

TO BE FILLED OUT BY ATTORNEY:

County for Case: _____ Retainer Cash/Check: _____

DIVORCE INTAKE FORM

Date: _____

CLIENT INFORMATION:

General Information:

Name _____ Age _____
First Middle Maiden Last

Address _____
Street address Apt. No. City State (Zip Code)

Cell Phone: _____ Other Number (Work/Relatives No.): _____

E-Mail Address: _____

Best place where messages can be left: Cell Other # Email

Social Security Number: _____ Date of Birth: _____

Employer: _____ Occupation: _____

Wage/Salary: _____ Length of Employment: _____

Source/Amount Other Income: _____

Education Level Completed: _____

Place of Birth: _____ SC Resident Since: _____

General Health: _____ Criminal History: _____

Who Carries Health/Dental Insurance for yourself: _____

Cost of Coverage: _____ Types of Coverage: _____

Bad Things Adverse Party will say about Client: Drinking Habits Drug Use Adultery Abuse
Explain: _____

Prior Marriages:

of Prior of Marriages: _____ To Whom: _____

Date of Divorce: _____ County/State of Decree: _____

ADVERSE PARTY:

General Information:

Name _____ Age _____
 First Middle Maiden Last

Address _____
 Street address Apt. No. City State (Zip Code)

Cell Phone _____ Other Number (Work/Relatives No.) _____

E-Mail Address: _____

Social Security Number: _____ Date of Birth: _____

Employer: _____ Occupation: _____

Wage/Salary: _____ Length of Employment: _____

Source/Amount Other Income: _____

Place of Birth: _____ SC Resident Since: _____

General Health: _____ Criminal History: _____

Who Carries Health/Dental Insurance for Adverse Party: _____

Cost Coverage: _____ Types of Coverage: _____

Bad Things about Adverse Party: Drinking Habits Drug Use Adultery Abuse
_Explain: _____

Prior Marriages:

Was the adverse party married previously? YES NO

of Prior of Marriages: _____ To Whom: _____

Date of Divorce: _____ County/State of Decree: _____

Education: _____

Children: _____ Custody: _____

Description:

Hair Color: _____ Eye Color: _____ Height: _____

Weight: _____ Race: _____ Physical Marks: _____

MARRIAGE INFORMATION:

Date of Marriage: _____ Date Last Lived Together:: _____

Marriage Counselor: _____ Dates: _____

Were you or the other party married to another person when your child was conceived or born?: Y N

If yes, was the child addressed in the divorce decree? _____

Does your spouse have Power of Attorney, Living Will, etc. on you? _____

Are you or your spouse currently expecting another child? _____

CHILDREN OF PRESENT MARRIAGE:

Total Number of Child(ren): _____ Who Carries Medical Insurance for your Child(ren): _____

Types of Coverage: Health Dental Vision

If already separated who currently has primary custody of the Child(ren): _____

How often does non-primary parent see the Child(ren): _____

Children Information:

Name: _____	Date of Birth: _____	Sex: _____
Age: _____	Other Parent's Name: _____	_____
Custody Since Separation: _____	Health of Child: _____	_____
School/Daycare: _____	Cost of School/Daycare: _____	_____
Name: _____	Date of Birth: _____	Sex: _____
Age: _____	Other Parent's Name: _____	_____
Custody Since Separation: _____	Health of Child: _____	_____
School/Daycare: _____	Cost of School/Daycare: _____	_____
Name: _____	Date of Birth: _____	Sex: _____
Age: _____	Other Parent's Name: _____	_____
Custody Since Separation: _____	Health of Child: _____	_____
School/Daycare: _____	Cost of School/Daycare: _____	_____
Name: _____	Date of Birth: _____	Sex: _____
Age: _____	Other Parent's Name: _____	_____
Custody Since Separation: _____	Health of Child: _____	_____
School/Daycare: _____	Cost of School/Daycare: _____	_____

HEALTH INSURANCE:

HEALTH INSURANCE ON THE CHILD? YES NO **MEDICAID ?** YES NO

If yes to the first question, who carries it? _____

ASSETS:

Real Estate (Address): _____

Date purchased: _____

Amount Paid: _____

Monthly Mort. Payment: _____

Balance on Mort.: _____

2nd Mort./Equity Line: _____

Balance on 2nd: _____

Estimated Equity: _____

Your Vehicle:

Make: _____ Model: _____ Year: _____

Monthly Payment: _____

Spouse's Vehicle:

Make: _____ Model: _____ Year: _____

Monthly Payment: _____

OTHER VEHICLES/BOATS/RVs

Make: _____ Model: _____ Year: _____

Monthly Payment: _____

ACCOUNTS

SAVINGS: \$ _____

CHECKING: \$ _____

STOCKS: \$ _____

LIFE INSURANCE: YES NO

Type: _____

RETIREMENT: YES NO

Type: _____

Non-Marital Assets? _____

Other Assets: _____

NON-ASSET ATTACHED TO DEBT:

Credit Cards/Loans:

Creditor: _____	In whose name? _____
Balance: _____	Payment?: _____
Creditor: _____	In whose name? _____
Balance: _____	Payment?: _____
Creditor: _____	In whose name? _____
Balance: _____	Payment?: _____
Creditor: _____	In whose name?: _____
Balance: _____	Payment?: _____
Creditor: _____	In whose name?: _____
Balance: _____	Payment?: _____
Creditor: _____	In whose name?: _____
Balance: _____	Payment?: _____
Creditor: _____	In whose name?: _____
Balance: _____	Payment?: _____
Creditor: _____	In whose name?: _____
Balance: _____	Payment?: _____