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POTENTIAL CLIENT INTAKE PACKET

Name: _____

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	Balance Due	Who Drives
		Value		
<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>

BUSINESS

Name of Business _____ Date Formed _____
 Sole Proprietorship S-Corp (pass through) C-Corp (separate entity)

	Limited Liability Company	Partnership	Other_____
Owners (Percentage owned)	_____		
Gross Annual Revenue:	This Year	20____	_____
	Last Year	20____	_____
	2 Years Ago	20____	_____
Net Annual Revenue:	This Year	20____	_____
	Last Year	20____	_____
	2 Years Ago	20____	_____

HOUSEHOLD FURNISHINGS

You do not need to list out every piece of property that you own. Focus on the items that are important to you and to the other party.

Desired by You

Desired by Other Party

DEBTS

Creditor	Balance Due	Min Payment	Owner of Debt

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 _____	