BLAKE&PULSIFER™ PLC

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FAMILY LAW INTAKE QUESTIONNAIRE

Date:_____ Referred by:_____

Email:_____

I. INFORMATION ABOUT YOU:

Your name:_____

Maiden name:_____ Date of birth:_____

Address:_____ City, state & zip_____

Email address:_____ Mobile phone:_____

Home phone:_____ Business phone:_____

SS number:_____ Drivers license #:_____

Person to contact in case of emergency & phone #:_____)

Do you have a prenuptial agreement, postnuptial agreement, trust, or other estate planning with the opposing party?
☐ Yes ☐ No

Employment Information:

Are you employed? ☐ Yes ☐ No Average number of hours per week:_____

Employer name:_____ Job title:_____

Employer address:_____ City, state & zip_____

Monthly pay:_____ When are you paid?_____

Date employment began:_____

II. INFORMATION ABOUT OPPOSING PARTY:

Opposing party name:_____ Date of birth:_____

Are you married to the opposing party? ☐ Yes ☐ No Date of marriage:_____

Are you divorced from the opposing party? ☐ Yes ☐ No City & state where married:_____

Address:_____ City, state & zip_____

Email address:_____ Mobile phone:_____

Home phone:_____ Business phone:_____

SS number:_____ Drivers license #:_____

Height:_____ Weight:_____ Hair color:_____ Eye color:_____

Make, model & year of car they drive:_____ License plate #:_____

Opposing Party Employment Information:

Is the opposing party employed? ☐ Yes ☐ No Average number of hours per week:_____

Employer name:_____ Job title:_____

Employer address:_____ City, state & zip_____

Monthly pay:_____ When is he/she paid?_____

Date employment began:_____

Opposing Party Lawyer Information:

Is the opposing party represented by a lawyer? ☐ Yes ☐ No ☐ Unknown

Name of opposing lawyer:_____

III. MISCELLANEOUS QUESTIONS:

Have you ever been involved in another court case with the opposing party? ☐ Yes ☐ No

Location of court:_____ Court case no.:_____

Does this other court case involve an order of protection or injunction against harassment? ☐ Yes ☐ No

Have you been a victim of domestic violence by the opposing party? ☐ Yes ☐ No

Have the police ever been called by you or the opposing party? ☐ Yes ☐ No

Has either party been married before? ☐ Yes ☐ No If yes, date of divorce:_____

Is either party subject to a court order for spousal maintenance? ☐ Yes ☐ No

Does either party have children with a third party? ☐ Yes ☐ No If yes, are they court ordered to pay or receive child support to a third party? ☐ Yes ☐ No

Has either party been convicted of a DUI or drug offense within the last 12 months? ☐ Yes ☐ No

Have you ever filed bankruptcy? ☐ Yes ☐ No Do you plan to file bankruptcy? ☐ Yes ☐ No

IV. CHILDREN:

Child Name	Date of Birth	SS Number	In Common With Opposing Party?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Where have the children lived for the past five years? (Addresses)	Dates children resided at this address	With which parent did child reside?

With whom do your children live most of the time? ☐ Mother ☐ Father ☐ Parties reside together ☐ Equal

How many days each week does the other parent see the children?_____ How much time each day?_____ hours

Who provides medical insurance for the children? ☐ Mother ☐ Father

How much does that parent pay each month for the children's medical insurance? $_____

Do the child(ren) require day care? ☐ Yes ☐ No Day care provider:_____

Who pays for day care? ☐ Mother ☐ Father Average day care cost per week: $_____

V. ASSETS:

A. Real Estate[1] (homes, vacation properties, land, farms, deeds of trust, etc.)

Property Address or Location	Owner(s) and Title (e.g. T/C[2], JTWROS[3], CPWROS[4], Separate Property, or Other)	Market Value	Mortgages/ Liens	Net Value

[1] Attach deeds, if available.
[2] "T/C" means Tenants in Common.
[3] "JTWROS" means Joint Tenancy with Right of Survivorship.
[4] "CPWROS" means Community Property with Right of Survivorship.

B. Life Insurance[5]

Insurer/ Company	Owner/ Insured	Type of Insurance(term, whole, universal, etc.)	Current Beneficiary	Death Benefit	Cash Value

C. Non-Qualified Annuities[6] (not part of an IRA 401K or other tax deferred retirement accounts)

Issuing Company	Owner/ Annuitant	Type of Annuity (immediate/deferred fixed/variable)	Current Beneficiary	Tax Basis	Death Benefit	Cash Value

[5] Attach most recent statements and policies, if available.
[6] Attach most recent statement and contract, if available

D. Qualified Retirement Plans/IRAs[7] (IRA's, 401k's, other tax deferred retirement accounts)

Financial Institution	Type	Owner	Value	Current Beneficiary

E. Business Interests[8] (partnerships, LLC's, corporations, and other business interests)

Name of Business	Type (C-Corp, S-Corp, LLC, etc.)	Owner(s) and Title	Percent Owned	Value of Interest Owned

[7] Attach most recent statements, if available

[8] Attach copies of controlling documents (i.e., Articles, Operating Agreement, Bylaws, Partnership Agreement, Buy/Sell Agreements, etc.)

F. Checking, Savings, CDs & Investments[9] (Investment Portfolio, Mutual Funds and Other After-Tax Accounts)

Name of Bank or Financial Institution	Type of Account	Owner(s) and Title (Joint, sole, joint with third party)	Value	Beneficiaries or POD/TOD's (if any)

[9] Attach most recent statements

G. Automobiles, Motorcycles, Boats, Aircraft, and RVs[10]

Description	Title	Value	Encumbrance

H. Tangible Personal Property

Collectibles (art, goldware, coins, antiques, memorabilia, etc. having a significant value to a third party)
Heirlooms (personal property having sentimental or historical significance - with or without value)
Other Tangible Personal Property (loose stones, precious metals, tools, fire arms, musical instruments, etc.)

Description	Value

[10] Attach titles, if available

I. Intangible Personal Property[11] (promissory notes, stocks and bonds in certificate form, contracts, cash, etc.)

Description	Owner(s) and Title	Value

J. Expectancies - Have either of you received an inheritance or large gift during the marriage?
☐ Yes ☐ No If yes, please describe below:

Description	Value

K. Income (paychecks, pensions, social security, dividends, etc.)

Source of Income	Recipient	Monthly Amount

[11] Attach copies if available.

VI. DEBTS:

Creditor Name	Account Number	Date and Amount of Last Payment	Minimum Monthly Payment	Total Balance due