## Law Offices

## KIMMEY & MURPHY, P.C.

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## **DIVORCE INTAKE FORM**

DATE:			
1. Full Name:			
Home Address:			
Mailing Address:			
Home Telephone:			
Business Telephone:			
Lived At Present Address Since:			
All Home Addresses For Past Two Years:			
	From	To	
	From	To	
2. Spouse's Full Name:			
Spouse's Home Address:			_
Home Telephone:			_

Business Telephone	e:		
Attorney:			
Address:			
3. Marriage:	Date:	Place:	
A. Date of Birth:	Self:	Spouse:	
B. Social Security 1	No.: Self:	Spouse:	
Children Of This M	Iarriage:		
Full Name	Date Of Birth	Grade In School	Living With
	r spouse living together no, and where you were liv		-
	, and whose you were is	ing at the time of separat	
	all of your addresses since	separation are not listed i	n # 1, please list
other here.			
		From	То
		From	То
6. Have you an inte	erest in reconciliation?	Does your spouse (as	s far as you know)?

7. Please give dates and na	ames of any personal or n	narital counselors seen by you or your
spouse.		
Date	Name	
8. Do you anticipate a disp	pute about custody of the	children?
9. Employment: Self	f	Spouse
Employer:		
Address/Telephone:		
Job Title:		
Employed Since		
Nature of Job		
Salary:		
Base (monthly)		
Gross monthly		
Net Monthly		
Deductions (monthly):		
FICA		
State		
Federal		

Other	
Overtime & Bonus:	
Gross	
Net	
Previous Employment and Dates:	
Self	
Spouse	
10. Educational Background Self	
Spouse	
11. List all prior marriages of yourself and of your pressure prior spouses of each, how, when and where prior marriages of relevant court orders and separation agreements.	sent spouse. Include names of all riages terminated, and provide nts.
Self	
Spouse	

12. List names of any children of yourse	If or your spouse other than those listed in # 4,
state with whom such child lives, who ha	as their legal custody and whether they have been
adopted.	
Self	
Spouse	
13. Please list any joint bank accounts to	which you or your spouse have access.
14. Please list credit cards and charge ac	counts, who can use them and who is responsible
for the bill.	
Account May Be Used	By Responsible Party
H W	H W

15. 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?
16. Who referred you to us?