

Roalfs Law & Mediation LLC

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DIVORCE INTAKE FORM

Please complete each and every question. If you do not know the answer, please try to find it. If you cannot, please write "I don't know." If a question is not applicable to you, please write "N/A" or "none." Where "YES" and "NO" are listed, please circle the appropriate response.

CLIENT INFORMATION

Full Legal Name: _____ Nickname _____

List all prior names including Maiden Name: _____

Telephone Numbers:

Cell: _____ Other Numbers: _____

Office: _____ ext. _____ Best Time to Call: _____

Home: _____ Best Time to Call: _____

Email: _____ (please note if you utilize a work email address, our correspondence may NOT be confidential)

Current Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Future (New) Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Are you and your spouse currently residing in the same home: YES NO

If no, when did you separate households? _____

SSN: _____ DOB: _____ Age: _____

Employer's Name: _____

Employer's Address: _____

Average Work Schedule: _____

Who Referred you to Roalfs Law & Mediation, LLC: _____

Place of Birth: _____ **Length of time as IL resident:** _____

Highest Education Level Completed: _____

Religion: _____ **Ethnicity:** _____

Do you have any current medical and/or mental health issues? YES NO

If yes, please list: _____

Are you currently in counseling? YES NO

Emergency Contact Name & Relationship: _____

Emergency Contact Phone Number: _____

SPOUSE'S INFORMATION

Full Legal Name: _____ **Nickname** _____

List all prior names including Maiden Name: _____

Telephone Numbers:

Cell: _____ **Other Numbers:** _____

Office: _____ **ext.** _____ **Best Time to Call:** _____

Home: _____ **Best Time to Call:** _____

Email: _____

Current Address: _____

City: _____ **State:** ____ **Zip Code:** _____ **County:** _____

Future (New) Address: _____

City: _____ State: ____ Zip Code: _____ County: _____

SSN: _____ DOB: _____ Age: _____

Employer's Name: _____

Employer's Address: _____

Average Work Schedule: _____

Place of Birth: _____ Length of time as IL resident: _____

Highest Education Level Completed: _____

Religion: _____ Ethnicity: _____

Does your spouse have any current medical and/or mental health issues?

YES

NO

If yes, please list: _____

Are you currently in counseling? YES NO

MARRIAGE & PAST RELATIONSHIP INFORMATION

Marriage Date: _____ City Married In: _____

County Married In: _____ State Married In _____

Country Married In: _____

Is this your first marriage? YES NO

If no, how many times were you married previously? _____

For each previous marriage, list how the marriage ended: _____

Are you paying or receiving maintenance/alimony/spousal support for any of your prior spouses? YES NO

If yes, please list the former spouses name and amount of support:

Do you have children from any prior relationship? YES NO

If yes, please list each child's name, age, and residence:

Are you paying or receiving support for any of these children? YES NO

If yes, please list the amounts received and for which child:

Do any of these children earn income? YES NO

If yes, please list which child, the source of income and amount of income:

Is this your spouse's first marriage? YES NO

If no, how many times was your spouse married previously? _____

For each previous marriage, list how the marriage ended: _____

Is your spouse paying or receiving maintenance/alimony/spousal support for any of his/her prior spouses? YES NO

If yes, please list the former spouses name and amount of support:

Does your spouse have children from any prior relationship? YES NO

If yes, please list each child's name, age, and residence:

Is your spouse paying or receiving support for any of these children?

YES

NO

If yes, please list the amounts received and for which child:

Do any of these children earn income? YES NO

If yes, please list which child, the source of income and amount of income:

Do you or your spouse owe any back (arrearage) amounts for child support and/or maintenance? YES NO

If yes, for which and what is the amount past due?

SERVICE OF PROCESS

Physical description of your spouse (age, ethnicity, height, weight, hair color, eye color, distinctive physical characteristics, tattoos, scars, nicknames, etc.)

Year, Make, Model, Color, License Plate of car your spouse drives:

When and where should your spouse be served with the dissolution papers?

CHILDREN OF THIS MARRIAGE

Full Name	Date of Birth	Age	SSN
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Child's Name	With Whom Child Resides	Address where Child Resides
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Child's Name School/Daycare Child Attends What Grade Child is in

Do any of your children of this relationship have any physical, emotional, and/or mental diagnoses? YES NO

Please list the child and the diagnosis as well as treatment plan:

Are any of your children of this relationship seeing a counselor/therapist/psychologist/psychiatrist? YES NO

If yes, please list the child, the medical professional, and why:

List all addresses that the children have resided, with whom, and the dates each child resided at each location for the previous five (5) years:

Child Address With When

Do you believe that there will be a dispute as to which parent your children will reside? YES NO

If yes, why? _____

Do any of your children earn income? YES NO

If yes, please list the source and amount of income for each child:

BASIS OF SEPARATION

Are you or your spouse pregnant or may be pregnant? YES NO

Date of last sexual intercourse with spouse: _____

Have you and your spouse separated previously? YES NO

If yes, when and how long did each separation last? _____

Have you or your spouse ever previously filed any actions in Court? YES NO

If yes, please list the date filed, attorney utilized, and the case number: _____

INCOME INFORMATION

CLIENT

Occupation: _____

Employer: _____

Gross Income per Year: _____

Does your income depend on bonus, commissions, etc.? **YES** **NO**

Do you receive a W-2 or 1099? _____

How many exemptions do you claim on your W-4 Form? _____

Do you receive any benefits from your employer (Commissions, Bonus, Incentive pay, Awards, Expense Account, Company Car, Profit Sharing, Stock Interest, PSP, Retirement Plans, Pension Plans, etc.)? **YES** **NO**

If yes, please list: _____

Do you have any other income from any other source? **YES** **NO**

If yes, explain, list the employer, if any, and the amount of income:

Do you incur childcare expenses to maintain your employment? **YES** **NO**

If yes, what is the weekly cost of childcare? _____

List your prior work history, employment skills, and employment capabilities: _____

SPOUSE

Occupation: _____

Employer: _____

Gross Income per Year: _____

Does your spouse's income depend on bonus, commissions, etc.?

YES NO

Does your spouse receive a W-2 or 1099? _____

How many exemptions does your spouse claim on your W-4 Form? _____

Does your spouse receive any benefits from his/her employer (Commissions, Bonus, Incentive pay, Awards, Expense Account, Company Car, Profit Sharing, Stock Interest, PSP, Retirement Plans, Pension Plans, etc.)?

YES NO

If yes, please list: _____

Does your spouse have any other income from any other source?

YES NO

If yes, explain, list the employer, if any, and the amount of income:

Does your spouse incur childcare expenses to maintain his/her employment?

YES NO

If yes, what is the weekly cost of childcare? _____

Is this the same childcare as what you incur? _____

List your prior work history, employment skills, and employment capabilities: _____

BUSINESS

Are you or your spouse self-employed? YES NO

Name of Company: _____

Type of Business: _____

Address: _____

Service or Product: _____

Date acquired/started: _____

Cost of Investment: _____

Stock Interest: Number of Shareholders: _____ Interest of Spouse: _____

Directors/Officers: _____

MISCELLANEOUS

Do you or your spouse receive any financial assistance from a Welfare Department, Social Security, Unemployment Compensation, etc.? YES NO

If yes, from whom and amount(s): _____

Permanent Tax Number: _____

Date purchased: _____ **Purchase price:** _____

Whose name(s) is the property in? _____

How is the property titled? _____

Present Mortgage Balance: _____ **Mortgage payment:** _____

Market Value: _____ **Basis for Market Value:** _____

Real Estate Taxes per Year: _____ **Insurance amount:** _____

Are your real estate taxes escrowed? YES NO

Are your insurance payments escrowed? YES NO

Are you behind on mortgage payments? YES NO

If yes, how much? _____

State date, type, and cost of any major improvements since the house was purchased: _____

PERSONAL PROPERTY ASSETS

GENERAL:

Do you or your spouse have any money or property held by others? YES NO

If yes, give details: _____

Was your or your spouse's money or property at the time of marriage in excess of \$1,000.00? YES NO

If yes, please explain: _____

What part, if any, of your marital estate was received by you or your spouse by inheritance, gift, damages resulting from personal injury claim (state who received, from whom, how much, what date, and what was done with the funds) _____

Are you, your spouse, or both beneficiaries under any estate now in probate (state who, whose estate, and approximate amount) _____

ACCOUNTS:

Do you, your spouse, or children have any savings accounts and/or savings certificates? YES NO

Account# Institution Balance Date of Balance Name on Account

Do you, your spouse, or children have any checking accounts? YES NO

Account# Institution Balance Date of Balance Name on Account

Do you, your spouse, or children have any stocks? YES NO

Stock Name # of Share Date Purchase Name on Account Value

Do you, your spouse, or children have any bonds? YES NO

Type of Bond Date Purchase Name on Account Value

Do you, your spouse, or children have any retirement accounts? YES NO

Type of Plan Institution Value Date Plan Started Name on Account

Do you, your spouse, or children have any college savings plans? YES NO

Account# Institution Balance Date Name on Account

Do you, your spouse, or children have any accounts of any nature not already listed above? YES NO

If so, please list all relevant information: _____

VEHICLES (include trailers, ATV's, boats, motorcycles, campers,etc.)

