

DATE: \_\_\_\_\_

**LAW OFFICE OF STEPHEN ROSS**  
**DOMESTIC MATTER - INTAKE SHEET**

**CLIENT INFORMATION:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M\_\_F\_\_  
Last First Middle (Maiden)

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City County State Country

Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Gross Monthly Pay: \_\_\_\_\_ Paid:  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Marital Status:  Married  Single  Divorced  Widowed

Spouse's Name: \_\_\_\_\_ Spouse's DOB: \_\_\_\_\_  
(If opposing party is spouse, write "see below")

**OPPOSING PARTY INFORMATION:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M\_\_F\_\_  
Last First Middle (Maiden)

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City County State Country

Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Gross Monthly Pay: \_\_\_\_\_ Paid:  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Marital Status:  Married  Single  Divorced  Widowed

Spouse's Name: \_\_\_\_\_ Spouse's DOB: \_\_\_\_\_

(If client is Spouse, write "see above")

**MARITAL INFORMATION:**

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_  
City County State

Date of Separation: \_\_\_\_\_ Place of Separation: \_\_\_\_\_  
City County State

Place of Marital Residence: \_\_\_\_\_  
Address City County State

**CHILDREN:**

1. Full Name: \_\_\_\_\_  
First Middle Last

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City County State

2. Full Name: \_\_\_\_\_  
First Middle Last

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City County State

3. Full Name: \_\_\_\_\_  
First Middle Last

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City County State

4. Full Name: \_\_\_\_\_  
First Middle Last

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City County State

Where do the children reside? \_\_\_\_\_ With Whom: \_\_\_\_\_

Who presently provides the health insurance for the child(ren)? Client or Spouse Monthly Fee: \$ \_\_\_\_\_

**PROPERTY OF PARTIES:**

Is your property already divided by agreement? YES or NO  
Do you own vehicles YES or NO  
Do you own a house? YES or NO  
Does either party have retirement benefits/stocks of any kind? YES or NO or NOT SURE

**DEBTS OF PARTIES:**

Are your debts already divided by agreement? YES or NO  
Do you have vehicle loans YES or NO or NOT SURE  
Do you have a mortgage? YES or NO or NOT SURE  
Are there liens on your home other than primary mortgage? YES or NO or NOT SURE  
Do you have credit cards with balances? YES or NO or NOT SURE  
Does either party have any individual credit cards? YES or NO or NOT SURE

**OTHER INFORMATION:**

Does your case involve allegations of:

Physical Violence	_____
Criminal Record	_____
Adultery	_____
Use of Illegal Drugs	_____
Child Abuse	_____
Financial Problems	_____

If Physical violence, has a Protective Order ever been Issued? YES or NO  
If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with a crime other than traffic tickets? YES or NO  
If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

Has the opposing party ever been charged with a crime other than traffic tickets? YES or NO  
If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

Have you been involved with any Family Law proceeding with any Court? YES or NO  
If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

Have you ever filed Bankruptcy? YES or NO  
If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

Have you or anyone associated with this case been the subject of a: (circle any applicable)

- a) Protective Order
- b) Restraining Order
- c) Child Protective Services Investigation
- d) Mental Health Professional Treatment
- e) Questionable Paternity Status
- f) Substance Abuse Treatment
- g) Welfare or Aid to Families with Dependent Children
- h) Common-Law or Informal Marriage
- i) Termination of Parental Rights
- j) Prenuptial Agreement or Partitioning Agreement
- k) Personal Injury Lawsuits

If any circled, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Uncontested Divorce | <input type="checkbox"/> Contested Divorce | <input type="checkbox"/> Child Custody    | <input type="checkbox"/> Child Support          |
| <input type="checkbox"/> Alimony             | <input type="checkbox"/> APL               | <input type="checkbox"/> Protective Order | <input type="checkbox"/> Equitable Distribution |
| <input type="checkbox"/> Attorney Fees       | <input type="checkbox"/> PSA               | <input type="checkbox"/> Waiver           | <input type="checkbox"/> Alternative service    |

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Retainer: \_\_\_\_\_ Court Costs: \_\_\_\_\_ Total Retainer: \_\_\_\_\_ Down Payment: \_\_\_\_\_