

CLIENT TO FILL OUT:

MATRIMONIAL INTAKE SHEET

Today's Date: _____

PARTIE'S INFORMATION *All Info Requested MUST be provided – we are required to use it in various court documents, which is why it is requested.*

DATE MARRIED: _____ DATE SEPARATED: _____

If currently residing together, so indicate

CIVIL OR RELIGIOUS CEREMONY? _____

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

Number of Wife's previous marriages _____ Grounds _____

Previous Married Name(s): _____

Number of Husband's previous marriages _____ Grounds _____

PREVIOUS FAMILY COURT ORDERS?

Custody/Visitation: _____ County: _____

Date(s): _____

Child Support: _____ County: _____

Date(s): _____

CHILDREN OF MARRIAGE: *We NEED Social Security Numbers for Court Papers*

<u>NAME</u>	<u>DOB</u>	<u>CURRENT RESIDENCE</u>	<u>S.S.N #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WIFE/SPOUSE #1 INFO (DOB: _____); State of Birth: _____

*****Need photocopy of FRONT of Driver's License*****

NAME _____ **MAIDEN NAME(s)** _____

ADDRESS _____

EMAIL _____

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

COUNTY OF RESIDENCE _____

PHONE _____ **FAX** _____ **MOBILE** _____ **WORK** _____

SOCIAL SECURITY NUMBER _____ ; **Ethnicity** _____

AGE _____ **HEALTH** (Excellent – Good – Fair – Poor) _____

Highest Grade Completed: _____

(specify degree, if any) _____

EMPLOYER (name/address/contact info) & Occupation _____

INCOME (GROSS as per most recent Tax Year) _____

Stock/Savings/Pension Info Required ONLY if someone other than the named owner is keeping them

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

SAVINGS ACCOUNT (Bank/Account/Value): _____

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

Wife's/Spouse#2 Vehicle (Make/Model/Year): _____

Amount owed _____ **Value of Vehicle** _____

Indicated Who's Name(s) are on title & car loan, if applicable

Separate Property: (owned prior to marriage or inherited during marriage): _____

HUSBAND'S /SPOUSE 2 INFO: (DOB: _____); State of Birth: _____

*****Need photocopy of FRONT of Driver's License*****

NAME _____ **MAIDEN NAME(s)** _____

ADDRESS _____

EMAIL _____

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

COUNTY OF RESIDENCE _____

PHONE _____ **FAX** _____ **MOBILE** _____ **WORK** _____

SOCIAL SECURITY NUMBER _____ ; **Ethnicity** _____

AGE _____ **HEALTH** (Excellent – Good – Fair – Poor) _____

Highest Grade Completed: _____

(specify degree, if any) _____

EMPLOYER (name/address/contact info) & Occupation _____

INCOME (GROSS as per most recent Tax Year) _____

Stock/Savings/Pension Info Required ONLY if someone other than the named owner is keeping them

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

SAVINGS ACCOUNT (Bank/Account/Value): _____

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

Husband's/Spouse Vehicle (Make/Model/Year): _____

Amount owed _____ **Value of Vehicle** _____

Indicated Who's Name(s) are on title & car loan, if applicable

Separate Property: (owned prior to marriage or inherited during marriage): _____

MARITAL PROPERTY: (ANYTHING acquired during the course of the marriage regardless of who's name they are)

--Indicate whether jointly deeded and/or whether jointly financed & if not, specify name on deed & name on loan

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

→ *Indicate whether you OWEND or Rented this*

MARITAL PROPERTY (address)

Original Purchase Price:	_____
Approximate Value Now:	_____
Amount Owed:	_____
Who occupies H or W?	_____
Name on Deed	_____
Name on Mortgage	_____

OTHER REAL ESTATE (address/value(s) & indicate names on deed):

MEDICAL INSURANCE INFORMATION

WIFE/Spouse 1: Covered by Medical _____ Dental _____ Prescription _____

Provider Name & Address on back of card: _____

ID Number: _____ Plan Administrator: _____

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

HUSBAND/Spouse 2: 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 insurance cards*****

WHO Provides Health Insurance: _____

Regardless of Which Plan – I need the cost of each IF you have children under 21yrs

Cost of Individual Plan: _____ (specify week/biweekly)

Cost of Family Plan: _____ (specify week/biweekly)

**** if no cost, please specify ****

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/Spouse: Addresses for past three (3) years:

- 1.) _____
- 2.) _____
- 3.) _____

Husband's/Spouse 2 Addresses for past three (3) years:

- 1.) _____
- 2.) _____
- 3.) _____

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? _____

AGREEMENT SHEET

Uncontested Divorce/Separation means Defendant will accept service & both parties will sign a written agreement before/after divorce is filed, agreeing on all the following issues:

Grounds for divorce, irretrievable breakdown *These are standard & will be the ground unless you have a signed Separation Agreement*

Custody & Visitation terms (under 18 yrs) – specify legal custody (joint or sole) and physical custody (*primary more than 50% with 1 parent or shared – same amount of time with each parent*) and parenting schedule, holiday schedule, vacations/etc (say not applicable if no kids under 18) (*times can be specific days/times/set or “as agreed”; holidays can be shared, alternated or “as agreed”, vacations/breaks to be shared or alternated or same as regular or certain #weeks/year? Etc*)

Joint LEGAL Custody or Sole LEGAL Custody (decision making custody):

Times: same schedule year-round or is there a school year schedule & a summer schedule?

Time to Mom:

Time to Dad:

Holidays:

Vacations:

Other Terms:

Child Support (under 21 yrs): your income, their income, amount to be paid for basic child support, specify amount to be paid & frequency -- weekly/bi-weekly/monthly – also who will carry insurance for the child(ren) – how will uncovered medical expenses be paid (% paid by whom)? – how will child care expenses be paid (% paid by whom)? Who is responsible for what? I would need both of your incomes & also need to know how much payor pays for family plan and what cost would be for individual. I have to show all calculations even if this is being waived. (If no kids under 21, say not applicable)

Child Tax Exemption - agree who claims or agree to alternate or split, etc. Need agreement details or state not applicable if no children are claimed *Each Claim A Child then alternate when one OR each and every year OR ONE claims every year?*

Spousal Maintenance -- agree higher monied spouse/spouse with highest income pays certain amount for certain period of time OR agree to waive, either way I have to show calculations, so I need everyone's income from previous year end.

You can use an online calculator to figure out amounts if you are curious as to what, if anything you MAY be entitled to – this is discretionary – use the POST-DIVORCE Maintenance/Child Support Calculator link:

[Maintenance & Child Support Tools | NYCOURTS.GOV](https://www.nycourts.gov/maintenance-child-support-calculator)

[MatrimonialCalculator \(formsquo.com\)](https://www.formsquo.com/matrimonial-calculator)

Waiting Maintenance?

Paying Maintenance? If so, how much?

Retirement -- agree to waive each other's retirements OR agree on how to divide them OR agree to have it calculated, normally spouse who wants portion pays to have this done & other spouse must sign/cooperate. Doesn't apply if already retired, this isn't split then. *IF you are wanting to collect, you reserve your right, but have to pay for a QDRO to be drafted (usually \$1500-\$2,000) prior to retirement*

Equitable Distribution -- agree to equitably divide (not necessarily equally) all assets & debts acquired during the course of the marriage, regardless of who's name they are in -- (cars, houses, property, recreational vehicles, stocks, bank accounts, loans, credit cards, etc) List all major debts & how to divide or specify unresolved if not resolved – list all assets & how to divide, or list unresolved if not resolved – feel free to use a separate piece/pieces of paper:

***ITEMS THAT REQUIRE ATTACHED COPIES (Front& Back) ***

- **Driver's License (or Valid Government Issued I.D) (front)**
- **ALL Insurance cards (Husband, Wife, Children) (front & back) – for everyone who has insurance if they are DIFFERENT cards**