



DIY DIVORCE INTAKE

Date: _____ Full Legal Name of Client : _____

Any Other Name Known by: _____

How did you hear about us?

☐ Website ☐ Referred by a Client (Name: _____)

☐ Social Media ☐ Referred by Lawyer (Name: _____)

☐ Flyer/Advertisement ☐ Referred by other Professional (Name: _____)

Home Address: _____ City: _____ State: _____ ZIP: _____

Mailing Address (if different): _____ City: _____ State: _____ ZIP: _____

Phone- Primary: _____ Alternate: _____ E-mail: _____

Date of Marriage: _____ Marriage No. _____ (first, second, etc.)

Location of Marriage (City & State/Country) _____

Marriage No. _____ (first, second, etc.) Date of Separation: _____

DOB: _____ Present Age: _____ DL #: _____ State _____

Level of Education: ☐ GED ☐ High School ☐ Associates ☐ Bachelors ☐ Masters ☐ Doctorate ☐ Other _____

Employer Name: _____

Employer Address: _____

Yearly income: _____ Eligible for Bonuses: ☐ Yes ☐ No ☐ Other: _____



DIY DIVORCE INTAKE

SPOUSE/OTHER PARTY:

Full Legal Name of Spouse: _____

Any Other Name Known by: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

Mailing Address (if different): _____ City: _____ State: _____ ZIP: _____

Telephone/E-Mail:

Phone- Primary: _____ Alternate: _____ E-mail: _____

Marriage No. _____ (first, second, etc.)

DOB: _____ Present Age: _____ DL #: _____ State: _____

Employer Name: _____

Employer Address: _____

Yearly income: _____ Eligible for Bonuses: ☐ Yes ☐ No ☐ Other: _____

Does your spouse currently have an attorney retained? : ☐ Yes ☐ No

If yes, please complete:

Name of Attorney: _____

Phone : _____ Email: _____



DIY DIVORCE INTAKE

CHILDREN:

1. Full Name: _____ DOB: _____ Present Age: _____
Home Address: _____ Prior Marriage? ☐ Yes ☐ No
2. Full Name: _____ DOB: _____ Present Age: _____
Home Address: _____ Prior Marriage? ☐ Yes ☐ No
3. Full Name: _____ DOB: _____ Present Age: _____
Home Address: _____ Prior Marriage? ☐ Yes ☐ No
4. Full Name: _____ DOB: _____ Present Age: _____
Home Address: _____ Prior Marriage? ☐ Yes ☐ No

Primary Caregiver of Children Listed above: _____

OTHER:

Support payments currently paid/received

Monthly Child Support Payment(s): _____ For the Support of _____ Minors

Monthly Spousal Support Payment(s): _____