



106 E Main Street

Carlisle, KY 40311

andrea@ablawky.com

(p): 606-401-2049

(f): 844-576-0024

wheDivorce Intake

Date

County

Client Information Form

MARRIAGE INFORMATION:

Date of Marriage: _____ Date of Separation: _____

Place of Marriage:

City: _____ County: _____ State: _____

Registered Same: Yes/No (Circle One) Wife Currently Pregnant: Yes/No (Circle One)

CLIENT INFORMATION: Husband/Wife (Circle One)

Full Name: _____

Maiden/Former Name: _____

Home Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email Address: _____

Date of Birth: _____ Age _____

Birthplace: City: _____ State: _____

Social Security Number: _____ Race: _____ Active in Military: Yes/No

How Long Lived In: State: _____ County: _____

Employer: _____

Employer's Address: _____

Position: _____ Wages: _____ Salary/Hourly (Circle One)

Average Hours Per Week: _____

Bonuses/Commissions for past three years (Starting with most recent)

1. _____ 2. _____ 3. _____



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Other income: _____

Number of Marriages (Including this Marriage): _____

ADVERSE PARTY INFORMATION: Husband/Wife (Circle One)

Full Name: _____ Maiden/Former Name: _____

Home Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email Address: _____

Date of Birth: _____ Age _____

Birthplace: City: _____ State: _____

Social Security Number: _____ Race: _____

Active in Military: Yes/No

How Long Lived In: State: _____ County: _____

Employer: _____

Employer's Address: _____

Position: _____ Wages: _____ Salary/Hourly (Circle One)

Average Hours Per Week: _____

Bonuses/Commissions for past three years

1. _____ 2. _____ 3. _____

Other income: _____

Number of Marriages (Including this Marriage): _____

CHILDREN: IF NONE, SKIP

Child #1: Full Name: _____



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Date of Birth: _____ Age: _____ Social Security Number: _____

School: _____ Grade: _____

Child #2: Full Name: _____

Date of Birth: _____ Age: _____ Social Security Number: _____

School: _____ Grade: _____

Child #3: Full Name: _____

Date of Birth: _____ Age: _____ Social Security Number: _____

School: _____ Grade: _____

Child #4: Full Name: _____

Date of Birth: _____ Age: _____ Social Security Number: _____

School: _____ Grade: _____

Prior Custody Orders: Yes/No (Circle One)

If yes, explain: _____

Prior Child Support Orders: Yes/No (Circle One)

If yes, explain: _____

Who Covers Health Ins.: _____

Childcare: Yes/No Cost: _____ Who Pays: _____

Addresses for Past 5 Years:

Other Living Children with Someone Other Than Adverse Party:

1. Name: _____ Date of Birth: _____ Age: _____ Parent: _____

2. Name: _____ Date of Birth: _____ Age: _____ Parent: _____

3. Name: _____ Date of Birth: _____ Age: _____ Parent: _____

4. Name: _____ Date of Birth: _____ Age: _____ Parent: _____



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MARITAL ESTATE:

REAL ESTATE: (Include Time Shares and Rental Property)

Property#1

Description	Value	Whose Name Marital/Mixed/Separate (Husband, Wife, Joint)
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Mortgage:

Holder	Amount	Whose Name Equity (Husband, Wife, Joint)
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2nd Mortgage/HELOC

Holder	Amount	Whose Name Equity (Husband, Wife, Joint)
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Where did funds for purchase come from:

Amount for Down Payment:

Vehicles: (Cars, Vans, Trucks, Boats, Motorcycles, ATVs, Etc.)

Who Drives Primarily	Description	Value	Loan (Institution & Amount owed)
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1. _____

2. _____

3. _____

4. _____



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Bank Accounts:

Institution	Balance	Whose Name (H,W,J)	Checking or Savings	Marital/Mixed or Separate
1. _____				
2. _____				
3. _____				
4. _____				

Retirement Plans:

Participant	Institution	Vest (y/n)	Description	Value	Marital/Mixed or Separate
1. _____					
2. _____					
3. _____					
4. _____					

Stocks:

Corp. Name	Whose Name	No. of Shares	Source Marital/Mixed or Separate
1. _____			
2. _____			
3. _____			

Tax Refund:

Tax Year	Amount	Marital/Separate



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Household Items: To be divided/Already divided/Other: _____ (Circle One)

Investment Accounts:

Participant	Institution	Description	Value	Marital/Mixed/Separate
-------------	-------------	-------------	-------	------------------------

1. _____

2. _____

3. _____

4. _____

Insurance:

Company/Policy Number	Insured	Beneficiary	Whole/Term	Cash Value	Face Value
-----------------------	---------	-------------	------------	------------	------------

1. _____

2. _____

3. _____

Other Assets:

Description	Value	Marital/Separate/Mixed
-------------	-------	------------------------

1. _____

2. _____

3. _____

4. _____

Liabilities/Debts:

Name of Creditor	Type of Debt	Who is Liable Hus/Wife	Balance Due	Marital/Separate/ Mixed
---------------------	-----------------	---------------------------	----------------	----------------------------

1. _____

2. _____



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3. _____
4. _____
5. _____

MONTHLY LIVING EXPENSES:

Housing:

Rent or Mortgage \$ _____

Utilities

Gas and Electric \$ _____

Water and Sanitation \$ _____

Telephone \$ _____

Trash Collection \$ _____

Cable \$ _____

Internet \$ _____

Other \$ _____ Describe: _____

Total \$ _____

Other:

Car Repairs and Licenses \$ _____

Insurance

Health \$ _____

Car \$ _____

Other \$ _____ Describe: _____

Medical Expenses \$ _____

Clothing \$ _____

Grocery Items (to include food, laundry, cleaning products/toiletries, etc.) \$ _____

Child Related Expenses

Daycare \$ _____



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Other \$ _____

Gasoline and Oil \$ _____

Other \$ _____ Describe: _____

Total \$ _____

Monthly Installment Payments:

To Whom	Purpose	Balance	Monthly Payment
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

HOW DID YOU HEAR ABOUT OUR FIRM:

_____ Personal Referral From: _____

_____ Website

_____ Other _____

.....
FOR ATTORNEY'S USE

NOTES:

Relief Requested:



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- _____ Dissolution of Marriage/Divorce/Legal Separation
- _____ Sole Custody of minor child(ren), Temporary and Permanent
- _____ Joint Custody of minor child(ren), Temporary and Permanent
- _____ Equitable division of the marital property
- _____ Restoration of non-marital property
- _____ Determination of child support
- _____ Child support, Temporary and Permanent
- _____ Spousal Support, Temporary and Permanent
- _____ Restoration of Maiden/Former Name
- _____ Other
- _____ All other relief to which he/she may be entitled

FILE INFORMATION

File Name: _____

Retainer: _____

Hourly Rate: _____

Attorney: _____