



Please do not wear perfume or cologne to the office when you come in for your consultation. Members of our staff are highly allergic.

# RAMSDALE

FAMILY LAW FIRM

## CONSULTATION INTAKE FORM

Please fill out this form as completely as possible. Feel free to write in explanations.

We will review this form with you at the consultation. Thank you.

Date of appointment \_\_\_\_\_ Referred by \_\_\_\_\_

### INFORMATION ABOUT THE MARRIAGE

Date of marriage \_\_\_\_\_ Date of separation \_\_\_\_\_

Place of marriage (county and state) \_\_\_\_\_

Number this marriage | You (1st, 2nd, etc.) \_\_\_\_\_ Spouse (1st, 2nd, etc.) \_\_\_\_\_

If you are seeking a divorce, do you want to return to your maiden name or a former married name?

Yes  No  Unsure at this time

If yes, what name would you like to return to? \_\_\_\_\_

### INFORMATION ABOUT YOU

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

Maiden, if applicable \_\_\_\_\_ Social Security Number \_\_\_\_\_

Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

County of Residence \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Home Phone \_\_\_\_\_  Cell Phone \_\_\_\_\_

Office Phone \_\_\_\_\_ Please check best phone number

E-mail \_\_\_\_\_

## INFORMATION ABOUT SPOUSE OR OPPOSING PARTY

R  
/ L

Full Legal Name \_\_\_\_\_

Maiden, if applicable \_\_\_\_\_ Social Security Number \_\_\_\_\_

Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

County of Residence \_\_\_\_\_

Describe him/her: Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Any observable tattoos or scars? \_\_\_\_\_

How long has he/she lived at this address? \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Office Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_

Gross salary / Wages per month \_\_\_\_\_

Other sources of income, if any, and amount(s) \_\_\_\_\_

Education (Check all that apply)

High School                       Some College                       College Graduate | degree in \_\_\_\_\_

Post Graduate Degree | degree in \_\_\_\_\_

Does the opposing party have an attorney?  Yes  No  Don't Know

If yes, who is the attorney? \_\_\_\_\_

Has a case been filed?  Yes  No

## YOUR EMPLOYMENT

Your Employer \_\_\_\_\_

Gross salary / wages per month \_\_\_\_\_ How often you are paid \_\_\_\_\_

Length of employment \_\_\_\_\_

Other sources of income, if any, and amount(s) \_\_\_\_\_

Education (Check all that apply) \_\_\_\_\_

High School                       Some College                       College Graduate | degree in \_\_\_\_\_

Post Graduate Degree | degree in \_\_\_\_\_

**CHILDREN OF THIS MARRIAGE / RELATIONSHIP**

**R**  
**L**

1) Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Gender  Male  Female School \_\_\_\_\_ Grade \_\_\_\_\_

2) Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Gender  Male  Female School \_\_\_\_\_ Grade \_\_\_\_\_

3) Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Gender  Male  Female School \_\_\_\_\_ Grade \_\_\_\_\_

4) Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Gender  Male  Female School \_\_\_\_\_ Grade \_\_\_\_\_

Any children's health issues? If yes, indicate which child(ren) and identify health issue(s)

**CHILDREN OF PREVIOUS MARRIAGE / RELATIONSHIP**

1) Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Gender  Male  Female School \_\_\_\_\_ Grade \_\_\_\_\_

Child of You or Spouse? \_\_\_\_\_

2) Full Name \_\_\_\_\_

Gender  Male  Female School \_\_\_\_\_ Grade \_\_\_\_\_

Child of You or Spouse? \_\_\_\_\_

3) Full Name \_\_\_\_\_

Gender  Male  Female School \_\_\_\_\_ Grade \_\_\_\_\_

Child of You or Spouse? \_\_\_\_\_

4) Full Name \_\_\_\_\_

Gender  Male  Female School \_\_\_\_\_ Grade \_\_\_\_\_

Child of You or Spouse? \_\_\_\_\_

**GROUND FOR DIVORCE, IF KNOWN**

Adultery by whom \_\_\_\_\_  Desertion by whom \_\_\_\_\_

Physical abuse by whom \_\_\_\_\_

Alcohol/Narcotic drug abuse by whom \_\_\_\_\_

One year's separation  Other

**HEALTH, DENTAL, AND VISION INSURANCE INFORMATION**



Who carries health insurance for the family?

You  Spouse or opposing party  Both  I / we do not have health insurance

Who carries dental insurance for the family?

You  Spouse or opposing party  Both  I / we do not have dental insurance

Who carries vision insurance for the family?

You  Spouse or opposing party  Both  I / we do not have vision insurance

Does either party have a health savings account?

You  Spouse or opposing party  Both  I / we do not have a health savings account

Is anyone in your family covered by Medicaid/Medicare?

You  Spouse or opposing party  Both  I / we do not have Medicaid/ Medicare coverage

List any other health - related policies and who is covered: \_\_\_\_\_  
\_\_\_\_\_

**LIST ALL VEHICLES, WATERCRAFT - BOAT(S) | JET SKI(S) | GOLF CART(S)**

1) Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Title Held By \_\_\_\_\_

Payment?  Yes  No If yes, monthly amount \_\_\_\_\_

Color \_\_\_\_\_

2) Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Title Held By \_\_\_\_\_

Payment?  Yes  No If yes, monthly amount \_\_\_\_\_

Color \_\_\_\_\_

3) Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Title Held By \_\_\_\_\_

Payment?  Yes  No If yes, monthly amount \_\_\_\_\_

Color \_\_\_\_\_

4) Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Title Held By \_\_\_\_\_

Payment?  Yes  No If yes, monthly amount \_\_\_\_\_

Color \_\_\_\_\_

**RESIDENCE**



Do you own or rent your home?  Own  Rent

Does this home have an HOA?  Yes  No

If own, home value is approximately \$ \_\_\_\_\_ If rent, rent is \$ \_\_\_\_\_ / month

First mortgage balance is \$ \_\_\_\_\_ Monthly payment is \$ \_\_\_\_\_

In whose name(s) is the mortgage? \_\_\_\_\_

Second mortgage/ HELOC balance is \$ \_\_\_\_\_ Monthly payment is \$ \_\_\_\_\_

**FINANCIAL INFORMATION**

**A. Student Loans** | Do you or your spouse have any student loan debt?  Yes  No

If yes, indicate owing party \_\_\_\_\_

Amount \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

**B. Real Estate** | Please list all real estate owned other than the marital home, value, and associated debt:

1) Address \_\_\_\_\_

Value \_\_\_\_\_ Debt \_\_\_\_\_

Titled in the name of \_\_\_\_\_

2) Address \_\_\_\_\_

Value \_\_\_\_\_ Debt \_\_\_\_\_

Titled in the name of \_\_\_\_\_

3) Address \_\_\_\_\_

Value \_\_\_\_\_ Debt \_\_\_\_\_

Titled in the name of \_\_\_\_\_

4) Address \_\_\_\_\_

Value \_\_\_\_\_ Debt \_\_\_\_\_

Titled in the name of \_\_\_\_\_

**C. Credit Card and Other Debt**

1) Card/Account Name \_\_\_\_\_ Last 4 Digits of Card/Account \_\_\_\_\_

Owner of Account \_\_\_\_\_ Account Balance \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Account in Default?  Yes  No

C. Credit Card and Other Debt | Continue

R / L

2) Card/Account Name \_\_\_\_\_ Last 4 Digits of Card/Account \_\_\_\_\_

Owner of Account \_\_\_\_\_ Account Balance \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Account in Default?  Yes  No

3) Card/Account Name \_\_\_\_\_ Last 4 Digits of Card/Account \_\_\_\_\_

Owner of Account \_\_\_\_\_ Account Balance \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Account in Default?  Yes  No

4) Card/Account Name \_\_\_\_\_ Last 4 Digits of Card/Account \_\_\_\_\_

Owner of Account \_\_\_\_\_ Account Balance \_\_\_\_\_

Monthly Payment \_\_\_\_\_ Account in Default?  Yes  No

5) Are you aware of any tax debt or liens? If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6) Who prepares your taxes?

Name \_\_\_\_\_

Firm \_\_\_\_\_ Phone \_\_\_\_\_

D. Retirement Accounts

Please list all retirement accounts (pension, IRA, 403(b), etc.), value, and loans against each, if any:

1) Account Name \_\_\_\_\_ Type of Account \_\_\_\_\_

Value \_\_\_\_\_ Loans Against \_\_\_\_\_

Account of You / Spouse? (Circle one) Any pre-marital money in the account?  Yes  No

2) Account Name \_\_\_\_\_ Type of Account \_\_\_\_\_

Value \_\_\_\_\_ Loans Against \_\_\_\_\_

Account of You / Spouse? (Circle one) Any pre-marital money in the account?  Yes  No

3) Account Name \_\_\_\_\_ Type of Account \_\_\_\_\_

Value \_\_\_\_\_ Loans Against \_\_\_\_\_

Account of You / Spouse? (Circle one) Any pre-marital money in the account?  Yes  No

**E. Banking Information** | Please list all bank and / or credit union accounts

**R**  
**L**

1) Banking Institution \_\_\_\_\_ Type of Account \_\_\_\_\_  
Last 4 digits of Account \_\_\_\_\_ Owner of Account \_\_\_\_\_  
Account Balance \_\_\_\_\_

2) Banking Institution \_\_\_\_\_ Type of Account \_\_\_\_\_  
Last 4 digits of Account \_\_\_\_\_ Owner of Account \_\_\_\_\_  
Account Balance \_\_\_\_\_

3) Banking Institution \_\_\_\_\_ Type of Account \_\_\_\_\_  
Last 4 digits of Account \_\_\_\_\_ Owner of Account \_\_\_\_\_  
Account Balance \_\_\_\_\_

4) Banking Institution \_\_\_\_\_ Type of Account \_\_\_\_\_  
Last 4 digits of Account \_\_\_\_\_ Owner of Account \_\_\_\_\_  
Account Balance \_\_\_\_\_

**F. Life Insurance**

1) Life Insurance Company Name \_\_\_\_\_  
Policy Holder \_\_\_\_\_ Death Benefit Amount \_\_\_\_\_  Whole Life  Term Life  
If Whole Life, present cash value \_\_\_\_\_ If Term Life, date of term expiration \_\_\_\_\_  
Beneficiary/ies \_\_\_\_\_

2) Life Insurance Company Name \_\_\_\_\_  
Policy Holder \_\_\_\_\_ Death Benefit Amount \_\_\_\_\_  Whole Life  Term Life  
If Whole Life, present cash value \_\_\_\_\_ If Term Life, date of term expiration \_\_\_\_\_  
Beneficiary/ies \_\_\_\_\_

3) Life Insurance Company Name \_\_\_\_\_  
Policy Holder \_\_\_\_\_ Death Benefit Amount \_\_\_\_\_  Whole Life  Term Life  
If Whole Life, present cash value \_\_\_\_\_ If Term Life, date of term expiration \_\_\_\_\_  
Beneficiary/ies \_\_\_\_\_

**OTHER INFORMATION**



Do you have a prenuptial agreement?  Yes  No

Do you have a postnuptial agreement?  Yes  No

Is either party expecting a settlement for any injury / civil matter?  Yes  No

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

**SOCIAL MEDIA AND BLOGGING**

Do you or the opposing party use any of the following social media sites?  Yes  No

If yes, please provide the name under which you or the opposing party can be located:

You	Opposing Party
Facebook _____	_____
Twitter _____	_____
LinkedIn _____	_____
Google Plus _____	_____
My Space _____	_____
Other _____	_____

Do either you or the opposing party maintain a blog?  Yes  No

If yes, provide blog name and URL \_\_\_\_\_

**MISCELLANEOUS**

Please list your top 3-5 goals for this consultation.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_