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EST. 2016

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DOMESTIC RELATIONS CLIENT INTAKE FORM

CLIENT'S INFORMATION

LEGAL NAME: _____

MAIDEN NAME: _____ NAME RESTORED: ___ Y ___ N

HOME ADDRESS: _____

WORK ADDRESS: _____

HOME TELEPHONE: _____ CELLPHONE: _____

WORK TELEPHONE: _____

EMAIL ADDRESS: _____

D.O.B.: _____ SSN (last 4 digits): _____

PLACE OF BIRTH: _____

HIGHEST DEGREE ACHIEVED: _____

DATE OF MARRIAGE: _____ DATE OF SEPARATION: _____

PLACE OF MARRIAGE (City/County/State): _____

NUMBER OF PREVIOUS MARRIAGES: _____

NAMES AND AGES OF ANY MINOR CHILD(REN) FROM PREVIOUS MARRIAGES:

NAME AGE CURRENTLY LIVING WITH YOU (Y/N)

SPOUSE'S INFORMATION

LEGAL NAME: _____

MAIDEN NAME: _____ NAME RESTORED: ___ Y ___ N

HOME ADDRESS: _____

WORK ADDRESS: _____

HOME TELEPHONE: _____ CELLPHONE: _____

WORK TELEPHONE: _____

EMAIL ADDRESS: _____

D.O.B.: _____ SSN (last 4 digits): _____

PLACE OF BIRTH: _____

HIGHEST DEGREE ACHIEVED: _____

NUMBER OF PREVIOUS MARRIAGES: _____

NAMES AND AGES OF ANY MINOR CHILD(REN) FROM PREVIOUS MARRIAGES:

NAME AGE CURRENTLY LIVING WITH YOUR SPOUSE (Y/N)

MARITAL CHILD(REN)'S INFORMATION

NAME AGE CURRENTLY LIVING WITH MOTHER/FATHER/BOTH

CHILD CARE: Y ___ N ___ HOW MUCH (monthly): _____

CHILD CUSTODY

SEEKING:

LEGAL CUSTODY (decision-making power): _____ JOINT _____ SOLE

PHYSICAL CUSTODY: _____ JOINT _____ SOLE

EMPLOYMENT INFORMATION

CLIENT'S CURRENT OR FORMER EMPLOYER: _____

POSITION: _____ DATES OF EMPLOYMENT: _____

INCOME FROM EMPLOYMENT: _____ WEEKLY _____ BI-WEEKLY _____
MONTHLY _____ YEARLY _____

OTHER SOURCE(S) OF INCOME: Y _____ N _____ HOW MUCH: _____

SPOUSE'S CURRENT OR FORMER EMPLOYER: _____

POSITION: _____ DATES OF EMPLOYMENT: _____

INCOME FROM EMPLOYMENT: _____ WEEKLY _____ BI-WEEKLY _____
MONTHLY _____ YEARLY _____

OTHER SOURCE(S) OF INCOME: Y _____ N _____ HOW MUCH: _____

REAL PROPERTY

MARTIAL HOME (where both parties lived during the marriage): RENT _____ OWNED _____

HOME ADDRESS: _____

PURCHASE YEAR: _____ PURCHASE PRICE: _____

BALANCE OWED: _____ CURRENT VALUE (estimate): _____

NAME(S) ON THE MORTGAGE: HUSBAND _____ WIFE _____ BOTH _____ OTHER _____

NAME(S) ON THE TITLE: HUSBAND _____ WIFE _____ BOTH _____ OTHER _____

OTHER REAL PROPERTY OWNED (address): _____

PURCHASE YEAR: _____ PURCHASE PRICE: _____

BALANCE OWED: _____ CURRENT VALUE (estimate): _____

NAME(S) ON THE MORTGAGE: HUSBAND _____ WIFE _____ BOTH _____ OTHER _____

NAME(S) ON THE TITLE: HUSBAND _____ WIFE _____ BOTH _____ OTHER _____

OTHER REAL PROPERTY OWNED (address): _____

PURCHASE YEAR: _____ PURCHASE PRICE: _____

BALANCE OWED: _____ CURRENT VALUE (estimate): _____

NAME(S) ON THE MORTGAGE: HUSBAND _____ WIFE _____ BOTH _____ OTHER _____

NAME(S) ON THE TITLE: HUSBAND _____ WIFE _____ BOTH _____ OTHER _____

ASSETS

CASH: CURRENT VALUE _____

JOINT PROPERTY _____ SEPARATE PROPERTY OF HUSBAND _____ WIFE _____

BASIS OF THE CLAIM: _____

STOCKS: CURRENT VALUE _____

NAMES/TYPES OF STOCKS _____

STOCKS ISSUED TO _____

JOINT PROPERTY _____ SEPARATE PROPERTY OF HUSBAND _____ WIFE _____

BASIS OF THE CLAIM: _____

BONDS: CURRENT VALUE _____

NAMES/TYPES OF BONDS _____

BONDS ISSUED TO _____

JOINT PROPERTY _____ SEPARATE PROPERTY OF HUSBAND _____ WIFE _____

BASIS OF THE CLAIM: _____

BANK ACCOUNTS:

BANK NAME	CHECKING/SAVING	JOINT/SEPARATE	BALANCE
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401K/IRA: CURRENT VALUE _____

JOINT PROPERTY _____ SEPARATE PROPERTY OF HUSBAND _____ WIFE _____

BASIS OF THE CLAIM: _____

PENSIONS/RETIREMENT PLANS/PROFIT SHARING:

CURRENT VALUE _____

JOINT PROPERTY _____ SEPARATE PROPERTY OF HUSBAND _____ WIFE _____

BASIS OF THE CLAIM: _____

AUTOMOBILES:

YEAR/MAKE/MODEL	NAME ON THE TITLE	CURRENT VALUE	AMOUNT OWED
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OTHER ASSETS (Boats, Jewelry, Collectibles, Furniture/Furnishings, etc.):

ASSET TYPE CURRENT VALUE JOINT/SEPARATE PROPERTY

DEBTS

(Payments to Creditors, Credit Cards, Loans, etc. NOT HOUSEHOLD BILLS)

<u>CREDITOR'S NAME</u>	<u>BALANCE OWED</u>	<u>MONTHLY PAYMENT</u>	<u>JOINT DEBT</u>	<u>WIFE'S DEBT</u>	<u>HUSBAND'S DEBT</u>

INSURANCE INFORMATION

MEDICAL COVERAGE PROVIDER: _____

MONTHLY PREMIUM: _____ POLICY NO.: _____

WHO'S COVERED UNDER THIS PLAN: _____

MEDICAL COVERAGE PROVIDER: _____

MONTHLY PREMIUM: _____ POLICY NO.: _____

WHO'S COVERED UNDER THIS PLAN: _____

DENTAL COVERAGE PROVIDER: _____

MONTHLY PREMIUM: _____ POLICY NO.: _____

WHO'S COVERED UNDER THIS PLAN: _____

DENTAL COVERAGE PROVIDER: _____

MONTHLY PREMIUM: _____ POLICY NO.: _____

WHO'S COVERED UNDER THIS PLAN: _____

VISION COVERAGE PROVIDER: _____

MONTHLY PREMIUM: _____ POLICY NO.: _____

WHO'S COVERED UNDER THIS PLAN: _____

VISION COVERAGE PROVIDER: _____

MONTHLY PREMIUM: _____ POLICY NO.: _____

WHO'S COVERED UNDER THIS PLAN: _____

LIFE INSURANCE INFORMATION

INSURANCE COMPANY: _____

OWNER: _____ THE INSURED: _____

POLICY NO.: _____ AMOUNT INSURED: _____

MONTHLY/YEARLY PREMIUM: _____ CASH VALUE (if any) _____

PRIMARY BENEFICIARIES: _____

SECONDARY BENEFICIARIES: _____

INSURANCE COMPANY: _____

OWNER: _____ THE INSURED: _____

POLICY NO.: _____ AMOUNT INSURED: _____

MONTHLY/YEARLY PREMIUM: _____ CASH VALUE (if any) _____

PRIMARY BENEFICIARIES: _____

SECONDARY BENEFICIARIES: _____

PARTIES' MENTAL/PHYSICAL HEALTH

LIST ANY MAJOR OPERATIONS OR HOSPITALIZATIONS YOU OR YOUR SPOUSE HAD IN THE LAST 5 YEARS: _____

MAJOR DRUG USE (Y/N): _____ YOU _____ YOUR SPOUSE

DRUG/DUI ARRESTS (if any, describe in detail the date of arrest, circumstances around the arrest and the disposition of the case): _____

DOMESTIC VIOLENCE

DESCRIBE IN DETAIL ANY INCIDENT OF DOMESTIC VIOLENCE (whether or not it was reported) DURING THE COURSE OF YOUR MARRIAGE: _____

CAUSE(S) OF SEPARATION/DIVORCE

IN YOUR OWN WORDS, DESCRIBE THE REASON(S) FOR SEPARATION AND/OR DIVORCE: _____

INFIDELITY (Y/N): HUSBAND _____ WIFE _____ BOTH _____

COUNSELING (Y/N): HUSBAND _____ WIFE _____ BOTH _____

PREVIOUS RECONCILIATIONS: YES _____ NO _____

ALIMONY/SPOUSAL SUPPORT

SEEKING:

ALIMONY: YES _____ NO _____ AMOUNT: _____

FOR HOW LONG: _____ BEGINNING: _____

MONTHLY OR LUMP SUM: _____