

# DIVORCE CLIENT INTAKE SHEET

LIGON LAW OFFICE

CLIENT'S NAME: \_\_\_\_\_

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

H Phone: ( ) \_\_\_\_\_

W Phone: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Client's Date & Place of Birth: \_\_\_\_\_

SS # \_\_\_\_\_ ANNUAL INCOME \$ \_\_\_\_\_

Driver's license Number: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

## INFORMATION FOR COMPLAINT

DATE MARRIED: \_\_\_\_\_ BY WHOM: \_\_\_\_\_

COUNTY/STATE MARRIED \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_ RESTORED? \_\_\_\_\_

SPOUSAL ABUSE? \_\_\_\_\_

CASE # \_\_\_\_\_ JUDGE \_\_\_\_\_

TEMPORARY CUSTODY: MOM \_\_\_\_\_ DAD \_\_\_\_\_ JOINT \_\_\_\_\_

TEMPORARY CHILD SUPPORT: \$ \_\_\_\_\_ /MONTH

TEMPORARY SPOUSAL SUPPORT: \$ \_\_\_\_\_ /MONTH

EX PARTE ORDERS SOUGHT: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

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

H Phone: ( ) \_\_\_\_\_

W Phone: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

SS # \_\_\_\_\_ ANNUAL INCOME \$ \_\_\_\_\_

Driver's license Number: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

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

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

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

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

SPOUSE REPRESENTED BY: \_\_\_\_\_

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

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

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

Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

## CHILDREN:

M F NAME: \_\_\_\_\_

D/O/B: \_\_\_\_\_ SS # \_\_\_\_\_

M F NAME: \_\_\_\_\_

D/O/B: \_\_\_\_\_ SS # \_\_\_\_\_

M F NAME: \_\_\_\_\_

D/O/B: \_\_\_\_\_ SS # \_\_\_\_\_

CHILDREN RESIDE WITH: \_\_\_ MOTHER \_\_\_ FATHER \_\_\_ BOTH

PHYSICAL CUSTODY DESIRED: \_\_\_ MOTHER \_\_\_ FATHER \_\_\_ BOTH

LEGAL CUSTODY DESIRED: \_\_\_ MOTHER \_\_\_ FATHER \_\_\_ BOTH

## FRIEND OF THE COURT SERVICES:

- N/A
- DESIRED
- WAIVED

Waiver forms:

Husband: \_\_\_\_\_ / \_\_\_\_\_

Sent Returned

Wife: \_\_\_\_\_ / \_\_\_\_\_

Sent Returned

NOTES / Special Instructions / Known Deadlines: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_