CLIENT INTAKE FORM - DIVORCE - NO CHILDREN

Date:				
First Name		Last Name	Middle in	nitial
Mailing Address:				
<u> </u>	Stre	eet number & name	,	
City:	State:	Zip Code:	How	long in NM:
Home Phone:	Wo	rk Phone:	Cell Phone:	
Physical Address (if	different):			
Email Address:				
Employer (Name & A	Address):			
Employer Phone Nu	mber:			
Social Security Num	ber:	Dat	e of Birth:	
Date of Marriage:		Date of Se	eparation:	
Location of Marriage) :	Date	e of Divorce:	
Who May We Conta	ct if we cannot	get a hold of you?		
Phone Number:			First Name	Last Name
Opposing Party's I	nformation:			
First Name		Last Name	N	liddle initial
Mailing Address:				
	Stre	eet number & name		
City:	State:	Zip Code:	How	long in NM:
Home Phone:	Wo	rk Phone:	Cell Phone:	
Physical Address (if	different):			

Name of Employer:					
DOB:	Social Security No.:				
Is the opposing party rep	presented by counsel?	If so, who:			
Reason for Consultation	:				
REASON FOR SELECTIN REFERRED BY: INTERNET:		YELLOW PAG	GES		
OTHER ISSUES:					
Wife's maiden name:	e: Return to maiden name: Y N				
Gross Monthly Income H	ler:	Gross monthly income	e Him:		
Are you seeking spousal	support? Y N				
RETIREMENT: Please list any and all re	tirement, 401(k), saving	ıs 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:	

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: