

### **DIVORCE INTAKE FORM**

<b>CONFIDENTIAL INTAKE INFORMATION</b>	Interview Date _____	Initial Consultation Fee _____
	Conflict Check _____	Conflict Check Date _____
	Rate Quoted _____	Estimate Quoted _____
	Down Payment Quoted _____	Down Payment Paid _____
	Retainer Signed _____	Date Retained _____
	Strategy Session _____	Entered MyCase _____
	Follow up sent _____	Non-engagement sent _____
	90 Day Credit Date _____	DCR _____

Today's Date: \_\_\_\_\_

Please complete this form as completely and accurately as you can. All information that you provide will be held in strict confidence. Please use additional sheets, if necessary.

### **ABOUT YOU:**

Your Full Legal Name: \_\_\_\_\_

Other names used in past: \_\_\_\_\_

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

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

Mailing Address if different: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

- I authorize emails concerning my case.
- I authorize emails of general interest from the Law Office of Tonya N. Gibbs, PLC

Languages Speak Fluently  English  Spanish  Other \_\_\_\_\_ Primary Language \_\_\_\_\_

May we contact you concerning your case via:  Phone  Text Message

Preferred Method(s) of Contact: \_\_\_\_\_

Employer: \_\_\_\_\_

Monthly Income Amount: \_\_\_\_\_ Other Source of Income: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN# \_\_\_\_\_

Driver's License#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Highest Level of Education Completed:  Highschool  Some College  2 year degree  4 year degree  Graduate School  Post-graduate school  Technical/Vocational  Did not finish highschool  Other \_\_\_\_\_

Military:  Yes  No Branch: \_\_\_\_\_ Active  Reservists  Retired  N/A

### **THE CURRENT PROBLEM IS:** (Check all that apply)

- \_\_\_ Pre-Divorce Information      \_\_\_ Divorce Information      \_\_\_ Establish Paternity
- \_\_\_ Establish Child Support      \_\_\_ Modify Child Support      \_\_\_ Enforce Child Support
- \_\_\_ Enforce Divorce Order      \_\_\_ Second Opinion      \_\_\_ Other \_\_\_\_\_
- \_\_\_ Need Domestic Violence Order      \_\_\_ Violation of Domestic Violence Order      \_\_\_ Unsure

**DETAILS REGARDING THE RELATIONSHIP AT ISSUE:** (Check all that apply)

Describe your relationship with the Opposing Party:

- \_\_\_ Amicable      \_\_\_ Don't Get Along      \_\_\_ Intensely Hostile
- \_\_\_ Emotional Cruelty      \_\_\_ Potentially Violent      \_\_\_ History of Violence
- \_\_\_ Adultery      \_\_\_ Financial /other misrepresentations or fraud

**EMERGENCY ORDERS:** (If applicable)

I FEEL I NEED EMERGENCY ORDERS BECAUSE:

My spouse is VIOLENT. He or she has:

- Actually hit me or threatened to cause me physical harm.
- Actually hit the CHILD(REN) or threatened to cause the CHILD(REN) physical harm.
- Threatened me or a member of my family with a weapon.
- I believe my spouse will continue to actually hit me and carry out the threats.
- I fear for my personal safety and or safety of my child(ren).
- My spouse abuses:  alcohol  drugs
- My spouse has threatened to take our children away.

**INFORMATION ABOUT MY SPOUSE, FORMER SPOUSE OR MY CHILD(REN'S) OTHER PARENT (the other party)**

NAME: \_\_\_\_\_

Other names used in past: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN# \_\_\_\_\_

Driver's License#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Physical Descript.: Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Race \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name, Address & Phone: \_\_\_\_\_

Salary: \_\_\_\_\_

List any other sources of income, property, or financial resources that you are aware of: \_\_\_\_\_  
\_\_\_\_\_

Spouse's or Other Party's Attorney (if applicable): \_\_\_\_\_

**MARRIAGE & FAMILY INFORMATION:**

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_ Pregnant?  Yes  No

Please list minor children of this marriage/ relationship:

Child's Name	Date of Birth	Place of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there any other court proceeding(s) affecting your children?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILDREN OF PRIOR RELATIONSHIP(S):** (If applicable)

Are there minor children of a prior marriage/relationship(s)?  Yes  No

Are they residing with you?  Yes  No

Are you receiving support?  Yes  No Monthly \$ \_\_\_\_\_

Are you paying support?  Yes  No Monthly \$ \_\_\_\_\_

Child's Name	Date of Birth	Place of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**RESIDENCE OF CHILDREN**  
**(LIST ALL INFORMATION FOR LAST 5 YEARS):**

Dates of Residence	Address	Person child lived with	Relationship to child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PROPERTY:**

(Please attach additional sheets, if necessary)

**FINANCIAL/BANKING ACCOUNTS:**

Client: \_\_\_\_\_

Spouse: \_\_\_\_\_

**DEBTS OF THE MARRIAGE:**

Name of Creditor: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

Acct Number: \_\_\_\_\_

Who will pay debt? \_\_\_\_\_

**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: \_\_\_\_\_

**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? \_\_\_\_\_

\_\_\_\_\_

**AUTOMOBILES:**

Client's: \_\_\_\_\_

Make Model: \_\_\_\_\_

Year: \_\_\_\_\_

Amount of Debt: \_\_\_\_\_

Lender Value: \_\_\_\_\_

Spouse's: \_\_\_\_\_

Make Model: \_\_\_\_\_

Year: \_\_\_\_\_

Amount of Debt: \_\_\_\_\_

Lender Value: \_\_\_\_\_

**OTHER VEHICLES:**

Boats, ATVs, Jet Ski, Tractors, Riding Lawnmowers

Name: \_\_\_\_\_

Debt: \_\_\_\_\_

Who will assume debt and item?: \_\_\_\_\_

**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: \_\_\_\_\_

**RESTORATION OF FORMER/MAIDENNAME** – Yes or No

Former Name: \_\_\_\_\_

**INSURANCE:**

Husband Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Wife Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_

**COURT INFORMATION:** (If applicable)

List upcoming Court dates: \_\_\_\_\_

List County of Court: \_\_\_\_\_

List upcoming filing deadlines: \_\_\_\_\_

List urgent problems: \_\_\_\_\_

Have you filed a complaint, petition, motion or any other document related to this issue? Yes/No, List: \_\_\_\_\_

Has the Other Party filed a complaint, petition, motion or any other document related to this issue? Yes/No List: \_\_\_\_\_

Were you served with papers? Yes/No When? \_\_\_\_\_

Have you served Other Party with papers? Yes/No When? \_\_\_\_\_

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

- |   |  |   |
|---|--|---|
| 1 | a) Protective Order                        | g) Welfare or Aid to Families with Dependent Children |
| 2 | b) Restraining Order                       | h) Termination of Parental Rights                     |
| 3 | c) Child Protective Services Investigation | i) Personal Injury Lawsuits                           |
| 4 | d) Mental Health Professional Treatment    | j) Other Health or Physical Impairments               |
| 5 | e) Questionable Paternity Status           | k) Criminal Convictions                               |
| 6 | f) Substance Abuse Treatment               |   |

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

**ARE THE PARTIES IN AGREEMENT ABOUT THIS MATTER?:**

- 1. Are you and your spouse in agreement about this divorce?  Yes  No
- 2. Have you and your spouse lived separate and apart for at least 6 months, if you have no children or 12 months, if you have children?  Yes  No
- 3. Do you have a witness that can testify that you and your spouse have lived separate and apart for the period of time listed above?  Yes  No
- 4. If you have children, has custody, visitation, and support been settled or agreed too?  Yes  No
- 5. If custody, visitation and support, settled or agreed too, do you have a court order, or has the agreement been put in writing?  Yes  No
- 6. Are you and your spouse in agreement about the division of the property and debts?  Yes  No
- 7. If yes to #6, have you put the agreement in writing?  Yes  No
- 8. Will your spouse be willing to sign a waiver of service of the divorce documents to be filed with the court?  Yes  No  Unsure
- 9. Will either spouse want to pursue spousal support?  Yes  No  Unsure
- 10. Will you need to divide retirement accounts?  Yes  No  Unsure

**PLEASE CLASSIFY YOUR URGENCY IN CONCLUDING THIS MATTER:** (check one)

- Critical** – Personal safety or continuation of business depends on it; I have to be in court tomorrow.
- Very Important** – Severe hardship, personal or financial inconvenience, if matter is not resolved quickly.
- Important** – Matter interferes with business or personal financial stability.
- Needs to be done, but no immediate hardship or rush.
- Just thought I'd see if it was worth pursuing, but not ready to hire an attorney at this time.
- Just thought I'd see if it was worth pursuing and I am ready to hire an attorney.
- Just want to know my rights, I will get back to you if, I decide to pursue this.

**SOCIAL MEDIA:**

Do you use social media? Please check the following for each that you use:

- Facebook  Myspace  Twitter  Linkedin  Tagged  Other \_\_\_\_\_

**OTHER:**

1. Have you contacted any other attorneys concerning this matter? \_\_\_\_\_

2. If yes, what are the attorney's names? \_\_\_\_\_

3. What was the result of your contact with the other attorneys, if you did not hire them, why not? \_\_\_\_\_

Please list your three **main** concerns or questions regarding this issue:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

What are your expectations for the outcome of this matter? \_\_\_\_\_

What else would you like to tell us? \_\_\_\_\_

**ATTORNEY FEES/COURT COSTS:**

How will attorney fees be paid? \_\_\_\_\_

Who will be responsible for Court costs? (Client, Spouse, Relative, Other) \_\_\_\_\_

**HOW DID YOU HEAR ABOUT OUR LAW OFFICE?:**

- Referred by: \_\_\_\_\_
- Internet, Website (which website if you recall): \_\_\_\_\_
- Other: \_\_\_\_\_

**PLEASE ACKNOWLEDGE EACH OF THE FOLLOWING IMPORTANT STATEMENTS & SIGN BELOW:**

- I have completed this form as fully and accurately as possible and have not knowingly provided any false statements.
- I understand that to make the most out of my session, I must return this form within 48 hours of my appointment.
- I understand that my initial consultation or strategy session fee is due prior, to the start of the office session; if my session is conducted by phone, the fee must be received within 48 hours of my appointment or the appointment will automatically be cancelled.
- I understand that there are legal deadlines for filing and answering claims, and that The Law Office of Tonya N. Gibbs, PLC, does not agree to advise me of those deadlines based on the information in this Intake Form, and that The Law Office of Tonya N. Gibbs, PLC, does not agree to do anything on my behalf at this time.
- I understand that this form is for informational and assessment purposes only, is not a contract for legal services and does not constitute an agreement to represent me. Representation, if so desired, shall be provided upon the execution of a formal written client agreement and payment of a deposit or fee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date