



CHRISTOPHER J. TAMMS
 670 Meridian Way; Suite 107 Westerville, Ohio 43082
 Phone: (614) 859-9529 Fax: (614) 567-0031
 chris.tamms@gmail.com
 www.tammslaw.com

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?

What arrangement does the opposing party want?

Are you willing to consider shared parenting YES NO Maybe

HEALTH INSURANCE

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

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

Total Cost of Insurance paid by party covering the kids _____

Name of Health Insurance Company Covering Kids _____

DAYCARE EXPENSES

Name & Address of Daycare _____

Cost of Daycare: _____

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 _____

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>

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	\$	_____
Utilities		
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

Food		
<input type="radio"/>	Groceries (including food, paper, cleaning products, toiletries, other)	\$ _____
<input type="radio"/>	Restaurant	\$ _____
Transportation		
<input type="radio"/>	Vehicle loans, leases	\$ _____
<input type="radio"/>	Vehicle maintenance (oil, repair, license)	\$ _____
<input type="radio"/>	Gasoline	\$ _____
<input type="radio"/>	Parking, public transportation	\$ _____
Clothing		
<input type="radio"/>	Clothes (other than children's)	\$ _____
<input type="radio"/>	Dry cleaning, laundry	\$ _____
Personal grooming		
<input type="radio"/>	Hair, nail care	\$ _____
<input type="radio"/>	Other	\$ _____
Cell phone		\$ _____
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*