

BARTLETT LAW – ID divorce intake sheet 2014 W/C

DATE: _____, 2014

I. HUSBAND:

Full name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Social Security #: _____

Current Residence Address: _____

City: _____ State: _____ Zip: _____

Length of residence in Tennessee: _____

Date of Birth: _____ Place of Birth: _____

Number of Previous Marriages: _____

If previously married, last marriage ended in: Divorce Annulment Death
(circle one)

Currently a member of the United States Armed Services?: _____

Employer: _____

Wage (Gross/Month): _____

Highest level of Education Completed: _____

Race: _____

<p>List the names and numbers of 2 people that can take a message for you if we cannot reach you at <u>your</u> listed phone numbers.</p> <p>Name: _____ Phone #: _____</p> <p>Name: _____ Phone #: _____</p>

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II. WIFE:

Full married name: _____

Full *Maiden* Name: _____

Legal name restored to Maiden Name? _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Social Security #: _____

Current Residence Address: _____

City: _____ State: _____ Zip: _____

Length of residence in Tennessee: _____

Date of Birth: _____ Place of Birth: _____

Number of Previous Marriages: _____

If previously married, last marriage ended in: Divorce Annulment Death
(circle one)

Currently a member of the United States Armed Services?: _____

Employer: _____

Wage (Gross/Month): _____

Highest level of Education Completed: _____

Race: _____

III. GENERAL INFORMATION:

Date of Marriage: _____ Date of Separation: _____

City/State of Marriage: _____

Residence at the time of separation: _____

Reason for Separation: _____

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Real Property: _____

Personal Property: _____

Debts: _____

Retirement Accounts: _____

Vehicles (List Make/Model/Year/VIN#/who will be keeping said vehicle):

Is either party covered under the other's health insurance policy? _____

If yes, what is the name & contact number of the insurance company?

What is the policy number? _____

Is there a COBRA continuation policy? _____ Amount per month?

IV. CHILDREN'S INFORMATION:

Minor children and their date(s) of birth:

1. NAME: _____ SSN: _____

Date of Birth: _____ Place of Birth: _____

2. NAME: _____ SSN: _____

Date of Birth: _____ Place of Birth: _____

3. NAME: _____ SSN: _____

Date of Birth: _____ Place of Birth: _____

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V. PARENTING:

How many days per year will each parent have the child/children?

Mother _____ Father _____

What days of the week or every other week will the non-primary residential parent have the child/children? (Example: 6pm Friday to 6pm Sunday every other week): _____

Which parent will maintain health insurance on the child and how much is it per month? _____

Does either parent pay for work-related childcare? If yes, which parent and how much per month? _____

VI. PAYMENTS:

I agree to pay my court costs in the amount of \$287.00 with the following payment method:

- _____ Cash
- _____ Check
- _____ Money Order

I agree to pay my attorney's fees in the amount of \$650.00 with the following payment method:

- _____ Cash
- _____ Check
- _____ Money Order
- _____ Credit Card

*If paying by credit card, please provide the following information:

Card Number: _____ Expiration Date: _____
CVV: _____ Zip Code where CC bill goes: _____

Client Signature Authorizing Payment:

Date: