

Roalfs Law & Mediation LLC

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POST DECREE – NO KIDS/RETIREMENT INTAKE FORM

Please ensure that you have completed each question. If you do not know the answer, please try to find out. 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: _____

Current Address: _____

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

Future (new) address: _____

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

E-mail: _____

S.S. #: _____ D.O.B.: _____ Age: _____

Employer’s Name: _____

Employer’s Address: _____

Average Work Schedule: _____

Telephone Numbers:

Office: _____ Ext: _____ Office Fax: _____

Home: _____ Best Time to Call: _____

Cell: _____ Other Numbers: _____

Referred By: _____

Place of Birth: _____ Length of time a resident of Illinois: _____

Education completed: _____

Religion/Ethnicity: _____

Closest relative - Name and relationship: _____

Closest relative - Address: _____

Your health: _____ Physician's Name: _____

Under treatment for: _____

Emergency Contact Name/Number/Relationship: _____

Are you Married/Remarried? (Please Circle) YES NO

If so, New Spouse's Name: _____

Are you Living with Anyone? (Please Circle) YES NO

If so, Please List: _____

FORMER SPOUSE INFORMATION

Please be advised that this is not your current spouse, if you have one. This information is on the parent of the child(ren) and/or ex-spouse.

Full Legal Name: _____ Nickname: _____

Current Address: _____

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

Future (new) address: _____

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

E-mail: _____

S.S. #: _____ D.O.B.: _____ Age: _____

Employer's Name: _____

Employer's Address: _____

Average Work Schedule: _____

Telephone Numbers:

Office: _____ Ext: _____ Office Fax: _____

PLEASE LIST THE MODIFICATION(S) THAT YOU ARE REQUESTING:

SERVICE OF PROCESS

Give an accurate physical description of other parent/ex-spouse/guardian (age, ethnicity, height, weight, color of hair, color of eyes, distinctive physical characteristics, tattoos, scars, nicknames, etc.) _____

Give make, model, year, color and license plate number of car person being served is driving:

When and where should documents be served?

RESOLUTION SOUGHT

PLEASE LIST WHAT YOU ARE HOPING TO BE THE OVERALL RESULT OF THIS LITIGATION: _____
