**MATRIMONIAL INTAKE SHEET**

**OFFICE USE ONLY:**

**CASE NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ v \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Index No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Summons Filed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Summons Served \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Stip Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLAINTIFF’S ATTORNEY:**

NAME

ADDRESS

PHONE FAX

**DEFENDANT’S ATTORNEY:**

NAME

ADDRESS

PHONE FAX

**ATTORNEY FOR CHILD (IF ANY)**:

NAME

ADDRESS

PHONE FAX

NATURE OF ACTION: *Divorce / Separation / Annulment / Other*

DATE OF COMMENCEMENT:

GROUNDS:

NATURE OF RELIEF:

WIFE: CSSA amount

HUSBAND: CSSA amount

*PENDENTE LITE* ORDER:

**CLIENT TO FILL OUT:**

**MATRIMONIAL INTAKE SHEET**

**Today’s Date:**

**PARTIE’S INFORMATION**

DATE MARRIED: \_\_\_\_\_\_\_\_\_\_\_\_\_ DATE SEPARATED: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

CIVIL OR RELIGIOUS CEREMONY? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACE OF MARRIAGE (Village/City/Town and County/State) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Wife’s previous marriages \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grounds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Husband’s previous marriages \_\_\_\_\_\_\_\_\_\_\_ Grounds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREVIOUS FAMILY COURT ORDERS?**

Custody/Visitation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Support: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILDREN OF MARRIAGE :

**NAME DOB CURRENT RESIDENCE**

**WIFE INFORMATION** (DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_); State of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

NAME MAIDEN NAME

ADDRESS

EMAIL

Live in Village Limits? If no: Towny/City of .

COUNTY OF RESIDENCE

PHONE FAX MOBILE WORK

SOCIAL SECURITY NUMBER

AGE HEALTH (Excellent – Good – Fair – Poor)

EDUCATION/SKILLS

Highest Grade Completed:

EMPLOYER (name/address/contact info) & Occupation

INCOME (GROSS as per most recent TaxYear)

STOCK ACCOUNT(s) (Name/Account/Value):

SAVINGS ACCOUNT (Bank/Account/Value):

PENSION (date opened/current value/account info):

Wife’s Vehicle (Make/Model/Year):

Amount owed Value of Vehicle

Wife’s Separate Property: (owned prior to marriage or inherited during marriage):

**HUSBAND’S INFORMATION:** (DOB: \_\_\_\_\_\_\_\_\_\_\_); State of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

NAME

ADDRESS

EMAIL

Live in Village Limits? If no: Towny/City of .

COUNTY OF RESIDENCE

PHONE FAX MOBILE WORK

SOCIAL SECURITY NUMBER

AGE HEALTH (Excellent – Good – Fair – Poor)

EDUCATION/SKILLS

Highest Grade Completed:

EMPLOYER (name/address/contact info) & Occupation

INCOME (GROSS as per most recent TaxYear)

STOCK ACCOUNT(s) (Name/Account/Value):

SAVINGS ACCOUNT (Bank/Account/Value):

PENSION (date opened/current value/account info):

Husband’s Vehicle (Make/Model/Year):

Amount owed Value of Vehicle

Husband’s Separate Property: (owned prior to marriage or inherited during marriage):

**MARITALPROPERTY: (Jointly Owned and/or Bought/Acquired During Marriage)**

**MARITAL ABODE (Place parties resided as husband/wife)**:

Owned/Rented Marital Abode? Owned / Rented

**MARITAL PROPERTY (address)**

Original Purchase Price:

Approximate Value Now:

Amount Owed:

Who occupies H or W?

**OTHER REAL ESTATE (address/value(s)**:

Names/Address/Social Security Number of all Children of this marriage:

**MEDICAL INSURANCE INFORMATION**

**WIFE:** Covered by Medical Dental Prescription

Provider Name & Address on back of card:

ID Number: Plan Administrator:

\*\*\*Need photocopy of back/front of cards\*\*\*

**HUSBAND:** Covered by Medical Dental Prescription

Provider Name & Address on back of card:

ID Number: Plan Administrator:

\*\*\*Need photocopy of back/front of cards\*\*\*

**CHILDREN:** Covered by Medical Dental Prescription

Provider Name & Address on back of card:

ID Number: Plan Administrator:

\*\*\*Need photocopy of back/front of cards\*\*\*

**Addresses that any children of the marriage have had for the past five (5) years. If some children have had different addresses than others, please list separately.**

Name(s) Address Lived with whom Year(s)

**Wife’s Addresses for past three (3) years**:

**Husband’s Addresses for past three (3) years:**

**IF THERE IS NO CHILD SUPPORT ORDER**:

1. Who will be paying child support?
2. Will it be paid weekly, bi-weekly, or monthly?
3. How much will be paid?
4. Will the check be paid directly or through SCU (Support Collection Unit)?
5. How will uncovered medical expenses be paid? Each pay 50/50, 60/40, etc?
6. Who will claim dependent(s)?
7. If children go to college will parents be contributing a mandatory amount or be paying based upon what they can, if they can?
8. Extraordinary/Unforeseen Expenses, how will they be paid? Each pay 50/50, 60/40, etc?