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POTENTIAL CLIENT INTAKE PACKET

Name: _____

Addresses where you lived for past 5 years Date Moved In Date Moved Out

Addresses where you lived for past 5 years	Date Moved In	Date Moved Out

Phone Number: Home _____ Mobile _____

Date of Birth: _____ Social Security Number: _____

Email Address: _____

Please briefly describe the events that led you to contact a lawyer?

OPPOSING PARTY Information

Full Legal Name: _____

Residence Address: _____

Phone Number: Home _____ Mobile _____

Date of Birth: _____ Social Security Number: _____

Email Address: _____

Attorney Name and Phone Number (if they have one)

CRIMINAL HISTORY: Have (1) you, (2) anyone living with you, (3) the opposing party; or (4) anyone living with them been convicted of or pled guilty to any criminal offense?

MARITAL STATUS

Were you married to the opposing party? Y / N

Date of Marriage _____ Place of Marriage (City, State / Country) _____

Date Separated: _____ Is there a Legal Separation? Y / N

CHILD SUPPORT Who Pays _____ Monthly Amount _____

When was the Support Order Set?

Is Child support being paid as ordered? Explain

CHILDREN Your Children with Spouse / Opposing Party

Name: _____ DOB: _____

Age: _____ Lives With: _____

Name: _____ DOB: _____

Age: _____ Lives With: _____

Name: _____ DOB: _____

Age: _____ Lives With: _____

Name: _____ DOB: _____

Age: _____ Lives With: _____

Name: _____ DOB: _____

Age: _____ Lives With: _____

Do you have any other children from previous relationships or marriages?

Name: _____ DOB: _____

Age: _____ Lives With: _____

Name: _____ DOB: _____

Age: _____ Lives With: _____

Name: _____ DOB: _____

Age: _____ Lives With: _____

YOUR EMPLOYMENT (last three jobs)

Employer / Position / Address	Wage / Salary	Overtime / Bonus / Commission	Dates Employed

Other Party (last three jobs)

Annual Incomes (What did you put on your taxes for your last 3 returns)

	Yourself	Other Party
Most Recent Return 20 _____	_____	_____
20 _____	_____	_____
20 _____	_____	_____

Do you or your spouse have any other sources of income than employment as listed above?
(This includes disability, unemployment, retirement / pensions, government assistance, etc.)

CUSTODY / PARENTING TIME ISSUES

What is your ideal custody arrangement?

What do you think the other party wants?

HEALTH INSURANCE (list all plans available)

Insurance Company	Who is Covered	Who Carries	Cost
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DAYCARE EXPENSES

Name & Address of Daycare

Cost of Daycare and Who Pays

ONLY FILL OUT THE REMAINING PAGES IF YOU ARE DOING A DIVORCE OR DISSOLUTION. Please use additional paper or copies of any relevant pages if you need additional space.

REAL ESTATE

Address Name(s) on Title

Purchase Date Purchase Price FMV Today

Any Mortgages- (List All Mortgages including the current balance & the monthly payment)

Address Name(s) on Title

Purchase Date Purchase Price FMV Today

Any Mortgages- (List All Mortgages including the current balance & the monthly payment)

VEHICLES (Cars, Boats, Motorcycles, RV's Trailers, Recreational Vehicles etc)

Title	Year / Make / Model / Trim	Fair Mkt Value	Balance Due	Who Drives
<i>H & W</i>	<i>2012 Honda Accord EXL (Please include trim of vehicle)</i>	<i>\$0 Lease</i>	<i>\$5600 due</i>	<i>Wife</i>

FINANCIAL ACCOUNTS (Includes Bank Accts, Investment Accts, etc)

Name(s) on Acct.	Bank / Company	Type	Balance	Account Number
<i>John Smith</i>	<i>Huntington</i>	<i>Checking</i>	<i>\$400</i>	<i>044000044</i>

RETIREMENT ACCOUNTS

Titled to	Name of Plan / Company	Type	Value	Dates Contributed
<i>Wife</i>	<i>Merck Employee Savings Plan 401k</i>	<i>401(k)</i>	<i>250,000</i>	<i>5/1/2002 to Present</i>

LIFE INSURANCE

Policy Company	Type	Cash Value / Face Amount	Owner	On Whose Life	Beneficiary
<i>New York Life</i>	<i>Whole</i>	<i>\$56,000</i>	<i>400k</i>	<i>Wife</i>	<i>Kids</i>

MONTHLY PAYMENT (if paid other than monthly please state)

Rent / 1 st Mortgage _____	Food _____
2 nd Mortgage/ Heloc _____	Restaurant _____
Property Tax _____	Vehicle Loan / Lease _____
Home / Renters Ins _____	Vehicle Maintenance _____
Electric _____	Gasoline _____
Gas _____	Clothing _____
Water _____	Dry Cleaning _____
Trash _____	Hair Care _____
Cable _____	Cellphone _____
Cleaning _____	Internet _____
Lawn / Snow _____	Other _____
Childcare _____	Auto Ins _____
Special Needs of Child _____	Life Ins _____
School Supplies _____	Health _____
Clothing _____	Disability _____
Extracurricular _____	Other _____
School Lunches _____	_____
Other Child Needs _____	_____
Tuition Payment _____	Doctor Visits _____
Books _____	Prescriptions _____
Student Loans _____	Counselor _____
Spousal Support Paid _____	Child Support Paid _____
Entertainment _____	Travel / Vacations _____
Pets _____	Gifts _____
Retirement Deductions _____	