

## **CLIENT INTAKE FORM**

Case No.:

Petitioner's Name:

DOB:

SS No.:

Address:

City, State:

Zip Code:

Home Phone:

Work Phone:

Attorney:

Attorney Address:

City, State:

Zip Code:

Respondent's Name:

DOB:

SS No.:

Address:

City, State:

Zip Code:

Home Phone:

Work Phone:

Attorney: FRANCISCO. J. VARGAS

Attorney Address: 1200 Brickell Avenue, Suite 1950

City, State: Miami, FL

Zip Code: 33131

Minor Child:

Date of Birth:

SS No.:

Minor Child:

Date of Birth:

SS No.:

The following information is requested for reporting to the Bureau of Vital Statistics.

Place of Marriage:

State/Province:

County:

Date of Marriage:

Wife's Maiden Name:

### **ADDITIONAL INFORMATION**

1. **Referred by** (Choose drop-down List)
2. **Referred by** (Please write specific Name)
3. **Type of case**: (Choose drop-down List)  
(Do not complete #4-8 if prenuptial agreement)
4. **County where case is being filed**:  
(Choose drop down list)
5. **Write Case No.** (only if case already filed):
6. **Restore Wife's former name?**
  - a. If yes, write full former Name:
7. **Please attach a copy of Client's Driver License**:  
(a copy must be submitted to the Court at the final hearing).
8. **Confirm that Driver's license is at least six (6) months old.**  
(Client needs to have lived in Florida For at least 6 months to obtain divorce).
  - a. If no, then client must show residence in Florida through Voter's registration card or witness affidavit.  
Alternative, spouse's driver's license.
9. **Petitioner/Client's E-mail**:
10. **Respondent/Spouse's E-Mail**:
11. **Confirm other spouse's agreement**: