Intake

Client's First, Middle, Last Name: _____
Today's Date:_____
Place of Marriage:_____
Date of Marriage:_____
Payor's Name:_____

Husband and Wife's Information

Husband's First, Middle, Last Name: _____
Husband's DOB:_____ Husband's SSN:_____

Husband's Address:_____
Month/Year became Nevada Resident:_____

Husband's Employer:_____
Employer's Address:_____
Employer's Phone:_____
Husband's Occupation:_____

Wife's First, Middle, Last Name: _____
Wife's DOB:_____ Wife's SSN:_____

Wife's Address:_____
Month/Year became Nevada Resident:_____

Wife's Employer:_____
Employer's Address:_____
Employer's Phone:_____
Wife's Occupation:_____

Intake

Client's Name: _____ Today's Date:_____
Place of Marriage:_____Date of Marriage:_____
Payor's Name:_____

Minor Children's Information

Minor Child #1's First, Middle, Last Name: _____

#1 DOB:_____ #1 SSN:_____

#1Sex/Gender_____#1 Address:_____

Month/Year became Nevada Resident:_____

Minor Child #2's First, Middle, Last Name: _____

#2 DOB:_____ #2 SSN:_____

#2Sex/Gender_____#2 Address:_____

Month/Year became Nevada Resident:_____

Minor Child 3's First, Middle, Last Name: _____

#3 DOB_____#3 SSN:_____

#3Sex/Gender_____#3 Address:_____

Month/Year became Nevada Resident:_____

Minor Child #4's First, Middle, Last Name: _____

#4 DOB:_____ #4 SSN:_____

#4Sex/Gender_____#4 Address:_____

Month/Year became Nevada Resident:_____

Minor Child #5's First, Middle, Last Name: _____

#5 DOB:_____ #5 SSN:_____

#5Sex/Gender_____#5 Address:_____

Month/Year became Nevada Resident:_____

Intake

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Place of Marriage:_____Date of Marriage:_____
Payor's Name:_____

Spousal and Child Support

Husband shall pay $_____ in child support due the _____ of each month.

Wife shall pay $_____ in child support due the _____ of each month.

Husband shall pay $_____ in spousal support due the _____ of each month.

Wife shall pay $_____ in spousal support due the _____ of each month.

Legal Custody

Please describe the following legal custody arrangement:

Circle one: Husband/Wife/Both
SHALL HAVE
Select one: ☐Sole ☐Joint

Father's Schedule With the Children

Select One: ☐Weekly ☐Biweekly ☐Every Other Month

Describe the pickup and drop off times:

Sun:	from	_____am/pm	to	_____am/pm
Mon:	from	_____am/pm	to	_____am/pm
Tues:	from	_____am/pm	to	_____am/pm
Wed:	from	_____am/pm	to	_____am/pm
Thurs:	from	_____am/pm	to	_____am/pm
Fri:	from	_____am/pm	to	_____am/pm
Sat:	from	_____am/pm	to	_____am/pm

Mother's Schedule with the Children

Select One: ☐Weekly ☐Biweekly ☐Every Other Month

Describe the pickup and drop off times:

Sun:	from	_____am/pm	to	_____am/pm
Mon:	from	_____am/pm	to	_____am/pm
Tues:	from	_____am/pm	to	_____am/pm
Wed:	from	_____am/pm	to	_____am/pm
Thurs:	from	_____am/pm	to	_____am/pm
Fri:	from	_____am/pm	to	_____am/pm
Sat:	from	_____am/pm	to	_____am/pm

Holiday Schedule

Please select the following holiday schedule arrangement: ☐Court's Default Schedule ☐Other(attach)

Health Insurance for the Children

Select who will maintain health and dental insurance for the children: ☐Husband ☐Wife

Claiming the Child Tax Credit

Select who will claim the child tax credit: ☐Husband ☐Wife ☐Alternate

Intake

Client's Name: _____ Today's Date:_____
Place of Marriage:_____Date of Marriage:_____
Payor's Name:_____

Real properties and Mortgages

Property #1 Address:_____
Describe the percentage interest of each spouse: Husband_____% Wife_____%
Existing Mortgage Servicer and last four of Account No._____
Describe the percentage of liability on mortgage of each spouse: Husband_____% Wife_____%

Property #2 Address:_____
Describe the percentage interest of each spouse: Husband_____% Wife_____%
Existing Mortgage Servicer and last four of Account No._____
Describe the percentage of liability on mortgage of each spouse: Husband_____% Wife_____%

Property #3 Address:_____
Describe the percentage interest of each spouse: Husband_____% Wife_____%
Existing Mortgage Servicer and last four of Account No._____
Describe the percentage of liability on mortgage of each spouse: Husband_____% Wife_____%

Automobiles

Auto #1 Year/Make/Model: _____ VIN_____

Name of existing auto loan and account no._____

Select who this vehicle should go to: ☐Husband ☐Wife

Select who is responsible for the existing car loan: ☐Husband ☐Wife

Auto #2 Year/Make/Model: _____ VIN_____

Name of existing auto loan and account no._____

Select who this vehicle should go to: ☐Husband ☐Wife

Select who is responsible for the existing car loan: ☐Husband ☐Wife

Bank Accounts

Bank Account #1 Name of Institution and Last four of Account No.:_____

Describe the percentage interest of each spouse in this account: Husband_____% Wife_____%

Bank Account #2 Name of Institution and Last four of Account No.:_____

Describe the percentage interest of each spouse in this account: Husband_____% Wife_____%

Bank Account #3 Name of Institution and Last four of Account No.:_____

Describe the percentage interest of each spouse in this account: Husband_____% Wife_____%

Intake

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Date of Marriage:_____
Payor's Name:_____

Retirement Accounts

Retirement Account #1
Name of Institution:_____
Last four of Account No._____
Account Holder_____
Select Type of Account: Pension /IRA/401K/Retirement/Roth IRA/403(b)/ERISA/other_____
Describe the percentage interest of each spouse: Husband_____% Wife_____%

Retirement Account #2
Name of Institution:_____
Last four of Account No._____ Account
Holder_____
Select Type of Account: Pension /IRA/401K/Retirement/Roth IRA/403(b)/ERISA/other_____
Describe the percentage interest of each spouse: Husband_____% Wife_____%

Businesses

Business #1 Name_____
Address/Location/Headquarters_____
Describe percentage of each spouse's interest in business' assets: Husband_____% Wife_____%
Describe percentage of each spouse's obligation in business' liabilities: Husband_____% Wife_____%

Business #2 Name_____
Address/Location/Headquarters_____
Describe percentage of each spouse's interest in business' assets: Husband_____% Wife_____%
Describe percentage of each spouse's obligation in business' liabilities: Husband_____% Wife_____%

Equalization Payments

The following spouse shall make the following payments to the other spouse:

_____ shall make a one time lump sum payment of $_____ to _____ as an equalization payment for _____'s relinquishment of their interest in the property _____.

Intake

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Payor's Name:_____

Resident Witness' Information

Resident Witness' First, Middle, Last Name: _____

Address:_____

DOB:_____

Month/Year became Nevada Resident:_____

Month/Year First Met Client:_____ _____

Month/Year First Met Client in Nevada:_____

Relationship to Client:_____