

DIVORCE/SEPARATION INTAKE FORM

Please complete this form as fully and accurately as possible. If any information is not known to you, please leave the space blank. This information is needed for your consultation and possible future representation, if retained. Thank you in advance for your cooperation and assistance.

1. For Department of Vital Statistics VS-4 Form & General Information:

	Client's Information	Current Spouse's Information
Full Legal Name <i>(first, middle, last, suffix)</i>		
Maiden Name	<input type="checkbox"/> Yes, I desire a name change to:	<input type="checkbox"/> Yes, I desire a name change to:
Date of Birth <i>(month, day, year)</i>		
Place of Birth <i>(State or Foreign Country)</i>		
Citizenship	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Other: _____	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Other: _____
# of marriages	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th
Race/Ethnicity	<input type="checkbox"/> _____ <input type="checkbox"/> Check if also Native American	<input type="checkbox"/> _____ <input type="checkbox"/> Check if also Native American
Highest level of education (# of years)	Elementary or Secondary (0-12): _____ College (1-4 or 5+): _____	Elementary or Secondary (0-12): _____ College (1-4 or 5+): _____
Social Security #:		
Driver's License:	State: _____ #: _____	State: _____ #: _____
Other VA Licenses <i>For work or recreation:</i>		
Current Addresses Physical: <i>(street # & name; city; state; zip)</i> Mailing: <i>(If different from physical)</i>		
Phone Numbers <i>(home, work, cell)</i>		
Email Address		
Employment <i>(Employer's Name, Address, phone number)</i> Job Title Gross Annual Income <i>(before taxes and deductions)</i>		
Currently or formerly in U.S. military service?	<input type="checkbox"/> No <input type="checkbox"/> Yes, as: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves Branch: _____ Date Entered: _____ Exited: _____ Receive retirement? <input type="checkbox"/> No <input type="checkbox"/> Yes Receive VA disability? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, as: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves Branch: _____ Date Entered: _____ Exited: _____ Receive retirement? <input type="checkbox"/> No <input type="checkbox"/> Yes Receive VA disability? <input type="checkbox"/> No <input type="checkbox"/> Yes

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2. Venue:

a. Date of Marriage: _____ Place of Marriage: _____
(month, day, year) (city, state, country)

b. Did you and your spouse ever live together? Yes No

Place where you last lived together: _____
(street # & name) (city) (state) (zip)

3. Separation: Date of Separation: _____

a. Has the separation been continuous, uninterrupted, without cohabitation? Yes No

4. Jurisdiction: Checkmark (√) all that apply:

In Rem a. Who was a resident (physically present) & a domiciliary (intend to stay in VA) of VA for the past 6 months?
 Myself Your Spouse

In Personam b. Your spouse lived in VA on the date of: Separation Suit/Divorce was filed
 Cause of action arose for divorce (i.e. faults/ reason for divorce occurred)

5. Children: Any children were born or adopted of this marriage? Yes No

Child's Full Legal Name <small>(first, middle, last, suffix)</small>	Date of Birth <small>(month, day, year)</small>	Age	Sex <small>M/ F</small>	Social Security# <small>(not needed if adult)</small>	Currently Residing With <small>(name, relationship, city located at)</small>

UCCJEA:
 -Home state@
 time of filing
 -Home state 6
 months prior,
 child absent but a
 "parent" still
 resides
 -Significant
 connections
 -Best interest of
 child

a. The child(ren) listed above lived at the *same* address for 5 years? Yes No

b. Do you *OR* your spouse have any *other* minor children? Yes No

If yes, who: _____

c. Are you *OR* your spouse pregnant? Yes No

6. Current/Prior Legal Proceedings

a. Have you and your spouse signed a separation agreement? Yes No

b. Has there been anything filed with a court regarding this matter? Yes No

What action(s): _____ Next Court Date(s): _____

What court(s): _____ Case #: _____

c. Any Protective Orders between you and your spouse, now or in the past? Yes No

d. Social Services ever involved with you, spouse, or any child at issue? Yes No

Which is applicable to your case?	Uncontested Divorce (No-Fault)	Contested Divorce (Fault)	<input type="checkbox"/> Desertion/abandonment
	<input type="checkbox"/> Irreconcilable differences	<input type="checkbox"/> Cruelty <input type="checkbox"/> Reasonable Apprehension of Bodily Hurt	<input type="checkbox"/> Adultery <input type="checkbox"/> Felony Conviction