

## INTAKE SHEET FOR DIVORCE

**Please answer all questions honestly and completely so that we may check for any potential conflicts of interest and so that we may properly evaluate your case. ALL INFORMATION CONTAINED HEREIN IS KEPT STRICTLY CONFIDENTIAL.**

TODAY'S DATE: \_\_\_\_\_ You are the: [ ] Husband [ ] Wife

Are there minor children of this marriage? \_\_\_\_\_

Is anyone accompanying you to the consultation? \_\_\_\_\_ If yes, please give names of each person and your relationship to each: \_\_\_\_\_

*\*\*Please be aware that by allowing a third party to sit in on your legal consultation, you are waiving any attorney-client privilege that may otherwise exist.*

### **I. PERSONAL INFORMATION**

Your full name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Name you prefer to be called: \_\_\_\_\_

Phone -Home: \_\_\_\_\_ wk: \_\_\_\_\_ cell: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

\_\_\_\_\_ County: \_\_\_\_\_

This residence is: [ ] permanent [ ] temporary – how long? \_\_\_\_\_

Others currently residing in same household, and relationship of each: \_\_\_\_\_

May we send correspondence to you at the address listed above? [ ] YES [ ] NO

**\* If no, where?** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social security #: \_\_\_\_\_

DL # and State: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

How long at that job? \_\_\_\_\_ This job is: [ ] full time [ ] part time [ ] temporary

You are paid: [ ] Salary [ ] hourly wage [ ] commission [ ] other: \_\_\_\_\_

Do you receive bonuses? \_\_\_\_\_ If yes, how often? \_\_\_\_\_

How are you paid (every week, every other Friday, etc.): \_\_\_\_\_

Average gross monthly income from job: \_\_\_\_\_

Work schedule: \_\_\_\_\_

Are you required to travel for work? \_\_\_\_\_ If yes, how often? \_\_\_\_\_

List income from all other sources (disability, rental income, royalties, etc.): \_\_\_\_\_

Professional licenses or degrees held: \_\_\_\_\_

*Emergency Contact(s):*

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**II. INFORMATION ABOUT YOUR SPOUSE:**

Full Name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth (city, state): \_\_\_\_\_

Phone - home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_ fax #: \_\_\_\_\_

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

\_\_\_\_\_ County: \_\_\_\_\_

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

Others currently residing in same household with him/her: \_\_\_\_\_

SS #: \_\_\_\_\_ DL # and State: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

How long at that job? \_\_\_\_\_ This job is: [ ] full time [ ] part time [ ] temporary

Spouse is paid: [ ] Salary [ ] hourly wage [ ] commissions [ ] other: \_\_\_\_\_

Does he/she receive bonuses? \_\_\_\_\_ If yes, how often? \_\_\_\_\_

Average gross monthly income from job: \_\_\_\_\_

Income from all other sources (disability, investments, royalties, etc.): \_\_\_\_\_

Describe his/her work schedule (days of week, times, etc.): \_\_\_\_\_

Is he/she required to travel for work? \_\_\_\_\_ If so, how often? \_\_\_\_\_

Professional licenses or degrees held: \_\_\_\_\_

**III. CHILDREN OF THE MARRIAGE (born or adopted) If no children born or adopted during this marriage, skip to section IX)**

How many children were born or adopted to the marriage? \_\_\_\_\_ How many under 18? \_\_\_\_\_

Names of all children born or adopted, including adult children, from oldest to youngest:

1. \_\_\_\_\_ current age: \_\_\_\_\_
2. \_\_\_\_\_ current age: \_\_\_\_\_
3. \_\_\_\_\_ current age: \_\_\_\_\_
4. \_\_\_\_\_ current age: \_\_\_\_\_
5. \_\_\_\_\_ current age: \_\_\_\_\_
6. \_\_\_\_\_ current age: \_\_\_\_\_

**THE FOLLOWING SECTION IS ONLY FOR CHILDREN BORN OR ADOPTED DURING THE MARRIAGE WHO ARE CURRENTLY UNDER THE AGE OF 18 YEARS:**

Name:	Sex	D.O.B.	SS #	Place of birth

These children are currently in the care of:  husband  wife  other: \_\_\_\_\_

If other, why? \_\_\_\_\_

Who is paying child support for these children?  husband  wife  neither

Amount of child support: \$ \_\_\_\_\_ per \_\_\_\_\_

What type of permanent custody/visitation arrangement are you seeking? \_\_\_\_\_

Do any of these children have special needs that would require care beyond the age of 18 years?

Yes  No If yes, explain: \_\_\_\_\_

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

**Health Insurance:**

Are the minor children subject to this suit currently covered by health insurance?  Yes  No

If yes: Name of insurance company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Amount of monthly premium: \_\_\_\_\_

Insurance is through:  Mother's employer  father's employer  
 other: \_\_\_\_\_

Secondary coverage: \_\_\_\_\_

**Other children NOT of this marriage:**

1. Do you have minor children that are NOT of this marriage?  NO  YES how many? \_\_\_\_\_  
Who do they live with? \_\_\_\_\_ Who has legal custody? \_\_\_\_\_

You are:  paying child support  receiving child support  neither

Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

2. Does your spouse have minor children that are NOT of this marriage:  NO  YES

If yes, how many? \_\_\_\_\_ Who do they live with? \_\_\_\_\_

Who has legal custody? \_\_\_\_\_

Your spouse is:  paying child support  receiving child support  neither

Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

**IV. GENERAL INFORMATION ABOUT THE MARRIAGE:**

Do you feel that you or your children are in immediate physical danger? \_\_\_\_\_

Which terms of the divorce will your spouse most likely contest? \_\_\_\_\_

Are there currently minor children from this marriage?  NO  YES If yes, how many: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Place of Marriage (city, state): \_\_\_\_\_

Is this a common law marriage?  NO  YES  Not sure

Is there a pending Divorce Petition at this time?  NO  YES – date filed: \_\_\_\_\_

If yes, you are the  Petitioner  Respondent

Are Temporary Orders currently in place?  NO  YES – date: \_\_\_\_\_

Did you sign a prenuptial or postnuptial agreement?  NO  Yes – Date: \_\_\_\_\_

Previous Marriages? \_\_\_\_\_

Are you and/or your spouse currently in a bankruptcy? \_\_\_\_\_

If yes, when will the bankruptcy be completed? \_\_\_\_\_

**V. BACKGROUND INFORMATION (Please check all that apply)**

If you need additional space, feel free to use the back of this sheet, and indicate such.

	You	Spouse
1. History of drug or alcohol abuse Explain:		
2. Convicted of a felony		

Explain:		
3. Convicted of DUI or DWI Explain:		
4. Committed family violence in the past Explain:		
5. Has committed adultery in the past Explain:		
6. Currently in romantic relationship with person other than spouse Explain:		
Has a sexually transmitted disease Explain:		
8. Has been investigated by CPS Explain:		
9. Has lost custody of child or children in the past Explain:		
10. Mental or Emotional problems Explain:		
11. Has problem with or addiction to pornography Explain:		

**VI. JURISDICTION**

	<b>Yourself</b>	<b>Your Spouse</b>	<b>Your children</b>
County of residence:			
How long in that county?			
How long in Texas?			
Prior county / state:			
How long there?			

**VII. DEBTS AND ASSETS:**

**A. The marital residence:**

Address of marital residence: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

Who is living in the home at this time? \_\_\_\_\_

Who will live in home after the divorce? \_\_\_\_\_

Who is making the mortgage or rent payment at this time? \_\_\_\_\_

The marital residence is [ ] leased [ ] owned Amount of monthly payment: \$ \_\_\_\_\_

Name(s) on lease or note: \_\_\_\_\_

Name(s) on deed: \_\_\_\_\_

How was it acquired? (inheritance, gift, purchase, etc.) \_\_\_\_\_

If owned, was the home acquired [ ] DURING the marriage or [ ] BEFORE the marriage

Approximate date property was purchased or acquired: \_\_\_\_\_

What significant improvements have been made to the home during the marriage, and what is the value of the improvements? \_\_\_\_\_

Approximate value of home: \_\_\_\_\_

Total amount owed on home (all leins): \_\_\_\_\_

1<sup>st</sup> leinholder: \_\_\_\_\_

Amount owed on loan: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Name(s) on note: \_\_\_\_\_

2<sup>nd</sup> leinholder: \_\_\_\_\_

Amount owed on loan: \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Name(s) on note: \_\_\_\_\_

**B. Other real property owned (land, rent houses, etc.)**

1. Address: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

How was it acquired? (inheritance, gift, purchase, etc.) \_\_\_\_\_

When acquired (approximate date)? \_\_\_\_\_

What is the property being used for? \_\_\_\_\_

Amount of monthly income received from this property: \_\_\_\_\_

Approximate value: \_\_\_\_\_ Amount owed: \_\_\_\_\_

Monthly payment: \_\_\_\_\_ Leinholder: \_\_\_\_\_

Improvements on property after date of marriage: \_\_\_\_\_

Other owners besides spouse, and percentages of ownership: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

How was it acquired? (inheritance, gift, purchase, etc.) \_\_\_\_\_

When acquired (approximate date)? \_\_\_\_\_

What is the property being used for? \_\_\_\_\_

Amount of monthly income received from this property: \_\_\_\_\_

Approximate value: \_\_\_\_\_ Amount owed: \_\_\_\_\_

Monthly payment: \_\_\_\_\_ Leinholder: \_\_\_\_\_

Improvements on property after date of marriage: \_\_\_\_\_

Other owners besides spouse, and percentages of ownership: \_\_\_\_\_

3. Address: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

How was it acquired? (inheritance, gift, purchase, etc.) \_\_\_\_\_

When acquired (approximate date)? \_\_\_\_\_

What is the property being used for? \_\_\_\_\_

Amount of monthly income received from this property: \_\_\_\_\_

Approximate value: \_\_\_\_\_ Amount owed: \_\_\_\_\_

Monthly payment: \_\_\_\_\_ Leinholder: \_\_\_\_\_

Improvements on property after date of marriage: \_\_\_\_\_

Other owners besides spouse, and percentages of ownership: \_\_\_\_\_

### C. Mineral Rights

a. Property Address : \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

Amount per month: \_\_\_\_\_ Term of lease: \_\_\_\_\_

When and how acquired: \_\_\_\_\_

b. Property Address : \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

Amount per month: \_\_\_\_\_ Term of lease: \_\_\_\_\_

When and how acquired: \_\_\_\_\_

### D. Businesses owned by either party:

1. Registered Name of company: \_\_\_\_\_

Type of business: \_\_\_\_\_

When acquired or formed: \_\_\_\_\_

By whom? \_\_\_\_\_

Capacity that each spouse is involved: \_\_\_\_\_

Other owners, partners, and percentage of ownership of each: \_\_\_\_\_

Approximate annual income earned from this business: \_\_\_\_\_

Approximate value of company: \_\_\_\_\_

Nature and value of hard assets owned by company (i.e., equipment, furniture, etc.)

2. Registered Name of company: \_\_\_\_\_

Type of business: \_\_\_\_\_

When acquired or formed: \_\_\_\_\_

By whom? \_\_\_\_\_

Capacity that each spouse is involved: \_\_\_\_\_

Other owners, partners, and percentage of ownership of each: \_\_\_\_\_

Approximate annual income earned from this business: \_\_\_\_\_

Approximate value of company: \_\_\_\_\_

Nature and value of hard assets owned by company (i.e., equipment, furniture, etc.)

**E. Vehicles (owned or leased):**

1. **Vehicle driven primarily by you** (year, model, make): \_\_\_\_\_

VIN: \_\_\_\_\_

Owned or leased? \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Name(s) on the lease or note: \_\_\_\_\_

Leinholder: \_\_\_\_\_

Amt owed on vehicle: \_\_\_\_\_ Approximate value: \_\_\_\_\_

Is this vehicle used for work related purposes? \_\_\_\_\_

Should you be awarded this vehicle after divorce? \_\_\_\_\_

2. **Vehicle driven primarily by *your spouse*** (year, make, model): \_\_\_\_\_

VIN: \_\_\_\_\_

Owned or leased? \_\_\_\_\_ Monthly payment: \_\_\_\_\_

Name(s) on the lease or note: \_\_\_\_\_

Leinholder: \_\_\_\_\_



Amt owed on vehicle: \_\_\_\_\_ Approximate value: \_\_\_\_\_  
Is this vehicle used for work related purposes? \_\_\_\_\_  
Should you be awarded this vehicle after divorce? \_\_\_\_\_

3. Other vehicles owned (boats, planes, 4-wheelers, etc.)

a. Type: \_\_\_\_\_  
VIN: \_\_\_\_\_  
Owned or leased? \_\_\_\_\_ Monthly payment: \_\_\_\_\_  
Name(s) on the lease or note: \_\_\_\_\_  
Leinholder: \_\_\_\_\_  
Amt owed on vehicle: \_\_\_\_\_ Approximate value: \_\_\_\_\_  
Is this vehicle used for work related purposes? \_\_\_\_\_  
Who should be awarded this vehicle after divorce? \_\_\_\_\_

b. Type: \_\_\_\_\_  
VIN: \_\_\_\_\_  
Owned or leased? \_\_\_\_\_ Monthly payment: \_\_\_\_\_  
Name(s) on the lease or note: \_\_\_\_\_  
Leinholder: \_\_\_\_\_  
Amt owed on vehicle: \_\_\_\_\_ Approximate value: \_\_\_\_\_  
Is this vehicle used for work related purposes? \_\_\_\_\_  
Who should be awarded this vehicle after divorce? \_\_\_\_\_

**F. Separate property not otherwise listed above:**

**1. Wife's –**

a. All other property of significant value (artwork, equipment, appliances, etc.) that was *acquired by wife prior to marriage*; include values and location of property:

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

b. List all property of significant value that wife received *as a result of a gift or inheritance*; include date acquired and location of property: \_\_\_\_\_

\_\_\_\_\_

c. List funds wife has received *as a result of a personal injury settlement*: \_\_\_\_\_

\_\_\_\_\_  
When and where were funds deposited? \_\_\_\_\_

**2. Husband's –**

- a. All other property of significant value (artwork, equipment, appliances, etc.)  
*acquired by husband prior to marriage*; include values and location of property:

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

- b. List all property of significant value that husband received *as a result of a gift or inheritance*; include date acquired and location of property: \_\_\_\_\_

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

- c. List funds husband has received *as a result of a personal injury settlement*:

\_\_\_\_\_  
When and where were funds deposited? \_\_\_\_\_

**G. Savings accounts, checking accounts acquired during the marriage**

	<u>Banking Institution</u>	<u>Amount</u>	<u>In whose name (H,W, or both)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**H. Life insurance policies, amounts, beneficiaries:**

***On Husband:***

	<u>Insurance company</u>	<u>Whole or Term</u>	<u>Value</u>	<u>Beneficiary</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

***On Wife:***

	<u>Insurance company</u>	<u>Whole or Term</u>	<u>Value</u>	<u>Beneficiary</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

**I. Retirement Benefits**

**Wife**

Name/type of account                      Value                      Acquired or increased during marriage?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Husband**

Name/type of account                      Value                      Acquired or increased during marriage?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**J. Other investments:** (type, amount, in whose name, etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**K. Airline miles, gym memberships, club memberships, etc:**

