

DIVORCE CLIENT INTAKE FORM

Date: _____

Please print and fill out form. You may return by email or mail.

Email: franklinparalegals@gmail.com

Mail: FPS • P.O. Box 814 • Coupeville • WA 98239

For Office Use Only Date _____

- DS With Children \$475.00
- DS Without Children \$375.00

Additional Orders: _____

Fee to start paperwork: _____

Due upon completion: _____

1. STATISTICAL INFORMATION :

CLIENT :

Client Name: _____

Client's Maiden Name: _____

Address: _____

County: _____

Phone: _____

Email Address: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Drivers License number and state issued: _____

Race: _____

Occupation: _____

Number of Previous Marriages: _____

How were marriages terminated? _____

Current Military Service? If yes which branch _____

Education: (Highest level completed) _____

S P O U S E :

Spouse's Name: _____

Spouse's Maiden Name: _____

Address: _____

County: _____

Phone: _____

Email Address: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Drivers License number and state issued: _____

Race: _____

Occupation: _____

Number of Previous Marriages: _____

How were the marriages terminated? _____

Current Military Service _____

Education: (Highest level completed _____

M A R R I A G E I N F O R M A T I O N :

Date of Marriage: _____

City and State Where Married: _____

Date of Separation: _____

CHILDREN'S INFORMATION: Names (oldest to youngest): Date(s) of Birth:

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

ADDRESSES: (Where and with whom the children have lived for the last 5 years)

2. DEBTS OF THE MARRIAGE:

Name of Creditor	Amount Owed	Who Will Pay Debt

(Attach additional sheet if necessary)

3. REAL ESTATE:

1. Real Estate located at: _____

Who owns the property? _____

Debt Amount: _____

Lender's name and address: _____

Account Number: _____

Who will assume and pay debt: _____

2. Real Estate located at: _____

Who owns the property? _____

Debt Amount: _____

Lender's name and address: _____

Account Number: _____

Who will assume and pay debt: _____

4. PERSONAL PROPERTY: Please list all of the valuable items of personal property that will be, or may be in dispute, the value of each, and who should receive the property.

Property	Value	Who Receives the Property

5. EMPLOYMENT:

CLIENT

Employer: _____

Address & Telephone _____

Job Title: _____

Employed Since _____

Nature of Job _____

Base (monthly) _____

Gross monthly _____

Net Monthly _____

Deductions (monthly):

FICA _____

State _____

Federal _____

Other _____

SPOUSE

Employer: _____

Address & Telephone _____

Job Title: _____

Employed Since _____

Nature of Job _____

Base (monthly) _____

Gross monthly _____

Net Monthly _____

Deductions (monthly):

FICA _____

State _____

Federal _____

Other _____

6. FINANCIAL/BANKING ACCOUNTS:

Client: _____

Spouse: _____

7. ATTORNEY FEES/COURT COSTS:

How will attorney fees be paid? _____

Who will be responsible for Court costs? (Split, Client, or Spouse) _____

8. AUTOMOBILES:

Client's: Make Model Year Amount of Debt Lender Value

Spouse's: Make Model Year Amount of Debt Lender Value

9. OTHER VEHICLES: Boats, ATVs, Jet Ski, Tractors, Riding Lawnmowers

Name Debt Who will assume debt and item(s)?

10. RETIREMENT: 401K, IRAs, Stocks and Bonds:

1. Type of account: _____

Name of account: _____

Owner of account: _____

2. Type of account: _____

Name of account: _____

Owner of account: _____

11. RESTORATION OF MAIDEN NAME?

12. I N S U R A N C E:

H u s b a n d

Company: _____

Policy No.: _____

W i f e

Company: _____

Policy No.: _____

13. C H I L D S U P P O R T W O R K S H E E T a n d P A R E N T I N G P L A N

I N F O R M A T I O N:

NUMBER OF DAYS IN CUSTODY OF EACH PARENT:

Child's Name: _____

of days with Mother: _____ # of days with Father: _____

Child's Name _____

of days with Mother: _____ # of days with Father: _____

Child's Name: _____

of days with Mother: _____ # of days with Father: _____

Child's Name: _____

of days with Mother: _____ # of days with Father: _____

Child's Name: _____

of days with Mother: _____ # of days with Father: _____

H E A L T H I N S U R A N C E: (who will provide health insurance for children)

PAID BY: _____

C H I L D C A R E C O S T S:

PAID BY: _____

PAID BY: _____

RECURRING MEDICAL EXPENSES:

OTHER EXPENSES ROUTINELY PAID:

Such as music, private school, athletics etc. describe

SUPPORT OF OTHER CHILDREN

If you or your spouse are supporting other children, please provide their names, dates of

birth, amounts paid, and Docket #:

ADDITIONAL INFORMATION