You Drive (year, make, model): _____

Whose name is it in? _____ **Value:** _____

Lien Amount: _____ **Institution:** _____ **Payable: \$** _____ **per** _____

Your Spouse Drive's (year, make, model): _____

Whose name is it in? _____ **Value:** _____

Lien Amount: _____ **Institution:** _____ **Payable: \$** _____ **per** _____

Extra Vehicle 1 (year, make, model): _____

Whose name is it in? _____ **Value:** _____

Lien Amount: _____ **Institution:** _____ **Payable: \$** _____ **per** _____

Extra Vehicle 2 (year, make, model): _____

Whose name is it in? _____ **Value:** _____

Lien Amount: _____ **Institution:** _____ **Payable: \$** _____ **per** _____

Extra Vehicle 3 (year, make, model): _____

Whose name is it in? _____ **Value:** _____

Lien Amount: _____ **Institution:** _____ **Payable: \$** _____ **per** _____

Extra Vehicle 4 (year, make, model): _____

Whose name is it in? _____ Value: _____

Lien Amount: _____ Institution: _____ Payable: \$ _____ per _____

Extra Vehicle 5 (year, make, model): _____

Whose name is it in? _____ Value: _____

Lien Amount: _____ Institution: _____ Payable: \$ _____ per _____

PERSONAL PROPERTY

Furniture Lien Amount Payable Frequency Paid

Antiques Value Purchase Price Date Purchase

Tools/Yar Equipment Value Purchase Price Date Purchase

List any other assets not listed above: _____

INSURANCE

POLICY 1: Whose Life is it on? _____

Policy Number: _____ **Institution:** _____

Death Benefit: _____ **Beneficiary:** _____

Annual Premium: _____ **Cash Surrender or Loan Value:** _____

Is it a term or whole life policy? _____

Is it with a private company or through employment? _____

POLICY 2: Whose Life is it on? _____

Policy Number: _____ **Institution:** _____

Death Benefit: _____ **Beneficiary:** _____

Annual Premium: _____ **Cash Surrender or Loan Value:** _____

Is it a term or whole life policy? _____

Is it with a private company or through employment? _____

POLICY 3: Whose Life is it on? _____

Policy Number: _____ **Institution:** _____

Death Benefit: _____ **Beneficiary:** _____

Annual Premium: _____ **Cash Surrender or Loan Value:** _____

Is it a term or whole life policy? _____

Is it with a private company or through employment? _____

POLICY 4: Whose Life is it on? _____

Policy Number: _____ Institution: _____

Death Benefit: _____ Beneficiary: _____

Annual Premium: _____ Cash Surrender or Loan Value: _____

Is it a term or whole life policy? _____

Is it with a private company or through employment? _____

POLICY 5: Whose Life is it on? _____

Policy Number: _____ Institution: _____

Death Benefit: _____ Beneficiary: _____

Annual Premium: _____ Cash Surrender or Loan Value: _____

Is it a term or whole life policy? _____

Is it with a private company or through employment? _____

Do you have any of the following insurance (circle all applicable):

MEDICAL HOSPITALIZATION DENTAL VISION

From whom did you obtain your policy? _____

What is the cost and frequency of payment for each?

Medical \$ _____ per _____. Dental \$ _____ per _____

Hospitalization \$ _____ per _____. Vision \$ _____ per _____

Does your spouse have any of the following insurance (circle all applicable):

MEDICAL HOSPITALIZATION DENTAL VISION

From whom did your spouse obtain your policy? _____

What is the cost and frequency of payment for each?

Medical \$ _____ per _____. Dental \$ _____ per _____

PROPERTY SETTLEMENT

What do you consider a fair division of your property and debts?

(a) Describe the assets each party should receive: _____

(b) Describe the debts each party should receive: _____

(c) Amount of support for you or spouse? \$ _____ per _____.

(d) Amount of support for your children? \$ _____ per _____.

(e) Fee Arrangement for attorney between you and your spouse: _____

(f) Additional Comments/Information: _____

CLIENT VERIFICATION

The undersigned client in this matter, states that he/she has prepared the above entitled form and has reviewed the completed form and certifies the information provided is true and correct.

Client

Date