

THE MACSIM FIRM
DIVORCE CLIENT INTAKE FORM

You may not have the answers to all questions asked. Please try to complete what you can. Thank you

Name		Firm to complete ↓: Date: _____ FQ: _____
Address: Street City, State, Zip		
Date of birth		C H W FH FW OP H W FH FW
Social Security #	Please leave blank. Firm will fill in if needed.	
Cell phone		
Home phone		
Work phone		
Email address		
Can we contact you by email?		
How long have you been a resident of Florida?		
Date of Marriage		
Place of Marriage		
Date of separation		
Have you been served with divorce papers?		
Date you were served?		
Who referred you to the office?		
What is your education level?		
Employer		
Job title		

How long have you had this employment?				
How often are you paid?				
What is your <u>gross</u> pay per pay period?				
Spouse's name				
Spouse's Address: Street				
City, State, Zip				
Spouse's date of birth				
Spouse's Social Security #	Please leave blank. Firm will fill in if needed.			
Spouse's employer				
Spouse's education level?				
Spouse's Job title				
How often is your spouse paid?				
What is your spouse's <u>gross</u> pay per pay period?				
Children	Please provide the names of any <u>minor</u> children: (first name middle initial last name)	Sex M/F	Date of birth: Month/Day/Year	Place of birth: City, State
→				
→				
→				
→				
**If there are no minor children common to the marriage then please skip the next page and go directly to page 4 of this form				

Additional Information on Children

The children's present address is: _____

The children have lived at this address since: _____

The children currently reside with _____ Mother, _____ Father, _____ Other

If the parties are separated then what date did the other parent leave the home: _____

Note: If the children have not lived at their current residence for 5 years, then please state the addresses where they have lived until a 5 year history is detailed.

The children's previous address is: _____

The children lived at this residence address from: _____ until: _____

The children resided with _____ Mother, _____ Father, _____ Other

If the parties separated, what date did the other parent leave this home: _____

The children's previous address is: _____

The children lived at this residence address from: _____ until: _____

The children resided with _____ Mother, _____ Father, _____ Other

If the parties separated, what date did the other parent leave this home: _____

The children's previous address is: _____

The children lived at this residence address from: _____ until: _____

The children resided with _____ Mother, _____ Father, _____ Other

If the parties separated, what date did the other parent leave this home: _____

Participation in custody or time-sharing proceedings: (check one) I _____ HAVE OR _____ HAVE NOT participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or any other state, concerning custody or time-sharing with a child subject to this proceeding.

Information about custody or time-sharing proceedings: (check one) I _____ HAVE OR _____ DO NOT HAVE ANY INFORMATION about any custody or time-sharing proceeding pending in a court of this or any other state concerning a child subject to this proceeding.

Persons not a party to this proceeding: (check one) I _____ KNOW OR _____ DO NOT KNOW OF ANY PERSON not a party to this proceeding who has physical custody or claims to have custody, visitation or time-sharing with respect to any child subject to this proceeding.

Knowledge of prior child support proceedings: (check one) The children described in this affidavit _____ ARE OR _____ ARE NOT subject to existing child support orders in this or any state or territory.

Private School	Are any of the children in private school?	
	What is the monthly cost for private school?	
Daycare	Are any of the children in daycare?	
	What is the monthly cost for daycare/aftercare?	
Health, Dental & Vision insurance	Does your employer maintain health, dental and/or vision insurance coverage on you?	
	If yes, what is the monthly cost to maintain health, dental and/or vision insurance on you individually ?	
	If applicable, what is the additional monthly cost to cover your child(ren)?	
	Name of insurer	
Health, Dental & Vision insurance (spouse)	Does your spouse's employer maintain health, dental and/or vision insurance coverage on him/her?	
	What is your spouse's monthly cost to maintain individual health insurance coverage?	
	If applicable, what is the additional monthly cost for your spouse to cover the child(ren) on his/her policy?	
	Name of insurer	
Life insurance	Do you maintain life insurance coverage on your life?	
	What is the coverage amount?	
	What is the monthly cost?	
	Is this employer provided or private?	
	Name of insurer?	
Life insurance (spouse)	Does your spouse maintain life insurance coverage on his/her life?	
	What is the coverage amount?	
	What is the monthly cost?	
	Is this employer provided or private?	
	Name of insurer?	

