



CLIENT INTAKE FORM

Client

Spouse

Full name _____
First Middle Last

Full name _____
First Middle Last

Birth date _____

Birth date _____

Age _____

Age _____

Birth place _____

Birth place _____

Current Address:

Current Address:

Street Address and/or PO Box

Street Address and/or PO Box

Work phone _____

Work phone _____

Home phone _____

Home phone _____

Cell phone _____

Cell phone _____

Pager _____

Pager _____

E-mail address _____

E-mail address _____

Fax _____

Fax _____

Social Security no. _____

Social Security no. _____

Driver's License no. _____

Driver's License no. _____

State _____

State _____

Occupational License no(s). _____

Occupational License no(s). _____

Armed Forces status _____

Armed Forces status _____

Next of kin _____

Next of kin _____

Relation _____

Relation _____

Address _____

Address _____

MARRIAGE

Place _____
City/Village/Twp. County State/Foreign country

Date of marriage _____ Date of separation _____

Lived in Michigan 180 days? _____ County 10 days? _____

No. of *previous* marriages: yours _____ spouse _____

How terminated: yours _____ spouse _____

Maiden name _____

Name before this marriage _____

Does wife desire name change?

_____ Yes To what? _____

_____ No

Is there a prenuptial or postnuptial agreement?

_____ Yes Please attach a copy of the agreement.

_____ No

CHILDREN

1. Name _____ Birth date _____ Age _____

Living with _____ Client _____ Spouse Social Security no. _____

School _____ Grade _____

2. Name _____ Birth date _____ Age _____

Living with _____ Client _____ Spouse Social Security no. _____

School _____ Grade _____

3. Name _____ Birth date _____ Age _____

Living with _____ Client _____ Spouse Social Security no. _____

School _____ Grade _____

4. Name _____ Birth date _____ Age _____

Living with _____ Client _____ Spouse Social Security no. _____

School _____ Grade _____

Residence of the children during the last five years:

<i>Where</i>	<i>With whom</i>	<i>How long</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is wife pregnant?
____ Yes When is birth expected? _____
____ No

Name of health care insurance provider for children _____
Policy, group, or contract number _____
Paid by whom? _____
Coverage: Medical _____ Dental _____ Optical _____ Other _____

Does your / your spouse's health insurance require that you/he/she have the children as dependents to continue health insurance for them? (Check with employer benefits office.)

Child care
____ Yes How many weeks per year? _____
 Paid by whom? _____
 Cost per week During school _____ Summer _____
____ No

Are you *paying* or *receiving* support for other children (circle one)?
____ Yes How much per week? \$ _____ No. of children _____
____ No

Is your spouse *paying* or *receiving* support for other children (circle one)?
____ Yes How much per week? \$ _____ No. of children _____
 Provide copies of the court support orders.
____ No

Does either party have children from a prior relationship?

Name _____ Birth date _____ Age _____
Living with ____ Client ____ Spouse Social Security no. _____
Address: _____

Name _____ Birth date _____ Age _____
Living with ____ Client ____ Spouse Social Security no. _____
Address: _____

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Name _____ Birth date _____ Age _____
Living with _____ Client _____ Spouse _____ Social Security no. _____
Address: _____

CUSTODY AND SUPPORT

How are the “best interests of the children” served regarding custody? (Who should have custody and why?)

If you and your spouse have agreed on custody, describe.

Do you know of anyone else who claims parenting time rights with your children?

_____ Yes State the person’s name, address, and relationship. _____

_____ No

Has support been paid since separation?

_____ Yes How much per week/month? \$ _____

_____ No

If you and your spouse have agreed on child support, how much per week? \$ _____

Have you or your spouse applied for or current receive public assistance? _____

If yes, please specify who and what kind. _____

Please list AFDC and Recipient Identification Numbers. _____

PRIOR LITIGATION

Have you or your spouse previously filed for divorce, custody, etc. against the other party, in this county or elsewhere?

_____ Yes If yes, please provide the following:

Case Number: _____

County: _____

Judge: _____

Status of Case: _____

_____ No

Has there been any previous domestic relations case filed involving you and/or your spouse or any other family member?

_____ Yes If yes, please provide the following:

Case Number: _____

County: _____

Judge: _____

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Status/Outcome of Case: _____

____ No

Does anyone else claim custody over children of you or your spouse?

____ Yes If yes, please provide the following:

Case Number: _____

County: _____

Judge: _____

Status of Case: _____

____ No

Is there an order/judgment for continuing jurisdiction over children of you or your spouse for any other reason?

____ Yes If yes, please provide the following:

Case Number: _____

County: _____

Judge: _____

Status of Case: _____

____ No

Is there presently on file a case where one of the parties is currently paying support for another child not of this marriage?

____ Yes If yes, please provide the following:

Case Number: _____

County: _____

Judge: _____

Status of Case: _____ No

____ No.

FAMILY HEALTH AND SOCIAL ISSUES

Do you, your spouse, or your children have:

- any serious physical or mental disability, disorder, handicap or incurable disease?

____ Yes Please explain. _____

____ No

- any problems with substance abuse (drugs, alcohol)?

____ Yes What type of drugs? _____

What treatment and by whom? _____

When? _____

Place of treatment _____

____ No

Any particular interest in another person by either party

Any problems with debts _____ Gambling _____

Any marriage counseling _____

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Personal counseling (yours/spouse's) _____

Would you begin or continue counseling? _____

Would you sign a waiver of confidentiality so that we may have access to your records?

_____ Yes _____ No

Attitudes (yours/spouse's) toward reconciliation

Are you or your spouse receiving ADC?

_____ Yes Caseworker _____ Case no. _____

_____ No

PHYSICAL INJUNCTION INFORMATION

What physical abuse, if any, has occurred and on what dates?

Has either spouse ever been arrested, convicted, imprisoned, or placed on probation?

_____ Yes Explain. _____

_____ No

PHYSICAL DESCRIPTION OF CLIENT

Race _____ Height _____ Weight _____ Eye color _____ Hair color _____

Glasses

_____ Yes Worn all the time? _____ Yes _____ No

_____ No

Mustache/beard

_____ Yes Color _____

_____ No

Distinguishing scars or tattoos _____

Any current restraining orders? _____

PHYSICAL DESCRIPTION OF SPOUSE

Race _____ Height _____ Weight _____ Eye color _____ Hair color _____

Glasses

_____ Yes Worn all the time? _____ Yes _____ No

_____ No

Mustache/beard

_____ Yes Color _____

_____ No

Distinguishing scars or tattoos _____

Any current restraining orders? _____

Is carrying a weapon a condition of his/her employment?

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_____ Yes _____ No

EMPLOYMENT

Client

Spouse

Employer _____

Employer _____

Address _____

Address _____

Date of hire _____

Date of hire _____

Occupation _____

Occupation _____

Weekly gross pay _____

Weekly gross pay _____

Weekly take home _____

Weekly take home _____

Pension _____

Pension _____

Early retirement benefits _____

Early retirement benefits _____

Signing bonus or any special payment

Signing bonus or any special payment

Profit-sharing _____

Profit-sharing _____

Recognition or other awards _____

Recognition or other awards _____

Income last year _____

Income last year _____

Please attach a copy of your last three pay stubs. Indicate if any deductions are mandatory (other than taxes), for example, union dues, pension, etc. Please attach the last two income tax returns (personal and business) with their schedules and W-2 forms.

Previous Employer _____

Previous Employer _____

Address _____

Address _____

Annual Income _____

Annual Income _____

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Other income sources (pension, retirement, public assistance or ADC, veterans' benefits, Social Security, annuity funds):

1. Type (wage/dividend) _____
Gross per year _____ In whose name _____
2. Type (wage/dividend) _____
Gross per year _____ In whose name _____
3. Type (wage/dividend) _____
Gross per year _____ In whose name _____

EDUCATION

Client

Spouse

Highest degree obtained _____ Highest degree obtained _____

High school _____ High school _____
Date of diploma or GED _____ Date of diploma or GED _____

Univ./College _____ Univ./College _____
Degree _____ Degree _____
Date obtained _____ Date obtained _____

Univ./College _____ Univ./College _____
Degree _____ Degree _____
Date obtained _____ Date obtained _____

Additional training _____ Additional training _____

Did either spouse contribute to the education of the other?

____ Yes Describe. _____
____ No

ASSETS

(Attach additional sheets if necessary.)

A. Real property

Resident address _____
Date purchased _____ Purchase price _____
Mortgage Co. _____ Account no. _____ In whose name _____
Monthly payments _____ Balance due _____
Paid by _____ Husband _____ Wife _____ Both _____
Land contract _____ In whose name _____
Home equity loan _____ Account no. _____ In whose name _____
Amount of property taxes _____ Are they included in monthly payment? _____
Who will reside in the home during the divorce? _____ Husband _____ Wife _____ Both _____
Who will make payments during the divorce? _____ Husband _____ Wife _____ Both _____
Who will retain the home after the divorce? _____ Husband _____ Wife _____ Neither _____
Additional real estate
Address _____
Date purchased _____ Purchase price _____
Mortgage co. _____ Account no. _____ In whose name _____
Monthly payments _____ Balance due _____
Paid by _____ Husband _____ Wife _____ Both _____
Land contract _____ In whose name _____
Home equity loan _____ Account no. _____ In whose name _____
Amount of property taxes _____ Are they included in monthly payment? _____
Attach copies of deeds or land contracts.

B. Vehicles (car, boat, trailer, motorcycle, snowmobile, etc.)

1. Year/make _____
Vehicle identification number _____
In whose name _____ Possession _____
Purchase price _____ Monthly payments _____
Lien holder _____ Balance due _____
2. Year/make _____
Vehicle identification number _____
In whose name _____ Possession _____
Purchase price _____ Monthly payments _____
Lien holder _____ Balance due _____
3. Year/make _____
Vehicle identification number _____
In whose name _____ Possession _____

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- Purchase price _____ Monthly payments _____
 Lien holder _____ Balance due _____
4. Year/make _____
 Vehicle identification number _____
 In whose name _____ Possession _____
 Purchase price _____ Monthly payments _____
 Lien holder _____ Balance due _____
5. Year/make _____
 Vehicle identification number _____
 In whose name _____ Possession _____
 Purchase price _____ Monthly payments _____
 Lien holder _____ Balance due _____

C. Bank accounts or credit union accounts

1. Name of bank and branch _____
 Account number _____
 Type of account (savings, checking, money market) _____
 Signatories _____
 Source of monies _____ Balance _____
2. Name of bank and branch _____
 Account number _____
 Type of account (savings, checking, money market) _____
 Signatories _____
 Source of monies _____ Balance _____
3. Name of bank and branch _____
 Account number _____
 Type of account (savings, checking, money market) _____
 Signatories _____
 Source of monies _____ Balance _____

D. Individual retirement accounts

1. Financial institution _____
 Account number _____ Balance _____ In whose name _____
2. Financial institution _____
 Account number _____ Balance _____ In whose name _____

E. Retirement plans, pensions, Keoghs, 401(k) plans, profit-sharing plans, stock bonus or option plans, etc.(attach copies of plan descriptions and annual reports for each)

1. Employer or financial institution _____
 Name and type of plan _____ Vested _____
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- Value _____ Account no. _____ In whose name _____
2. Employer or financial institution _____
 Name and type of plan _____ Vested _____
 Value _____ Account no. _____ In whose name _____
3. Employer or financial institution _____
 Name and type of plan _____ Vested _____
 Value _____ Account no. _____ In whose name _____

F. Corporate stocks, bonds, notes, securities, bills, brokerage accounts

1. Name of broker and firm holding investments _____
 Type of investment _____
 Account no. _____ In whose name _____
 Type of account (savings, checking, money market) _____
 Purchase price _____ Current value _____
 What was source of stock or funds to purchase? _____
2. Name of broker and firm holding investments _____
 Type of investment _____
 Account no. _____ In whose name _____
 Type of account (savings, checking, money market) _____
 Purchase price _____ Current value _____
 What was source of stock or funds to purchase? _____

G. Patents, inventions, copyrights, etc.

H. Life insurance

Client

Spouse

Name of insurer _____

Name of insurer _____

Name of insured _____

Name of insured _____

Name of beneficiary _____

Name of beneficiary _____

Type of insurance (term, whole life, etc.)

Type of insurance (term, whole life, etc.)

Policy no. _____

Policy no. _____

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Amount of policy _____ Amount of policy _____

Cash surrender value _____ Cash surrender value _____

Loans against policy _____ Loans against policy _____

I. Business interests (corporations, partnerships, sole proprietorships, etc.)

Name and type of business interest _____
Type of ownership interest _____
Value of interest _____
Initial investment and when _____
Additional amounts invested and when _____

J. Community property (property acquired with your spouse)

Have you ever lived in a state that has a community property law (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin)?
_____ Yes Provide details and the status of assets brought into this state.

