

CLIENT INTAKE FORM- FAMILY COURT

Mother

Father

Name: _____

Name: _____

Maiden Name: _____

(or previous surname)

Present Address: _____

(include zip) _____

Mailing Address: _____

(if different) _____

Marital Residence: _____

(if different) _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

Email Address: _____

Social Security No.: _____ - _____ - _____

Date of Birth : _____ / _____ / _____

Place of Birth: _____

Employer: _____

Position: _____

Number of Years Employed: _____

Date of Marriage: _____ / _____ / _____

(If applicable)

Date of Divorce: _____ / _____ / _____

(If applicable)

Present Address: _____

(include zip) _____

Mailing Address: _____

(if different) _____

Marital Residence: _____

(if different) _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

Email Address: _____

Social Security No.: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Place of Birth: _____

Employer: _____

Position: _____

Number of Years Employed: _____

Date of Marriage: _____ / _____ / _____

(If applicable)

Date of Divorce: _____ / _____ / _____

(If applicable)

Do you have medical insurance? Y__N__

If so, with whom? _____

Does it include dental, orthodontic, or optical?

Does he/she have medical insurance? Y__N__

If so, with whom? _____

Y__N__ Are these extra? Y__N__

Children (list names and dates of birth): _____ / _____ / _____
(Use back if needed) _____ / _____ / _____

Who do they live with? _____

What is the visitation? _____ Voluntary? _____ Court Order? _____

Do children have any special needs? Y__ N__

Who covers them? M__ F__

Do children have medical insurance? Y__ N__

Has there been any CPS involvement? Y__ N__

Are there any prior Family Court orders in this case? Y__N__

For what? (check one) _____ Custody _____ Visitation _____ Support) _____ Modification

_____ Domestic Violence (Order of Protection) _____ Abuse/Neglect (Child Protective)

How many? _____ What's the latest one? _____ Do you have copies? _____

What is Petition /case about? _____ Custody _____ Visitation _____ Support _____ Domestic Violence

Briefly describe why you are in Court & what you want: _____

How did you find Mr. Corletta? (check one):

___ Previous Client ___ Referral-Name of person referring: _____

___ Telephone Directory Ad ___ Internet Ad ___ Television Ad

How do you intend to pay? (check all applicable)

___ Cash ___ Check ___ Money Order ___ Credit Card (MC, Visa, Disc., AMEX)

This information will be used to establish your file and handle your case. Please make sure it is accurate. Cancellation of any appointments are to be made at least 24 hours in advance, otherwise they are subject to a cancellation fee.

Signature _____ Date: _____