

THOMAS LAW GROUP, P.C.
DOMESTIC RELATIONS INTAKE SHEET

Confidential Client History

Yourself: _____
Full Name Maiden/Former Name

Date of Birth: _____ Social Security #: _____

Spouse: _____
Full Name Maiden/Former Name

Date of Birth: _____ Social Security #: _____

Your Home Address: _____

Home Tel: _____ Work Tel: _____

Cell #: _____ Email: _____

Home address for past two years: _____

Minor Children of Marriage (Either born of or adopted):

Full Name: _____

Date of Birth: _____ Social Security #: _____

Full Name: _____

Date of Birth: _____ Social Security #: _____

Full Name: _____

Date of Birth: _____ Social Security #: _____

Full Name: _____

Date of Birth: _____ Social Security #: _____

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Alternate Contact:

Name: _____ Telephone: _____

Relationship: _____

Spouse's Information

Spouse's Current Address: _____

Cell/Phone #: _____ Email: _____

Spouse's Attorney Name and Telephone Number: _____

Marital Information:

Marital Status: Married Divorced Separated

Date of Marriage: _____ Place of Marriage: _____

Are you and your spouse living together now? _____

If no, what was date of separation? _____

Where are you living, since date of separation? _____

Where is spouse living, since date of separation? _____

Have you an interest in reconciliation? Yes No

Have you and your spouse seen any marital counselors? Yes No

If yes, please list names of counselors.

Do you anticipate a dispute about custody of the children? Yes No

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Prior Marriages:

List prior marriages: _____

List names of children of yourself or your spouse other than those listed above. State with whom the children live, and who has legal custody, or if they have been adopted.

Yourself: _____

Your Spouse: _____

Your Employment:

Employer: _____

Address: _____

Position: _____

Your Spouse's Employment:

Employer: _____

Address: _____

Position: _____

Preliminary Financial Information:

Please list any bank accounts to which you and your spouse have access:

Joint: _____

Wife: _____

Husband: _____