

LAW OFFICE OF JAMIE MAURITZ JAMES

DOMESTIC RELATIONS INTAKE SHEET

CONFIDENTIAL CLIENT HISTORY

Personal Information

	Full Name	Maiden/Former Name	Date of Birth	Social Security #
Yourself:	_____	_____	_____	_____
Spouse:	_____	_____	_____	_____

Minor Children of Marriage (either born of or adopted)	Full Name	Date of Birth	Social Security #
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Your Home Address: _____

Your Home Address Since: _____

Telephone (Home): _____ (Cell): _____ (Work): _____

Email: _____

Home Addresses for Past Two Years:

Address	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Alternate Contact:

Name: _____ Telephone: _____ Relationship: _____

Email: _____

Spouse's Information

Spouse's Home Address: _____

Spouse's Home Address Since: _____

Telephone (Home): _____ (Cell): _____

Email: _____

Spouse's Attorney's Name: _____

Spouse's Attorney's Telephone: _____

Spouse's Attorney's Address: _____

Marital Information

Marital Status: Married Divorced Separated Widowed

Date of Marriage: _____ Length of Marriage: _____ Place of Marriage: _____

Are you and your spouse living together now? Yes No

If no, what was the date of separation? _____

Where were you living at the time of separation? _____

Last Address where you were living together: _____

Have you an interest in reconciliation? Yes No

Has your spouse (as far as you know)? Yes No

Please give names and dates of personal or marital counselors seen by you and/or your spouse.

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Do you anticipate a dispute about custody of the children? Yes No

Prior Marriages

Please list all prior marriages of yours and of your present spouse. (Include names of all prior spouses of each, how, when and where prior marriages terminated, and provide copies of relevant court orders and separation agreement.)

Yourself: _____

Spouse: _____

List names and ages of any children of yourself or your spouse other than those listed above. State with whom such children live, who has their legal custody, and whether they have been adopted.

Yourself: _____

Spouse: _____

Your Employment

Employer: _____

Employers Address: _____

Position: _____ Date Started: _____

Gross Weekly Pay: _____ Net Weekly Pay: _____

Gross Annual Salary: _____ Bonuses: _____

Your Spouse's Employment

Employer: _____

Employers Address: _____

Position: _____ Date Started: _____

Gross Weekly Pay: _____ Net Weekly Pay: _____

Gross Annual Salary: _____ Bonuses: _____

Other Sources of Income

Do you or your spouse receive income from any other source (e.g., AFDC, SSI, disability, etc.)? Yes No

If yes, provide:

Recipient	Source	Weekly Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educational Background

Degrees awarded or highest educational level reached:

Yourself: _____

Spouse: _____

Preliminary Financial Information

Please list any bank accounts to which you or your spouse has access. H – Husband; W – Wife; J – Joint

Account Type	Account Number	Bank Name	Access By	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list all credit cards and charge accounts, who can use them, and who is responsible for the bill.

Credit Card	Who May Use	Responsible Party	Approx. Amount Owed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate names and addresses of your living parents and siblings:

Can you look to any of these people for financial or other assistance if necessary? Yes No

