

CLIENT INTAKE FORM - DIVORCE WITH CHILDREN

Date:	File No.:				
First Name		Middle Name		Last Name	•
Mailing Address: _	Street	City	State	Zip	
Home Phone:		Work Phone:	Cell	Phone:	
How long in AL: _					
Physical Address	(if different)				
Email Address:					
Employer (Name &	& Address)	:			
Employer Phone N	Number:			_	
Social Security Nu	ocial Security Number: Date of Birth:				
Date of Marriage:	Date of Separation:				
Location of Marriag	ge:				
Who May We Cor	itact If We (Cannot Reach Yo	u? First N	lame	Last Name
Phone Number:		Relation	ship:		
Opposing Party's	Informatior	1:			
First Name		Middle Name Last Name		ame	
Mailing Address:					
	Street	City	State	Zip	
Home Phone:		Work Phone:	Cell	Phone:	

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Physical Address (if different):				
Name of Employer:				
DOB:	Social Security	No.:		
Is the opposing party represer	nted by counsel?	lf so, who:		
Has the opposing party filed a	Petition?	If So, Wh	ien?	
REASON FOR SELECTING	<u>THIS FIRM:</u>			
REFERRED BY:		WEBSITE:		
INTERNET:	O	THER:		
CHILDREN INFORMATION:				
How many children from this	relationship?			
Name:	DOB:	SSN:	M	F
Name:	DOB:	SSN:	M	F
Name:	DOB:	SSN:	M	F
Name:	DOB:	SSN:	M	F
Name:	DOB:	SSN:	M	F
Where is/are the child(ren) rea	siding?			

List all addresses where your child(ren) has/have lived for the past three years:

Dates	With Whom the Children Lived	Address

Steeper Geneble Attorney At Law
Do you want your spouse to have joint legal custody? YesNo
Do you want your spouse to have visitation: YesNo
If no, do you want your spouse to have supervised visitation? Please state why? (Understand
that bad parenting that you disagree with is different than dangerous parenting.)
Please specify what visitation or joint custody agreement you believe appropriate and, briefly, give your reasons why and the specific times you wish to have visitation/custody (i.e. birthdays):
Please list your children's present:
Religion:
Doctor (name and address):
Dentist (name and address):
Other Medical (name and address):
School(s) (name and address):



Child Care Provider(s) (names and addresses):

Child's Recreational Activities

Who carries medical/dental insurance on child(ren)?

Monthly expense: _____

Are there childcare expenses?

If so, how much?_____Who pays: _____

OTHER ISSUES:

Wife's maiden name:	Return to maiden name:		
Gross Monthly Income Her:	Gross monthly income Him:		
Are you seeking spousal support?	YesNo		

RETIREMENT: Please list any and all retirement, 401(k), savings plan, & accounts.

Name	Approx. Value	Whose Name



EXPENSES: List monthly expenses and approximately how much each month:

Expense:	Monthly Payment
House/Rent	
Car Payment(s)	
Utilities	
Insurance	
Groceries	
Gas	
Other Expenses:	

DEBTS: List debts, amount owed, and who will take over the debt.

Debt	Value	Who keeps



ASSETS:

Please list your assets, their fair market value, and who will keep the asset.

Asset	Value	Who Keeps
Home - (address)		
Vehicle one (make & model)		
Vehicle two (make & model)		