**CLIENT INTAKE FORM**

Case No.:

Petitioner’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, Florida

Zip Code: 33131

Respondent’s Name:

DOB:

SS No.:

Address:

City, State:

Zip Code:

Home Phone:

Work Phone:

Attorney:

Attorney Address:

City, State:

Zip Code:

Minor Child: None

Date of Birth:

SS No.:

Minor Child: None

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)

1. **County where case is being filed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Choose drop down list)

1. **Write Case No.** (only if case already filed): \_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Restore Wife’s former name?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. If yes, write full former Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **Please attach a copy of Client’s Driver License**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(a copy must be submitted to the Court at

The final hearing).

1. **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).

* 1. If no, then client must show residence

 in Florida through Voter’s registration

card or witness affidavit.

 Alternative, spouse’s driver’s license.

1. **Petitioner/Client’s E-mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Respondent/Spouse’s E-Mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Confirm other spouse’s agreement**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_