



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

If own, whose name is the home titled? You Spouse or opposing Party Both Other

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

In whose name(s) is the mortgage? _____

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

In whose name(s) is the secondary mortgage/HELOC? _____

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

R
L

1) Card/Account Name _____ Last 4 Digits of Card/Account _____
Owner of Account _____ Account Balance _____
Monthly Payment _____ Account in Default? Yes No

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. Cryptocurrency | Do you or your spouse own cryptocurrency monies (e.g., Bitcoin, Ethereum, Litecoin)? Yes No

If yes, detail what you know about this asset _____

G. 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) _____