insurance:

Type (e.g. term, group, whole life, etc.)	Face Amount of Death Benefit	Approximate Cash Value	Owner Husband Wife Trust Other	Insured Husband Wife Other	Primary Beneficiary	Secondary Beneficiary

Other Insurance: Include insurer, persons covered, nature and extent of coverage and whether group or individual, by whom paid and how much, and whether both spouses can remain covered after divorce is final.

Medical:

Dental:

Other Insurance: _____

Disability: _____

Legal Insurance: _____

Other: _____
