

LAW OFFICES  
**LOCKE & LYDEN**

A Professional Limited Liability Company  
10615 Judicial Drive, Suite 502  
Fairfax, Virginia 22030  
Phone: (703) 359-8020  
Fax: (703) 359-8028

**DOMESTIC RELATIONS INTAKE FORM**

(Please complete the following form legibly)

**Personal Information**

Contact Name \_\_\_\_\_

*First Name* \_\_\_\_\_ *Middle Name* \_\_\_\_\_ *Last Name* \_\_\_\_\_

Home Address \_\_\_\_\_

*Street Address* \_\_\_\_\_

Home Telephone \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

Work Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Fax Number \_\_\_\_\_

Current Employer \_\_\_\_\_

*Name* \_\_\_\_\_

*Street Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

Place of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security No. \_\_\_\_\_

Have you ever used a different name, including maiden name? \_\_\_\_\_

If so, what name(s) & why? \_\_\_\_\_

Have you ever been in the military? \_\_\_\_\_ If so, which branch? \_\_\_\_\_

**Information About Marriage**

(Complete regarding current marriage if here about issues relating to current marriage. Complete regarding prior marriage if here about issues relating to prior marriage)

Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_

Date of Separation \_\_\_\_\_ Date of Divorce \_\_\_\_\_

Place of Last Cohabitation \_\_\_\_\_

Number of this marriage for Husband? \_\_\_\_\_ Number of this marriage for Wife? \_\_\_\_\_

**Information About Children**

Full Names & Birth Dates \_\_\_\_\_

\_\_\_\_\_

**Information About Spouse, Ex-Spouse OR Other Parent** (Complete about opposing party)

Name \_\_\_\_\_  
*First Name Middle Name Last Name*

Home Address \_\_\_\_\_  
*Street Address*

Home Telephone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Current Employer \_\_\_\_\_  
*Name*  
\_\_\_\_\_  
*Street Address*  
\_\_\_\_\_  
*City State Zip Code*

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address \_\_\_\_\_ Social Security No. \_\_\_\_\_

Has he/she ever used a different name, including maiden name? \_\_\_\_\_  
If so, what name(s) & why? \_\_\_\_\_

Has he/she ever been in the military? \_\_\_\_\_ If so, which branch? \_\_\_\_\_

**Information Needed by Commonwealth of Virginia**

Husband's/Father's Race: \_\_\_\_\_

Husband's/Father's Highest Level of Education: \_\_\_\_\_

Husband's/Father's Primary Language: \_\_\_\_\_

Wife's/Mother's Race: \_\_\_\_\_

Wife's/Mother's Highest Level of Education: \_\_\_\_\_

Wife's/Mother's Primary Language: \_\_\_\_\_

Date Form Completed: \_\_\_\_\_

How did you hear about this firm? \_\_\_\_\_