

## CONFIDENTIAL CLIENT INTAKE SHEET

**PERSONAL INFORMATION:**

Your Full Name: \_\_\_\_\_  
First Full Middle Last

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ If this is not a private, personal e-mail, please contact us to discuss.

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

No. of Children: \_\_\_\_\_ Date Last Resided Together: \_\_\_\_\_

Date of Previous Marriage(s): \_\_\_\_\_ How Terminated: \_\_\_\_\_

County Terminated: \_\_\_\_\_ Date Terminated: \_\_\_\_\_

No. of Children from Previous Marriage(s) (if any, provide names and ages): \_\_\_\_\_

Did you enter into a Prenuptial Agreement prior to your marriage, or a Post-Marital Agreement subsequent to your marriage?  No  Yes (Please Attach a Copy)

Race: \_\_\_\_\_

Your address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Typical Work Hours: \_\_\_\_\_

**EDUCATION:**

High School: \_\_\_\_\_ Years Completed: \_\_\_\_\_

College/Higher Education (Pre-Marital): \_\_\_\_\_

Years Attended/Degree(s) Obtained: \_\_\_\_\_

College/Higher Education (Post-Marriage): \_\_\_\_\_

Years Attended/Degree(s) Obtained: \_\_\_\_\_

**HEALTH STATUS:**

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**JOB EXPERIENCE (List most recent employer first):**

Employer	Job Title	Rate of Pay	Dates of Employment
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**RETIREMENT BENEFITS FOR SELF/SPOUSE (Pensions, 401K, IRA, etc. list any known plans):**

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**REAL ESTATE/PROPERTY (Legal description and tax bill will be required at a later date):**

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**SIGNIFICANT ASSETS/DEBTS AT TIME OF MARRIAGE FOR SELF/SPOUSE:**

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**INDIVIDUAL GIFTS/INHERITANCE RECEIVED BY SELF/SPOUSE (and how currently held):**

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**ACCOUNTANT/FINANCIAL ADVISOR (list name, address, phone and e-mail):**

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**SPOUSE'S INFORMATION**

Full Name: \_\_\_\_\_  
  First  Full Middle  Last

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Spouse's Previous Marriage(s): \_\_\_\_\_ How Terminated: \_\_\_\_\_

County Terminated: \_\_\_\_\_ Date Terminated: \_\_\_\_\_

No. of Children from Previous Marriage (if any) \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Typical Work Hours: \_\_\_\_\_

**SPOUSE'S EDUCATION:**

High School: \_\_\_\_\_ Years Completed: \_\_\_\_\_

College/Higher Education (Pre-Marital): \_\_\_\_\_

Years Attended/Degree(s) Obtained: \_\_\_\_\_

College/Higher Education (Post-Marriage): \_\_\_\_\_

Years Attended/Degree(s) Obtained: \_\_\_\_\_

**SPOUSE'S HEALTH STATUS:** \_\_\_\_\_

**SPOUSE'S JOB EXPERIENCE (list most recent employer first):**

Employer	Job Title	Rate of Pay	Dates of Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CHILDREN BORN OR ADOPTED OF THIS MARRIAGE:**

Name	D.O.B.	Social Security No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Children's Current Address \_\_\_\_\_

Children Living With \_\_\_\_\_

Children's Previous Addresses \_\_\_\_\_

Children's Health Status: \_\_\_\_\_

Is wife pregnant?      \_\_\_\_\_ yes      \_\_\_\_\_ no

Do you or your spouse have any non-marital children? You:      \_\_\_\_\_ yes      \_\_\_\_\_ no  
 Spouse:      \_\_\_\_\_ yes      \_\_\_\_\_ no

If yes, list:

Name	Address	Birthdate
_____	_____	_____
_____	_____	_____

Prior surname, if any, for: \_\_\_\_\_ wife, \_\_\_\_\_ husband

Will either want prior surname restored?      \_\_\_\_\_ yes      \_\_\_\_\_ no

Has either party been a member of the military service? If yes, provide details: \_\_\_\_\_

Is either party receiving public assistance now, or had either received public assistance in the past? \_\_\_\_\_

**COUNSELING/THERAPY PROVIDERS:** (Please list names, dates of treatment and who participated)

Client: \_\_\_\_\_

Spouse: \_\_\_\_\_

Children: \_\_\_\_\_

Are you, your spouse or your children presently taking any prescription medication? \_\_\_\_ yes \_\_\_\_ no

If yes, give name of medication and reason for taking: \_\_\_\_\_

Have you or your spouse ever been arrested? \_\_\_\_ yes \_\_\_\_ no

If yes, give dates and explain the details: \_\_\_\_\_

Is alcohol or drug abuse an issue? \_\_\_\_ yes \_\_\_\_ no

If yes, for whom and on what basis: \_\_\_\_\_

Has there been any treatment? \_\_\_\_ yes \_\_\_\_ no

If yes, please list the dates and treatment providers: \_\_\_\_\_

**DOMESTIC VIOLENCE SCREENING** (I will not reveal your answers to anyone without your specific permission):

Has your spouse/other parent ever pushed, shoved, choked, hit or hurt you physically in any way?  
\_\_\_\_ yes \_\_\_\_ no

Has your spouse/other parent ever forced you to have sexual contact when you did not want to?  
\_\_\_\_ yes \_\_\_\_ no

Has your spouse/other parent ever hurt any other person or pet in your household?

\_\_\_ yes \_\_\_ no

Has your spouse/other parent ever damaged or destroyed your property?

\_\_\_ yes \_\_\_ no

Has your spouse/other parent ever threatened to do any of the things mentioned in question 1-4?

\_\_\_ yes \_\_\_ no

Have you ever called the police, requested a restraining order, or sought help for yourself because of something your spouse/other parent did?

\_\_\_ yes \_\_\_ no

Have there been any threats or incidents of violence? \_\_\_ yes \_\_\_ no

If you answer "Yes" to any of the above, give dates and explain the details briefly here. Also, be certain you contact your attorney to discuss this further.

\_\_\_\_\_
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\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

**CLIENT'S SIGNIFICANT OTHER (if applicable):**

Name: \_\_\_\_\_
First Full Middle Last

**SPOUSE'S SIGNIFICANT OTHER (if applicable):**

Name: \_\_\_\_\_
First Full Middle Last

The above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Date