



TANTER-SMITH
LAW GROUP, PLLC

Date: _____

Name: _____ DOB: _____ Gender: M/F
last first middle maiden

Place of Birth: _____
City State Country

Last 4 of SSN: _____ Last 3 of DL: _____ State: _____

Address: _____
Street City State Zip

E-Mail _____

I authorize emails concerning my case. I authorize emails of general interest from Tanter-Smith Law Group

I authorize a follow up call regarding my consultation. If yes, please list a contact number. _____

Place of Employment: _____ Job Title: _____

Address of Employment: _____ City _____ St _____ Zip _____ Annual Salary _____

Spouse's Name: _____ (Maiden name) _____ DOB: _____

Address(if different from yours): _____ City: _____ State: _____ ZIP: _____

Employer: _____ Work Phone: _____

EMERGENCY CONTACT INFORMATION: Name _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Purpose of visit today: _____

HOW WERE YOU REFERRED TO US? (Circle one) Previous Client Bar Association Website Avvo

Billboard Website Google Social Media (which) _____

Tanter-Smith Employee: Name _____ Attorney: Name of attorney _____

FOR OFFICE USE ONLY:

INTERVIEWING ATTY _____

CONFLICT CHECK _____

FEE QUOTED _____ COST QUOTED _____

Date: _____

DIVORCE INTAKE SHEET

CLIENT: Full Name: _____ Gender: M or F

Gross Monthly Pay: _____ Paid: Weekly Bi-Weekly Semi-Monthly Monthly

OPPOSING PARTY INFORMATION:

Full Name: _____
last first maiden middle

Address: _____
street city state zip

Home Phone: () _____

Mobile No: () _____

US Citizen Y or N

Social Security No: _____

Driver's License No: _____

Date of Birth: _____

Place of Birth: _____
City State Country

Employer: _____

Address: _____

Gross Monthly Pay:

Paid: Weekly Bi-Weekly Semi-Monthly Monthly

Date and City of Marriage: _____

Date and City of Separation: _____

CHILDREN:

Where do the children reside?

1. Full Name: _____
last first middle

Address: _____

With Whom: _____

Date of Birth: _____

2. Full Name: _____
last first middle

Address: _____

With Whom: _____

Date of Birth: _____

3. Full Name: _____
last first middle

Address: _____

With Whom: _____

Date of Birth: _____

Who presently provides health insurance for the child(ren)? Client or Spouse
Monthly Fee: \$

**DEBTS OF PARTIES:
VEHICLES**

Year

Make Model

Vehicle Identification No.

Year

Make Model

Vehicle Identification No.

PROPERTY OF PARTIES:

Do you have a pre/post marital agreement? YES or NO
Are you buying or do you own a house? YES or NO

Does either party have retirement benefits/stocks of any kind? YES or NO

NAME CHANGE REQUEST:

Are you requesting the Court to grant a name change YES or NO

New Full Name Requested: _____

OTHER INFORMATION:

Does your case involve allegations of:

- Physical Violence _____
- Criminal Record _____
- Excessive Alcohol Use _____
- Adultery _____
- Use of Illegal Drugs _____
- Child Abuse _____
- Financial Problems _____
- Computer Abuse _____

If Physical violence, has a Protective Order ever been Issued? YES or NO
If so, please give details:

Have you ever been charged with any crime other than traffic tickets? YES or NO
If so, please give details:

Has your spouse ever been charged with any crime other than traffic tickets? YES or NO
If so, please give details:

Have you ever filed Bankruptcy? If so, please explain where, when, and the disposition.

Have you or anyone associated with this case been the subject of a: (circle any applicable)

- a) Protective Order
- b) Restraining Order
- c) Child Protective Services Investigation
- d) Mental Health Professional Treatment
- e) Questionable Paternity Status
- f) Substance Abuse Treatment
- g) Common-Law or Informal Marriage
- h) Termination of Parental Rights
- i) Prenuptial Agreement or Partitioning Agreement
- j) Personal Injury Lawsuits

Please explain:
