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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: \_\_\_\_\_

Is the other party represented by an attorney: Y / N

Attorney Name and Phone number if yes: \_\_\_\_\_

**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**

**Is there a Child Support Order?** *Yes No* **Who Pays?** *Me / Opposing Party / Someone Else* .

Monthly Amount: \_\_\_\_\_ Are you currently in Arrears? *Y / N*

Do you currently pay any child support for any other children? *YES NO*

# of other children currently supporting: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_

**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)**


**PREVIOUS THREE YEARS (From Tax Returns)**

INCOME	YOURSELF			OTHER PARTY		
Base yearly income	\$ _____	3 years ago	20 _____	\$ _____		
	\$ _____	2 years ago	20 _____	\$ _____		
	\$ _____	Last year	20 _____	\$ _____		
Yearly overtime, commissions and/or bonuses	\$ _____	3 years ago	20 _____	\$ _____		
	\$ _____	2 years ago	20 _____	\$ _____		
	\$ _____	Last year	20 _____	\$ _____		

Other Sources of Income (Disability, workers comp, unemployment, spousal support, child support, SSI, etc. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CUSTODY / PARENTING TIME ISSUES**

What is your ideal custody arrangement?

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What arrangement does the opposing party want?

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Are you willing to consider shared parenting    YES                      NO                      Maybe

**HEALTH INSURANCE**

Who has health insurance on the children? *Me / Opposing Party / Neither / Both*

Do you have health insurance available? *None / Individual / Group / Medicaid*

Who is covered (circle all)- *Self / Other Party / Children / Others* \_\_\_\_\_

Cost- Self Only \_\_\_\_\_ Self plus kids \_\_\_\_\_

**DAYCARE EXPENSES**

Name & Address of Daycare \_\_\_\_\_

Cost of Daycare: \_\_\_\_\_

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**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**

**Property Address:** \_\_\_\_\_

Name on Title: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Present Fair Market Value: \_\_\_\_\_

Lender: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Balance Due: \_\_\_\_\_ Any other encumbrance \_\_\_\_\_

**Property Address:** \_\_\_\_\_

Name on Title: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Present Value: \_\_\_\_\_

Lender: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Balance Due: \_\_\_\_\_ Any other encumbrance \_\_\_\_\_

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

Year	Make / Model / Trim	Titled	Owned / Leased	Who Drives
			Balance Due	
2012	Honda Accord EXL	Both	Leased \$5600 due	Wife

**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>

**BUSINESS**

Do either you or the other party own or operate any type of business? Y / N

If so please describe: \_\_\_\_\_

Gross Annual Revenue:

This year \_\_\_\_\_ Last Year \_\_\_\_\_ Two Years Ago \_\_\_\_\_

Net Annual Revenue:

This year \_\_\_\_\_ Last Year \_\_\_\_\_ Two Years Ago \_\_\_\_\_

Type of Company: Sole / Partnership / S Corp / C Corp / LLC / Other \_\_\_\_\_

**HOUSEHOLD FURNISHINGS**

*You do not need to list out every piece of property that you own. Instead focus on the items that are important to you and to the other party. These are the items that you would want your lawyer to spend money obtaining. Items like jewelry, firearms, art, or property of significant value should be listed.*

<b>Important to you / Value</b>	<b>Important to them / Value</b>

Total Estimated Value of Household Goods in your possession \_\_\_\_\_

Total Estimated Value of Household Goods in their possession \_\_\_\_\_

**OTHER**

Do you have a safe deposit box (if so where) \_\_\_\_\_

Contents of Safe deposit box \_\_\_\_\_

Have you or your spouse ever filed Bankruptcy? Y / N Debtor: Me / Spouse / Joint

Case Number \_\_\_\_\_

Court: \_\_\_\_\_ Chapter \_\_\_\_\_

Have you transferred / gifted / given away any assets during the past 12 months? \_\_\_\_\_

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



**DEBTS (Credit Cards, Student Loans, Vehicle Loans, Mortgages (if not listed elsewhere))**

Creditor & Account / Credit Card No (last 4 digits)	Balance Due	In whose name?	Monthly Payment	Purpose
<i>Chase Bank-0098</i>	<i>\$4,500</i>	<i>Wife</i>	<i>255</i>	<i>Credit Card</i>

**BUDGET:** List your monthly expenses. If an expense is paid other than monthly (i.e. annually or quarterly, state so).

**Monthly Housing Expenses**

Rent or first mortgage (including taxes and insurance)	\$ _____
Real estate taxes (if not included above)	\$ _____
Real estate/homeowner's insurance (if not included above)	\$ _____
Second mortgage/equity line of credit	\$ _____
<b>Utilities</b>	
o Electric	\$ _____
o Gas, fuel oil, propane	\$ _____
o Water and sewer	\$ _____
o Telephone	\$ _____
o Trash collection	\$ _____
o Cable/satellite television	\$ _____
Cleaning, maintenance, repair	\$ _____
Lawn service, snow removal	\$ _____
Other: _____	\$ _____
_____	\$ _____

## Monthly Living Expenses

<b>Food</b>	
○ Groceries (including food, paper, cleaning products, toiletries, other)	\$ _____
○ Restaurant	\$ _____
<b>Transportation</b>	
○ Vehicle loans, leases	\$ _____
○ Vehicle maintenance (oil, repair, license)	\$ _____
○ Gasoline	\$ _____
○ Parking, public transportation	\$ _____
<b>Clothing</b>	
○ Clothes (other than children's)	\$ _____
○ Dry cleaning, laundry	\$ _____
<b>Personal grooming</b>	
○ Hair, nail care	\$ _____
○ Other	\$ _____
<b>Cell phone</b>	\$ _____
Internet (if not included elsewhere)	\$ _____
Other	\$ _____

## Child Related Expenses

Work/education-related child care	\$ _____
Other child care	\$ _____
Unusual parenting time travel	\$ _____
Special and unusual needs of child(ren) (not included elsewhere)	\$ _____
Clothing	\$ _____
School supplies	\$ _____
Child(ren)'s allowances	\$ _____
Extracurricular activities, lessons	\$ _____
School lunches	\$ _____
Other	\$ _____

## Insurance Expenses

Life	\$ _____
Auto	\$ _____
Health	\$ _____
Disability	\$ _____
Renters/personal property (if not included in part A above)	\$ _____
Other	\$ _____

## Educational Expenses

Tuition		
o Self	\$	
o Child(ren)	\$	
Books, fees, other	\$	
College loan repayment	\$	
Other	\$	
	\$	

## Health Care Expenses

Physicians	\$	
Dentists	\$	
Optometrists/opticians	\$	
Prescriptions	\$	
Other	\$	
	\$	

## Misc. Expenses

Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren)	\$	
Child support for children who were not born of this marriage or relationship and were not adopted of this marriage	\$	
Spousal support paid to former spouse(s)	\$	
Subscriptions, books	\$	
Entertainment	\$	
Charitable contributions	\$	
Memberships (associations, clubs)	\$	
Travel, vacations	\$	
Pets	\$	
Gifts	\$	
Bankruptcy payments	\$	
Attorney fees	\$	
Required deductions from wages (excluding taxes, Social Security and Medicare) (type)	\$	
Additional taxes paid (not deducted from wages) (type)	\$	
Other	\$	
	\$	

## SPOUSAL SUPPORT:

Are you requesting spousal support? *Yes No Maybe*