_____ No _____

K. Miscellaneous assets

Jewelry _____ Value _____
Art work _____ Value _____
Antiques _____ Value _____
Coin and other collections _____ Value _____
Inheritance _____ Value _____
Annuities _____ Value _____
Safe deposit box _____ Location _____
Accounts receivable _____

L. Gifts

Have you or your spouse made any substantial gifts in the past or placed property in joint names with anyone other than the spouse?

Yes Provide details. _____
 No

M. Trust beneficiaries

Are you or your spouse the beneficiary under any trust?

Yes Provide details. _____
 No

N. Assets held at time of marriage

O. Are you aware of assets being given away, sold, or hidden from you?
 Yes Briefly explain. _____
 No

LIABILITIES

Please indicate with an asterisk any accounts that you have reason to believe are delinquent.

Indebtedness (i.e., credit cards, educational loans, personal loans, etc.)

Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? Yes No Present balance due _____
Monthly payment _____ Named borrowers _____
Who will pay until the divorce judgment? _____
Who will retain this debt after the divorce? Husband Wife _____

Unsure

Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? Yes No Present balance due _____
Monthly payment _____ Named borrowers _____
Who will pay until the divorce judgment? _____
Who will retain this debt after the divorce? Husband Wife _____

Unsure

3. Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? Yes No Present balance due _____
Monthly payment _____ Named borrowers _____
Who will pay until the divorce judgment? _____

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Who will retain this debt after the divorce? _____ Husband _____ Wife _____

Unsure

4. Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? _____ Yes _____ No Present balance due _____
Monthly payment _____ Named borrowers _____
Who will pay until the divorce judgment? _____
Who will retain this debt after the divorce? _____ Husband _____ Wife _____

Unsure

5. Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? _____ Yes _____ No Present balance due _____
Monthly payment _____ Named borrowers _____
Who will pay until the divorce judgment? _____
Who will retain this debt after the divorce? _____ Husband _____ Wife _____

Unsure

6. Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? _____ Yes _____ No Present balance due _____
Monthly payment _____ Named borrowers _____
Who will pay until the divorce judgment? _____

Delinquent indebtedness

Mortgage _____	How much? _____	How long overdue? _____
Property taxes _____	How much? _____	How long overdue? _____
Income taxes _____	How much? _____	How long overdue? _____
Vehicle Loan _____	How much? _____	How long overdue? _____
Other _____	How much? _____	How long overdue? _____

Business debts

What kind? _____ How much? _____ How long overdue? _____

Other obligations (for example, spousal support to a former spouse) _____

Is anyone other than the spouse and identified children financially dependent on you?

_____ Yes Give details. _____

_____ No

On your spouse?

_____ Yes Give details. _____

_____ No

RELIEF TO BE REQUESTED

_____ Divorce

_____ Separate maintenance

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- Annulment
- Custody of children _____
- Parenting time rights _____
- Child support payments _____
- Spousal support _____
- Spouse to vacate home _____
- Contribution to your attorney fees _____
- Restoration of former name _____
- Procurement of \$ _____ in life insurance to secure child support
- Property division
- Property injunction
- Domestic abuse injunction
- Health insurance for children or yourself _____
- Home utility payments _____
- Home insurance (Plaintiff/Defendant) _____
- Mortgage payments _____
- Debts _____
- Other _____
- Attorney fee arrangement _____

The items checked below are needed to complete your divorce case file. Please collect the items that have been checked and bring in copies or originals to the paralegal as soon as possible.

Items needed

Date given to paralegal

- | | |
|---|-------|
| <input type="checkbox"/> Tax returns with schedules and W-2s—last two years | _____ |
| <input type="checkbox"/> Mortgage statement | _____ |
| <input type="checkbox"/> Document showing legal description | _____ |
| <input type="checkbox"/> Marital home | _____ |
| <input type="checkbox"/> Vacation property | _____ |
| <input type="checkbox"/> Income property | _____ |
| <input type="checkbox"/> Pension or retirement account statement | _____ |
| <input type="checkbox"/> You | _____ |
| <input type="checkbox"/> Your spouse | _____ |

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- _____ Car titles _____
- _____ You _____
- _____ Your spouse _____

- _____ Life insurance cash value statement _____
- _____ Savings account statements _____
- _____ Investment account balance statements _____
- _____ Appraisal for _____ _____
- _____ Appraisal for _____ _____
- _____ Prenuptial or postnuptial agreement _____
- _____ _____ _____
- _____ _____ _____
- _____ _____ _____
- _____ _____ _____

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