

**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: \_\_\_\_\_

GROUND(S): \_\_\_\_\_

NATURE OF RELIEF: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WIFE: CSSA amount \_\_\_\_\_

HUSBAND: CSSA amount \_\_\_\_\_

*PENDENTE LITE ORDER:* \_\_\_\_\_

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**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 :**

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

**WIFE INFORMATION**

NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

COUNTY OF RESIDENCE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ MOBILE \_\_\_\_\_ WORK \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ AGE \_\_\_\_\_ HEALTH \_\_\_\_\_

EDUCATION/SKILLS \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

EMPLOYER (name/address/contact info) & Occupation \_\_\_\_\_

INCOME (GROSS as per most recent Tax Year) \_\_\_\_\_

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**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

COUNTY OF RESIDENCE \_\_\_\_\_

PHONE                      FAX                      MOBILE                      WORK

SOCIAL SECURITY NUMBER                      AGE                      HEALTH

EDUCATION/SKILLS \_\_\_\_\_

\_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

EMPLOYER (name/address/contact info) & Occupation \_\_\_\_\_

\_\_\_\_\_

INCOME (GROSS as per most recent Tax Year) \_\_\_\_\_

\_\_\_\_\_

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)**

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

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Owned/Rented Marital Abode? \_\_\_\_\_ Owned / Rented

**MARITAL PROPERTY (address)** \_\_\_\_\_

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Original Purchase Price: \_\_\_\_\_  
Approximate Value Now: \_\_\_\_\_  
Amount Owed: \_\_\_\_\_  
Who occupies H or W? \_\_\_\_\_

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

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

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**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:**

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

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**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?  
\_\_\_\_\_