

DIVORCE INTAKE SHEET

Johnson Law Firm, P.A.

Today's Date: _____ 2021

mary@maryjohnsonlawfirm.com

Your Full Name: _____ Telephone number: _____

Address: _____ Email address: _____

City State Zip Code: _____ Social Security # _____

Your date of birth: _____ Age: _____

Your Employer: _____ Start date: _____

Job description: _____ Hourly rate of pay: \$ _____

Hours worked per week: _____ Gross Monthly Income: \$ _____

Payperiods: (Circle one): Weekly Bi-weekly Twice per month Monthly

401K Value \$ _____ Do you have a company defined benefit pension: _____

Do you have health insurance through your employer? If so, cost to you for coverage per month: \$ _____

Other sources of income and annual amounts: _____

Spouse's full name: _____ Date of Birth: _____ Age: _____

Address: _____ Social security number: _____

City, State, Zip: _____

Spouse's Employer: _____ Start date: _____

Job description: _____ Hourly rate of pay: \$ _____

Hours worked per week: _____ Gross Monthly Income: \$ _____

Payperiods: (Circle one): Weekly Bi-weekly Twice per month Monthly

401K Value \$ _____ Does spouse have a company defined benefit pension: _____

Does spouse have health insurance through employer? If so, cost for coverage per month: \$ _____

Other sources of income and annual amounts: _____

Date of Marriage: _____ City and State you were married in: _____

Date of Separation (living at different residences): _____

Unsecured debt: credit cards, medical bills, other loans

Creditor Name:	Individual or Joint:	Total balance owed:	Monthly payment:

PLEASE USE SPACE BELOW TO LIST ADDITIONAL ASSETS, LIFE INSURANCE AND OTHER PERSONAL PROPERTY ITEMS WHICH VALUE IS MORE THAN \$500 OR ADDITIONAL REAL ESTATE OWNED

IF CHILD CUSTODY OR PARENTING TIME IS CONTESTED, PLEASE WRITE BELOW WHAT YOU ARE SEEKING FOR CUSTODY AND PARENTING TIME SCHEDULE YOU WANT AND WHY.

**Johnson Law Firm, P.A., A Professional Corporation
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