



Divorce without Minor Children Client Intake Form

Date: _____

Referred by: _____

PERSONAL INFORMATION

	Client	Spouse
Full name		
Date of Birth		
Age		
State of Birth		
Address		
Cell Phone #		
Home Phone #		
Work Phone #		
Email Address		
Social Security		
Driver's License #		
State Issued		
Occupational License		
Armed Forces Status		
Next of Kin and Phone #		

PHYSICAL DESCRIPTION

	Client	Spouse
Race		
Height		
Weight		
Eye color		
Hair color		
Glasses		
Distinguishing scars or tattoos		
Current restraining orders?		
Is carrying a weapon a condition of employment?		

MARRIAGE INFORMATION

Place of Marriage (City, County, & State)		
Date of Marriage		
Date of Separation		
How long have you lived in Michigan?		
How long have you lived in the county?		
	Client	Spouse
No. of previous marriages		
Maiden Name		
Name before marriage		

Does wife desire name change? _____
If yes, to what? _____

Is there a prenuptial or postnuptial agreement? _____
If yes, to do you have a copy to attach? _____

Is wife pregnant? _____
If yes, when is the due date? _____

Do you or your spouse have children from prior relationship?

Full Name	Date of Birth	Age	Social Security #	Client or spouse

PRIOR LITIGATION

Are there any prior divorce filings between the parties? _____
If yes, indicate when and where filed, status of case, case number, and the name of the judge: _____

Are there any prior custody filings involving you, your spouse, or other family members? _____
If yes, indicate when and where filed, status of case, case number, and the name of the judge: _____

Does anyone else claim custody over your children via a court order? _____
If yes, indicate when and where filed, status of case, case number, and the name of the judge: _____

Is there presently on file a case where one of the parties is currently paying support for another child not of this marriage? _____
If yes, indicate when and where filed, status of case, case number, and the name of the judge: _____

FAMILY HEALTH AND SOCIAL ISSUES

Do you, your spouse, or your children have any serious physical or mental disability, disorder, handicap or incurable disease? _____

If yes, please explain: _____

Do you, your spouse, or your children have any problem with substance abuse (drugs or alcohol)? _____

If yes, please explain: _____

Do you or your spouse have any interest in another person? _____

Do you or your spouse have a problem with debt? _____

Do you or your spouse have a problem with gambling? _____

Have you and your spouse attended marriage counseling? _____

Have you or your spouse attended individual counseling? _____

What is your attitude toward reconciliation? _____

Do you or your spouse receive ADC? _____
If yes please provide the Case Worker and Case Number: _____

Have you or your spouse ever been arrested, convicted, imprisoned, or placed on probate? _____

If yes, please explain: _____

Is there a history of physical or emotional abuse? _____

If yes, please explain: _____

EMPLOYMENT

	Client	Spouse
Employer		
Employer's Address		
Date of hire		
Occupation		
Weekly gross pay		
Weekly net pay		
Pension		
Yearly bonus		
Profit sharing		
Awards		
Income last year		
Prior employer		
Address		

Other income sources (pension, retirement, public assistance or ADC, veteran's benefits, Social Security, annuity funds):

Type	Gross Per year	In whose name

EDUCATION

	Client	Spouse
Highest Degree obtained		
High School name		
Date graduated or GED		
University/College name		
Degree		
Date graduated		
Additional Training		

Did either spouse contribute to the education of the other? _____

If yes, please explain: _____

ASSETS

(Attach additional sheets if necessary)

Real Property:

	Property 1	Property 2
Address		
Date of purchase		
Purchase price		
Mortgage Company		
Account Number		
In whose name		
Monthly payment		
Balance owing		
Paid by		
Land contract		

In whose name		
Home equity loan		
Account Number		
In whose name		
Approximate value		
Amount of taxes		
Are taxes in escrow		

Vehicles (cars, boats, trailers, motorcycles, snowmobiles, etc.)

	Vehicle 1	Vehicle 2	Vehicle 3
Year			
Make			
VIN			
Whose name			
Who drives			
Price			
Monthly payment			
Lien holder			
Balance due			

Bank Accounts and Credit Union Accounts

	Account 1	Account 2	Account 3
Name of Bank			
Account Number			
Type of Account			
Signatories			
Source of money			
Balance			

Individual Retirement Accounts (IRAs)

	Account 1	Account 2	Account 3
Financial institution			
Account Number			
Balance			
In whose name			

Retirement Plans, Pensions, Keoghs, 401(k) Plans, Profit-sharing Plans
Stock Bonus or Option Plans, etc.

	Account 1	Account 2	Account 3
Financial institution			
Employer			
Name of Plan/Type			
Account Number			
Value			
In whose name			
Is the plan vested			

Corporate Stocks, Bonds, Notes, Securities, Bills, Brokerage Accounts

	Account 1	Account 2	Account 3
Investment Firm			
Broker Name			
Type of Investment			
Type of Account			
Account No.			
In whose name			
Purchase price			
Current Value			

Patents, Inventions, Copyrights, etc.

Do you or your spouse have any patents, inventions, copyrights, etc.? _____

If yes, please explain: _____

Life Insurance

	Client	Spouse
Name of Insurer		
Name of Insured		
Name of Beneficiary		
Term or Whole Life		
Policy Number		
Amount of Policy		
Cash Surrender Value		
Loans Against Policy		

Business Interest (Corporations, Partnerships, Sole Proprietorship, etc.)

	Business 1	Business 2
Name of Business		
Type of Business		
Type of Ownership Interest		
Value of Interest		
Initial Investment Amount		
Initial Investment Date		
Additional Investment Amount		

Community Property

Have you ever lived in a state that has a community property law (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin)? _____

If so, provide details and the status of assets brought into Michigan:

Miscellaneous Assets

	Client	Spouse
Jewelry and Value		
Art work and Value		
Antiques and Value		
Coins and Value		
Collectable and Value		
Inheritance and Value		
Annuities and Value		
Safe Deposit Box and Location		
Accounts Receivables and Value		

Trust Beneficiary

Are you or your spouse the beneficiary under any trust?

If yes, please provide details: _____

Assets Held at Time of Marriage

Please list any premarital assets brought into the marriage. _____

LIABILITIES

Credit Cards, Education Loans, Personal Loans, etc.

Creditor	Account #	Type of debt	Balance	Borrower

Delinquent Indebtedness:

	Yes or No	How much?	How long overdue?
Mortgage			
Property taxes			
Income taxes			
Vehicle Loans			
Credit Cards			
Business Debt			
Child Support			
Spousal Support			
Other			

Needed Documents

The items checked below are needed to complete your divorce case file. Please collect the items that have been checked and bring in copies or the originals to the office as soon as possible.

Items needed	Date received
Tax returns with schedules and W-2 for last 2 years.	
Paycheck stubs - last two months for client.	
Paycheck stubs - last two months for spouse.	
Mortgage statement(s) for all real property.	
Most recent property tax bill(s) for all real property.	
Pension or retirement account statements for client.	
Pension or retirement account statements for spouse.	
Vehicle titles for all vehicles.	
Life insurance policy statement.	
Most recent bank statements.	
Most recent investment statements.	
Prenuptial or postnuptial agreements.	