



# FAMILY LAW INTAKE

How did you hear about us:  Court  Google  Bing  Yahoo  MSN  
 other \_\_\_\_\_  Referred by: \_\_\_\_\_

## CLIENT INFORMATION

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

Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone & ext.: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Highest year of education completed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Married in what state? \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Would you like the option to restore your maiden name? \_\_\_\_\_

## CLIENT EMPLOYMENT INFORMATION

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

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

Employer Phone Number: \_\_\_\_\_ Occupation/Job Title: \_\_\_\_\_

Date of hire: \_\_\_\_\_ Gross Monthly Earnings: \_\_\_\_\_

If unemployed, when did you last work? \_\_\_\_\_ What were you gross monthly earnings? \_\_\_\_\_

Do you receive any government assistance? Check all that apply and provide proof.

Medi-Cal  Food Stamps  SSI  SSP  County Relief or General Assistance  IHSS

Cal Works or Tribal TANF  CAPI  other \_\_\_\_\_

## SPOUSE/OPPOSING PARTY DESCRIPTION

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

Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone & ext.: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Highest year of education completed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## SPOUSE/OPPOSING PARTY EMPLOYMENT INFORMATION

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

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

Employer Phone Number: \_\_\_\_\_ Occupation/Job Title: \_\_\_\_\_

Date of hire: \_\_\_\_\_ Gross Monthly Earnings: \_\_\_\_\_

If unemployed, when did you last work? \_\_\_\_\_ What were you gross monthly earnings? \_\_\_\_\_

## SPOUSE/OPPOSING PARTY DESCRIPTION

Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Ethnic Background: \_\_\_\_\_ Vehicle description: \_\_\_\_\_

What is the best time for the process server to personally serve opposing party? \_\_\_\_\_

At what location would you like the opposing party to be served?

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

## GENERAL QUESTIONS

Would you like to  terminate or  reserve spousal support?

Do you have any real Property?  Yes  No. If yes how would you like disperse property?

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## MINOR CHILDREN OF THIS RELATIONSHIP

Child's Name	Date of Birth	Sex	Place of Birth	Social Security #

Would you like  sole legal or  joint legal custody of your child (ren)?

What is the proposed visitation for child (ren)? (Ex: Every 1<sup>st</sup> and 3<sup>rd</sup> weekend of the month commencing Fri at 6pm to Sun at 6pm)

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Or  respondent shall be awarded liberal visitation as mutually agreed by both parties.

Will child support be  reserved or is there an agreement? If there is an agreement fill in proposed agreement below.

Respondent shall pay the Petitioner the sum of \$\_\_\_\_\_ per month as for ongoing child support, or payable \$\_\_\_\_\_ on the 1<sup>st</sup> of each month and \$\_\_\_\_\_ on the 15<sup>th</sup> day of each month commencing \_\_\_\_\_.

## MINOR CHILDREN LIVING IN YOUR HOME FROM ANOTHER RELATIONSHIP?

Child's Name	Date of Birth	Sex	Place of Birth	Social Security #