Marital Home	Is the marital home address different than your own? If yes, then please list the address below:	
→	Street:	
	City, State, Zip:	
	When was the marital home purchased?	
	How is the home titled?	
	What is your estimate of value?	
	How much is the monthly payment?	
	How much is owed on the home?	
	Is there more than one mortgage on the home?	
	Are all mortgage payments current?	
Do you want to stay in the home?		
Other real property	Do you own any other real property besides the marital home?	
	If yes, then please list addresses and ownership interest on page 8 under “Additional Real Estate”	
Timeshare	Do you or your spouse own any timeshares?	
Vehicle	What is the make and model of the vehicle driven by you?	
	Is this a lease or purchase?	
	If not a lease, then please give estimated value?	
	How is the vehicle titled?	
	How much is the monthly payment?	
	What is the total amount owed on the vehicle?	
	Whose name is on the debt?	

Vehicle (spouse)	What is the make and model of the vehicle driven by your spouse?										
	Is this a lease or purchase?										
	If not a lease, then please give estimated value?										
	How is the vehicle titled?										
	How much is the monthly payment?										
	What is the total amount owed on the vehicle?										
	Whose name is on the debt?										
Additional Vehicles	Please list any other vehicles owned by you and/or your spouse (including cars, trucks, motorcycles, ATVs, jet skis, boats, planes) *Please list the vehicles and also include how the vehicle is titled (H, W or J), the value of the vehicle, the debt owed and who is the obligor on the debt is in (H,W or J).										
→	<table border="1"> <thead> <tr> <th>Title</th> <th>Vehicle (make and model)</th> <th>Value</th> <th>Debt</th> <th>Obligor</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Title	Vehicle (make and model)	Value	Debt	Obligor					
Title	Vehicle (make and model)	Value	Debt	Obligor							
Is there a Prepaid College Fund for the child(ren)?											
Bank accounts (and other non-retirement accounts)	Please list the name of any bank accounts (such as checking, savings, money market, etc.) as well as non-retirement accounts (such as stocks, mutual funds, CDs, etc.) in your name and/or your spouse's name and the current balance.										
→	<table border="1"> <thead> <tr> <th>Name on Account (H, W or J)</th> <th>Name of Account (include institution name)</th> <th>Balance</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name on Account (H, W or J)	Name of Account (include institution name)	Balance							
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Personal property	Do you believe that you and your spouse will agree on a distribution of personal property?	
	<i>If no, then we will need you to please provide a list of all personal property with an estimate as to fair market value as to each item. We do <u>not</u> need this for the initial consultation!</i>	
Debts	Do you or your spouse have any debts besides house or car payments (i.e. credit cards, personal loans, etc.)?	
	→ Please list the name of the debts and include whose name the account is under (H, W or J).	Balances
Name Change	As part of the divorce action do you want a former name to be restored to you? If yes, please list the name below	
	→	

Additional Real Estate:

Address	Title	Value	Debt

Additional Notes / Comments / Questions:

Please write any questions you have on this sheet and we will go over them during the consultation...

NOTICE

This office does not represent you with regard to the issues set forth by you herein in this client information intake sheet or discussed during your consultation, unless and until, both you and the Attorney execute a written Agreement for Representation.

Your signature below acknowledges only that you received a copy of this completed sheet and does not mean you have hired an Attorney.

Signature: _____ **Date:** _____

Financial Documents:

If possible please bring copies of the following documents to your appointment. I understand that you may not have all of these in your possession or that you do not want to ask your spouse for them. For now, just bring what you can.

- Your last 3 pay stubs
- Spouse's last 3 pay stubs
- 2 most recent tax returns (with attachments)
- Social Security earnings history statement in your name and/or spouse's name
- Most recent bank statements in your name and/or spouse's name
- Most recent brokerage statement in your name and/or spouse's name
- Most recent retirement/IRA/401-K statement in your name and/or spouse's name
- Most recent credit card statements
- Your driver's license
- Health insurance card
- Life insurance policy (declarations page)
- Vehicle registrations (cars, boats, motorcycles, etc...)
- Deeds to any real property