

CLIENT INTAKE FORM - DIVORCE - NO CHILDREN

Date:	File No. (Do Not Fill Out/Office Use Only):			
First Name	Middle Name	Last Na	ame	
Mailing Address:				
	Street Number & Name	9		
City:State:	Zip Code:	Hov	w Long In AL:	
Home Phone:	Work Phone:	Cell Phone:		
Physical Address (if different):				
Email Address:				
Employer (Name & Address): _				
Employer Phone Number:				
Social Security Number:	Dat	e of Birth:		
Date of Marriage:	Date of Se	eparation:		
Location of Marriage:	Date	e of Divorce:		
Who May We Contact If We Ca	annot Reach You?			
Phone Number:		First Name	Last Name	
Opposing Party's Information:				
First Name	Middle Name		Last Name	
Mailing Address:				
	Street Number & Name	9		
City:State:	Zip Code:	Hov	w long in AL:	



Home Phone:	Work Phone:	Cell Phone	:
Name of Employer:			
DOB:	Social Security N	No.:	
Is The Opposing Party Rep	resented By Counsel?	If so, who:	
Reason for Consultation:			
REASON FOR SELECTING REFERRED BY: INTERNET:		WEBSITE OTHER	
OTHER ISSUES:			
Wife's Maiden Name:	R	teturn To Maiden Name	? YesNo
Gross Monthly Income Her		Gross monthly income H	lim:
Are you seeking spousal	support? Yes No_	_	
RETIREMENT: Please list any and all ret	irement, 401(k), saving	s plan, & accounts.	
Name		Approx. Value	Whose Name



EXPENSES:

List monthly	expenses	and	approximately	/ how	much	each	month:
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Expense:	Monthly Payment
House/Rent:	
Car Payment(s):	
Utilities:	
Insurance:	
Groceries:	
Gas:	
Other Expenses:	

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)		
Asset:	Value:	Who Keeps: