

CLIENT INTAKE FORM-MATRIMONIAL

Client

Spouse

Name:
Maiden Name:
Present Address:
Mailing Address:
Marital Residence:
Home Phone:
Work Phone:
Cell Phone:
Email Address:
Social Security No.:
Date of Birth:
Place of Birth:
Present Employer:
Position:
Number of Years Employed:
Work History:
Date of Marriage:
Type of Ceremony:
Have you been married before?
If so, how many times?
Extent of Education:
Do you have medical insurance?
If so, with whom?
Children (list names and dates of birth):

Name:
Maiden Name:
Present Address:
Mailing Address:
Home Phone:
Work Phone:
Social Security No.:
Date of Birth:
Place of Birth:
Present Employer:
Position:
Number of Years Employed:
Work History:
Date of Marriage:
Type of Ceremony:
Has Spouse been married before?
If so, how many times?
Extent of Education:
Does Spouse have medical insurance?
If so, with whom?

Where do they live now?
Voluntary? Court Order? What is the visitation?
Do children have any special needs?
Who covers them?
Are these extra?
Are there any prior Family Court orders in this case?
For what? (check one) Custody Support Domestic Violence

Reason for divorce (check all that apply):
Financial Problems Failure to Work Drugs/Alcohol
Domestic Violence Unfaithfulness Incarceration Abandonment
Are you separated? If so, how long? Who left?

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: