



**DISSOLUTION OF MARRIAGE,  
DISSOLUTION OF DOMESTIC PARTNERSHIP,  
AND LEGAL SEPARATION  
NEW CLIENT INTAKE FORM**

**CERTIFIED PARALEGAL AND  
TRANSCRIPTION SERVICES, LLC  
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Newberg, OR 97132  
Email: [contact@certpts.com](mailto:contact@certpts.com)  
B: (503) 358-7927**

Costs:  
Fees:  
Type of Case:

**Necessary Information**

Do you believe that this action will be uncontested?

Is the other party serving in the military?

Is the other party legally incapacitated?

Are there court cases pending regarding the children?

Are there any support petitions pending or currently in effect?  If yes, please list:  
County:  State:  Case Number:

**Personal Information - Client**

Name:  Date:

Maiden Name:  Former Legal Names:

Home Phone:  Work Phone:  Cell Phone:

Email:  Fax Number:

O.K. to call at home?  O.K. to call at work?  Best Time to Call:

Address:

City:  State:  Zip:  County:

Mailing Address (if different than above):

City:  State:  Zip:  County:

Residence for the last 6 months: County:  State:

Date of Birth:  Age:  Place of Birth:   
(City, county & state (if known))

Do you want your mail addressed "Personal and Confidential"?

Health Condition:

Please Explain:

Last 4 digits SS#:  Last 4 digits of DL#:  Race:

Education Background (highest grade completed):

Employer:  Occupation:

Business Address:

Length of Employment:  # of hours per week:

Gross Wages Hourly:  Monthly:  Net:

Other Sources of Income:  Amount:

Name of Nearest Relative:  Phone:

Address:

**Personal Information - Spouse / Partner**

Name:  Date:   
Maiden Name:  Former Legal Names:   
Home Phone:  Work Phone:  Attorney:   
Address:   
City:  State:  Zip:  County:   
Date of Birth:  Age:  Place of Birth:   
(City, county & state (if known))

Health Condition:   
Please Explain:   
Last 4 digits SS#:  Last 4 digits of DL#:  Race:   
Education Background (highest grade completed):   
Employer:  Occupation:   
Business Address:   
Length of Employment:  # of hours per week:   
Gross Wages Hourly:  Monthly:  Net:   
Business Address:   
Other Sources of Income:  Amount:

**Marital Information**

**Client**

Number of this marriage:  1st, 2nd, etc.  
Prior Marriages Dissolved on:   
(Month, day and year)

**Spouse**

Number of this marriage:  1st, 2nd, etc.  
Prior Marriages Dissolved on:   
(Month, day and year)  
Date of this marriage:  Separation date:   
Place of this marriage:   
(City, County and State)

**Children**

**This Marriage / relationship(s)**

Full Name:  Age:  Date of Birth:   
Full Name:  Age:  Date of Birth:   
Full Name:  Age:  Date of Birth:   
Full Name:  Age:  Date of Birth:   
Full Name:  Age:  Date of Birth:   
Who has custody?   
Terms of parenting time:   
Support Paid?  Support amount?

**Children from Prior Marriages / relationship(s)**

Full Name:  Age:  Date of Birth:   
 Full Name:  Age:  Date of Birth:   
 Full Name:  Age:  Date of Birth:   
 Full Name:  Age:  Date of Birth:   
 Full Name:  Age:  Date of Birth:

Who has custody?

Terms of parenting time:

Support Paid?  Support amount?

Where have children lived over the five and with whom?

<u>Dates</u>	<u>Address</u>	<u>Lived with</u>
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**Assets**

***Real Property Family Home***

Address:  County:  State:

Purchase Date:  Purchase Price:

Present Value:  Balance Owing:

Monthly Payment:

***Recreational Property***

Address:  County:  State:

Purchase Date:  Purchase Price:

Present Value:  Balance Owing:

Monthly Payment:

***Rental Property***

Address:  County:  State:

Purchase Date:  Purchase Price:

Present Value:  Balance Owing:

Monthly Payment:

**Personal Property**

**Vehicles**

(Including cars, trucks, boats, trailers & recreational vehicles)

<u>Year</u>	<u>Make/Model</u>	<u>License #/State</u>	<u>Used by</u>	<u>Value &amp; how obtained</u>

**Valuables (Collections, jewelry, etc.)**

<u>Description</u>	<u>Value and how obtained</u>

**Bank Accounts**

***Primary Checking***

Bank:  Branch:

Address:

Account Number:  In whose name:

***Primary Savings***

Bank:  Branch:

Address:

Account Number:  In whose name:

***Other Bank Accounts***

Bank:  Branch:

Address:

Account Number:  In whose name:

**Other Assets**


**Stocks and Bonds**  
**Pension, Profit-Sharing & Stock Purchase Plans**

**Client**

<b>Name of Stock</b>	<b># of Shares</b>	<b>\$ Value</b>	<b>Broker (Investment Firm)</b>

**Spouse**

<b>Name of Stock</b>	<b># of Shares</b>	<b>\$ Value</b>	<b>Broker (Investment Firm)</b>

**Insurance Policies**

***Life Insurance***

<b>Who's Insured?</b>	<b>Company</b>	<b>Death Benefit</b>	<b>Term / Whole Life?</b>	<b>Beneficiaries</b>

***Health Insurance***

<b>Company</b>	<b>Name of Insured</b>	<b>Who's covered?</b>

***Auto Insurance***

<b>Company</b>	<b>Name of Insured</b>	<b>Who's covered?</b>

