

Date: _____

INITIAL INTAKE INFORMATION SHEET

What is your visit regarding:

- dissolution of marriage;
- post-dissolution of marriage;
 - child custody;
 - child support;
 - alimony;
 - other

-
- paternity;
 - domestic violence
 - other: _____

THE PARTIES

Your Name: _____ Age: _____ D/O/B: _____

Drivers License #: _____ SSN: _____

Address: _____

Phone: Hm _____, Wk _____, Cell _____

Fax (if any) _____, E-Mail _____

Length of residence in Florida: _____

Send Mail to: _____

(IF YOU DO NOT WANT MAIL SENT TO ABOVE ADDRESS)

Other Party: _____ Age: _____ D/O/B: _____

Drivers License #: _____ SSN: _____

Address: _____

Phone: Hm _____, Wk _____, Cell _____

Fax (if any) _____, E-Mail

Length of residence in Florida: _____

Date of Marriage: _____; Place of
Marriage: _____

Date of Final Separation (if any): _____

Opposing Counsel (if any/if known):

EMPLOYMENT

Your Employer:

Supervisor: _____; Length at employment:

Pay Per Month (Net): _____; Overtime: Rate _____,
frequency _____

Bonuses: ()Yes ()No, last amount: _____, date: _____

Other work

experience: _____

Other Party's Employer:

Supervisor: _____; Length at employment:

Pay Per Month (Net): _____; Overtime: Rate _____,
frequency _____

Bonuses: ()Yes ()No, last amount: _____, date: _____

Other work

experience: _____

DEFERRED COMPENSATION PENSION PLAN

Yours: _____ last statement amount: _____
 Other Party's: _____ last statement amount: _____

CHILD(REN):

Name	Date & Place of Birth	Current residence

Children's addresses last five (5) years

From	To	Address	With whom?

Children of previous relationship/marriage for which support is currently being paid:

Name	Age	Court	Amount	IDO?

HEALTH ISSUES

Doctor's name	Patient	Health Issue

Marriage counseling?

INSURANCE:

	Company Name	Premium	Payor
Health			
Dental			
Life			

AGREEMENTS:

Antenuptial Agreement ()Yes ()No, If yes: Date: _____
 Modifications: ()Yes ()No, if yes, when and what

Postnuptial Agreement ()Yes ()No, If yes: Date: _____
 Modifications: ()Yes ()No, if yes, when and what

ASSETS:

Accountant:

Stock Broker:

Insurance Agent:

Real Estate:

Title	Description (street & legal)	Purchase date

Special Equity in “jointly held” property; (details and amount claimed):

PERSONAL PROPERTY:

Item	Yes	No	Value (estimated)
Auto			
Boat			
Furniture			
Stocks			
bonds			
bank accounts			
corporations			
Trusts			
Collectibles			
Other			

LIABILITIES:

Creditor	Amount owed	Monthly payment	Security

MISCELLANEOUS:

Paramour? ()Yes ()No, If yes, were marital funds dissipated?

Bankruptcy? ()Yes ()No, If yes,
Date: _____

Maiden Name Restored? ()Yes ()No, If yes, name: _____

Pending or Potential Litigation (for either party)

Who **What**

Who	What

Complaints with Law Enforcement Agencies

Who **What**

Who	What

Domestic Violence Actions:

Who **What**

Who	What

Injunctions (Restraining Order):

Who **Facts** **Dates** **Medical Details**

Who	Facts	Dates	Medical Details

TRIAL WITNESSES:

(List only those reasonably expected to be called)

On behalf of you:

Name/Address	Testimony Summary	Expert
		()Yes ()No
		()Yes ()No
		()Yes ()No
		()Yes ()No
		()Yes ()No

On behalf of other party:

Name/Address	Testimony Summary	Expert
		()Yes ()No
		()Yes ()No
		()Yes ()No
		()Yes ()No
		()Yes ()No

TRIAL EXHIBITS:

On behalf of you:

Description	Exhibit No.	Objection
		()Yes ()No
		()Yes ()No
		()Yes ()No
		()Yes ()No

On behalf of other party:

Description

Exhibit No.

Objection

		()Yes ()No
		()Yes ()No
		()Yes ()No
		()Yes ()No