

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 :

<u>NAME</u>	<u>DOB</u>	<u>CURRENT RESIDENCE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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): _____

MARITAL PROPERTY: (Jointly Owned and/or Bought/Acquired During Marriage)

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

<u>Owned/Rented Marital Abode?</u>	<u>Owned / Rented</u>
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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? _____