1. In Wife's Name:

a. \_\_\_\_\_

b. \_\_\_\_\_

2. In Husband's Name:

a. \_\_\_\_\_

b. \_\_\_\_\_

**L. Separate Debts**

1. Yours: List all existing debt incurred by you before the marriage, and all student loans  
Incurred by you at any time (including creditor names and amounts):

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

2. Your Spouse's: List all debt incurred by your spouse before the marriage, and all student loans incurred by your spouse at any time (include creditor names and amounts):

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

**M. Community Debts:**

Other than student loans, list all existing debt that was incurred *during the marriage*, regardless of whose name it is in:

<u>Creditor</u>	<u>Amount of debt</u>	<u>In whose name</u>	<u>Purpose of debt</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Ideally, how would you like to see the community debt distributed? \_\_\_\_\_

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

Ideally, how would you like to see community property distributed? \_\_\_\_\_

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

**IX. NAME CHANGE**

Is wife requesting a name change? [ ] yes [ ] no [ ] don't know or undecided

If yes, to what name (First, Middle, Last)? \_\_\_\_\_

\_\_\_\_\_

**XI. INFORMATION FOR SERVICE** (\*Please provide us with a photograph of spouse if possible.)

For service of process, give general physical description of your spouse:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

Distinctive features (tattoos, birth marks): \_\_\_\_\_

Best time/place to serve him/her: \_\_\_\_\_

If not successful, is there a second location? \_\_\_\_\_

Describe vehicle he/she will be driving (include color)? \_\_\_\_\_

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**XI. Please sign below if this information is true and complete to the best of your knowledge:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

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**CONSULTATION AGREEMENT**

You have agreed to pay JUSTICE LAW FIRM, PC a non-refundable flat fee of \$75.00 for a legal consultation. This fee is to compensate attorney for his/her time, as well as for loss of potential future business due to conflicts of interest that are likely to arise as a result of this legal consultation; the fee is deemed earned by the attorney immediately upon receipt. The fee is not related to the complexity of the problem or to the nature or content of the advice given. This fee is due at the time the appointment is scheduled, and this fee reserves your appointment time. If you do not give at least 24 hours notice of cancellation, the \$75.00 is non-refundable.

The attorney does not represent you during this consultation, but will advise you of whether or not a cause of action might exist, your legal options and potential remedies, potential consequences, and whether or not the attorney is willing and able to represent you in the matter at hand. The consultation alone does not create a fiduciary duty on the part of the attorney, and the attorney has no duty to follow up on your legal matter without further written agreement.

The attorney will offer advice to the best of his/her ability based upon the information that you provide and may not be able to advise you properly or thoroughly if you do not provide all of the information requested. With very few and limited exceptions, information you provide to us in regard to the subject matter of the legal consultation is kept strictly confidential. If you refuse to provide the basic information requested in the intake form, then the attorney will not be able to consult with you.

You may be advised in your consultation that you do not have a cause of action. If you are advised that a cause of action does exist, the attorney may or may not choose to represent you in the matter, taking into account factors such as the type of matter at hand, the time commitment involved compared with his/her current case load, the level of expertise required, and existing or potential conflicts of interest. Fees quoted by the attorney for representation will also depend upon such factors. You may receive a referral from our office; in that event, you understand that we are not responsible for the actions or inactions of another professional.

If it becomes necessary to consult with the attorney regarding another matter, another consultation fee will be charged. If you later need additional advice involving this same matter, you will be charged our regular hourly rate. There will be a \$40.00 fee for any returned checks, and you are responsible for all expenses associated with collection of funds, including attorney fees.

You also understand that the attorney you will be consulting with is not a tax specialist and has not agreed to render tax services.

Printed Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

How did you hear about our law firm?     phone book     internet     magazine ad

I'm a past client     referral from \_\_\_\_\_

other: \_\_\_\_\_