

FAMILY LAW INTAKE FORM

Please complete the following to assist us in conducting your consultation

Date: _____

Referred by: _____

GENERAL INFORMATION:

1. _____ SSN: _____
First Middle Last

2. Current home address

Street Address City County State Zip

How long have you resided there? _____ Who resides with you? _____

May we send mail to the address above? (Circle one) YES or NO If no, please list an address where you can receive mail:

Address City State Zip

3. How long have you resided in Florida? _____
If you are not a citizen of the United States, from what country do you claim citizenship? _____
What type of Visa do you have? _____ Name of your immigration attorney, if any:

4. Telephone Numbers (Please CIRCLE preferred phone for contact)
Home: _____ Work: _____
Cell: _____ Fax: _____

5. Email: _____ Driver's License No.: _____

6. Date of Birth: _____ Where were you born? _____

EDUCATION:

7. Your highest level of education: _____ Where did you attend school, college or technical institute? _____

8. Your spouse's highest level of education: _____ Where did your spouse attend school, college or technical institute? _____

HEALTH:

9. Please describe your health: Excellent Good Fair Poor
Explain if Fair or Poor:

10. Are you taking any prescription medications? YES or NO
If yes, please describe:

*** Please provide your Driver's License to staff member with this completed form for a copy to be made to prove residency.**

11. Are you currently or have you ever sought counseling? YES/ NO If yes, please explain below:

EMPLOYMENT:

12. _____
Name of Employer Monthly Net Earnings

Employer's Address

Position Length of Employment

Name of Previous Employer:

Position Length of Employment Income/Rate of Pay

MILITARY:

13. Are you or your spouse currently enlisted in the military or have you or your spouse ever served in the military? YES or NO If yes, please provide details of service:

HEALTH INSURANCE:

14. Do you have health insurance coverage? (Circle) YES or NO
Who is covered under said plan? _____

Circle the insurance coverage: MEDICAL DENTAL OPHTHAMOLOGICAL
RX COUNSELING OTHER (please describe)

LIFE INSURANCE:

15. Do you have life insurance (Circle) YES or NO If so, please state the amount of coverage: \$ _____ Who is the beneficiary? _____

RETIREMENT PLAN:

16. Do you participate in a retirement, 401k or stock option plan through your job? (Circle) YES or NO
What type of plan is it? _____ What date did you begin to contribute _____
Estimated value/balance of said plan(s)? _____

17. Do you have any IRA(s) or other retirement accounts? YES or NO
If yes, please describe:

SPOUSE:

18. _____ SSN: _____
First Middle Last

Spouse's current home address

Street Address City County State Zip Date of Birth

19. **SPOUSE'S EMPLOYMENT:**

Name of Employer	Monthly Net Earnings
Employer's Address	
Position	Length of Employment
Income/Rate of Pay: _____	
Name of Previous Employer:	

Position: _____	Length of Employment _____
Income/Rate of Pay: _____	

SPOUSE'S HEALTH INSURANCE:

20. Does your spouse have health insurance coverage?
(Circle) YES or NO
Who is covered under said plan? _____

Circle the insurance coverage: MEDICAL DENTAL OPTHAMOLOGICAL
RX COUNSELING OTHER (please describe)

SPOUSE'S LIFE INSURANCE:

21. Does your spouse have life insurance (Circle) YES or NO If so, please state the amount of coverage: \$_____ Who is the beneficiary? _____

SPOUSE'S RETIREMENT PLAN:

22. Does your spouse participate in a retirement, 401k or stock option plan through his/her job?
(Circle) YES or NO
What type of plan is it? _____ What date did you begin to contribute _____
Estimated value/balance of said plan(s)? _____

23. Does your spouse have any IRA(s) or other retirement accounts? YES or NO
If yes, please describe:

SPOUSE'S HEALTH:

24. Please describe the health of your spouse: Excellent Good Fair Poor
Explain if Fair or Poor:

25. Is he or she taking any prescription medications? YES or NO If yes, please describe:

26. Has your spouse ever sought counseling? YES or NO If yes, please explain below:

MARRIAGE:

27. Date and place of your marriage: _____
City County State

28. Date of Separation (if currently separated): _____

29. Were you previously married? If so, how many times: _____ Was your spouse previously married? If so, how many times: _____ If a previous marriage was dissolved, where and when?

30. Have you and your spouse attended any marriage counseling: YES or NO
If yes, when? _____ Name of counselor _____

CHILDREN:

31. List the **full name, social security numbers, and dates of birth** for all minor children:

Do you have children from a previous marriage? YES or NO

Do any reside with you? YES or NO If so, please state their names and ages:

Do you receive child support? YES or NO If yes, how much? _____

32. List the places/addresses where each child has lived within the past five (5) years, and the names and present address of the persons with whom each child has lived during that period. Start with the children's present address and work backwards five (5) years.

From	To	Address	With Whom
Example:			
2/1/04	Present	123 Main Street, Orlando, FL	Both Parents

33. If you have participated as a party, witness, or in any other capacity in any litigation concerning the custody and/or support of the children, describe that litigation in full:

City and State where litigation took place

Name of the Court

Case Number

Date litigation commenced

Date and Description of any Order entered

Do any of the children from this marriage suffer from any health problems or any type of medical condition? YES or NO

If so, please state which child and his/her condition along with any treatment/medication needed:

34. Do you want to be the primary residential parent? YES or NO Why?

REAL PROPERTY:

35. Do you own any real property (Circle) YES or NO

If so, please check the applicable:

House ____ Townhouse ____ Lot ____

Condo ____ Timeshare ____ Mobile Home ____

36. List the following information for all real property owned:

(A) _____ Jointly held with your spouse? YES / NO
Address

Fair Market Value \$ _____ Balance of any Mortgages: \$ _____

(B) _____ Jointly held with your spouse? YES / NO
Address

(C) _____ Jointly held with your spouse? YES / NO
Address

37. Do you have any funeral plots? YES or NO If so, how many and where?

38. List your automobile(s)

Make	Model	Year	Name(s) of Title
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Spouse's automobile(s)

Make	Model	Year	Name(s) of Title
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Other vehicle(s) (i.e. boat, motorcycle, ATV, jet ski, etc)

39. Do you think that you and your spouse will be able to amicably divide your personal property?

YES or NO

List any personal property in dispute?

40. How much debt has been acquired during the marriage which needs to be distributed (excluding mortgages)?

41. Do you (or your spouse) want to change her (your) last name?

Maiden Name

New Name

If so, have you ever filed for bankruptcy, do you have any judgments against you, or have you ever been convicted of a felony? YES or NO If so, please describe:

42. Is there a history of domestic violence between you and your spouse? Where? When?

43. Do you or your spouse have any history of drug or alcohol problem? YES or NO
If yes, please describe: _____

44. Have you or your spouse had any diagnosed mental health issues? YES or NO
If yes, please describe: _____

45. Reason for dissolution?

45. What are your goals?

*Thank you for the opportunity to assist you,
The Law Offices of Dana Bowie, P.A.*