

## Domestic Intake

Date: \_\_\_\_\_

Please circle below if you or your spouse have been represented by one of the following attorneys?

*Tommy Kellis*

*Mario Krueger*

*Brittany Bryan*

*N/A*

### 1. Personal Information

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone (W): \_\_\_\_\_

Apt/Ste/Lot #: \_\_\_\_\_

Telephone (H): \_\_\_\_\_

City, State: \_\_\_\_\_

Telephone (C): \_\_\_\_\_

Zip Code: \_\_\_\_\_

Other: \_\_\_\_\_

Email Address:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Where (county, city, state):

\_\_\_\_\_

Date of Separation: \_\_\_\_\_

Your income: \_\_\_\_\_ net/month \_\_\_\_\_ gross/month

Are you a military veteran or in active service? Give details: \_\_\_\_\_

\_\_\_\_\_

### 2. Spouse/Other Party Information

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone (W): \_\_\_\_\_

Apt/Ste/Lot #: \_\_\_\_\_

Telephone (H): \_\_\_\_\_

City, State: \_\_\_\_\_

Telephone (C): \_\_\_\_\_

Zip Code: \_\_\_\_\_

Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Spouse's Income: \_\_\_\_\_ net/month \_\_\_\_\_ gross/month

Is spouse a veteran or in active service? Give details: \_\_\_\_\_

**3. Prior Divorces**

Dates of prior divorces: \_\_\_\_\_

Please check all that apply:

Separation agreement: \_\_\_\_\_ Divorce decree: \_\_\_\_\_ Custody/Support order: \_\_\_\_\_

**4. Children of the Marriage**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you or your spouse have any children outside of the marriage? YES NO (Circle One)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**5. Medical**

Your general health: \_\_\_\_\_

Any specific problems? \_\_\_\_\_

Disabilities: \_\_\_\_\_

Spouse's general health: \_\_\_\_\_

Any specific problems? \_\_\_\_\_

Disabilities: \_\_\_\_\_

**6. Financial**

Vehicle (year/make/model): \_\_\_\_\_ Monthly payment: \_\_\_\_\_ In whose name?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of bank(s) where you have accounts: \_\_\_\_\_  
\_\_\_\_\_

Name of bank(s) where your spouse has accounts: \_\_\_\_\_  
\_\_\_\_\_

**7. Residence**

Location: \_\_\_\_\_

Rent or own? \_\_\_\_\_ Time lived there: \_\_\_\_\_

Whose name is residence in: \_\_\_\_\_

Mortgage/lender: \_\_\_\_\_

Monthly payment: \_\_\_\_\_

Mortgage balance: \_\_\_\_\_

Estimated net market value: \_\_\_\_\_

Other real property: \_\_\_\_\_

Whose name is it under: \_\_\_\_\_

Mortgagee/lender: \_\_\_\_\_

Monthly payment: \_\_\_\_\_

Mortgage balance: \_\_\_\_\_

Estimated net market value: \_\_\_\_\_

Intangible property (stocks, bonds, etc.): \_\_\_\_\_

\_\_\_\_\_

Other sources of income: \_\_\_\_\_

**8. Accounts**

List all bankcards, charge cards, and revolving credit cards.

**Account:** **Whose Name:** **Balance:**

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

List all pensions, military benefits, retirement accounts for you and your spouse:

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

List other debts and liabilities:

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

ATTORNEY FEE: \$ \_\_\_\_\_

----- NOTES -----