

CLIENT INTAKE FORM - DIVORCE - NO CHILDREN

Date: _____ File No.: _____

First Name Last Name Middle initial

Mailing Address: _____
Street number & name

City: _____ State: _____ Zip Code: _____ How long in NM: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physical Address (if different): _____

Email Address: _____

Employer (Name & Address): _____

Employer Phone Number: _____

Social Security Number: _____ Date of Birth: _____

Date of Marriage: _____ Date of Separation: _____

Location of Marriage: _____ Date of Divorce: _____

Who May We Contact if we cannot get a hold of you? _____

_____ First Name Last Name

Phone Number: _____

Opposing Party's Information:

First Name Last Name Middle initial

Mailing Address: _____
Street number & name

City: _____ State: _____ Zip Code: _____ How long in NM: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physical Address (if different): _____

Name of Employer: _____

DOB: _____ Social Security No.: _____

Is the opposing party represented by counsel? If so, who: _____

Reason for Consultation: _____

REASON FOR SELECTING THIS FIRM:

REFERRED BY: _____ YELLOW PAGES _____

INTERNET: _____ OTHER _____

OTHER ISSUES:

Wife's maiden name: _____ Return to maiden name: Y N

Gross Monthly Income Her: _____ Gross monthly income Him: _____

Are you seeking spousal support? Y N

RETIREMENT:

Please list any and all retirement, 401(k), savings plan, & accounts.

Name	Approx. Value	Whose Name

EXPENSES:

List monthly expenses and approximately how much each month:

Expense:	Monthly Payment
House/Rent	
Car Payment(s)	
Utilities	
Insurance	
Groceries	
Gas	
Other Expenses:	

Asset:	Value:	Who Keeps:

DO NOT FILL ANYTHING OUT BELOW THIS LINE - THANK YOU

(Office Use Only)

FEE ARRANGEMENT

\$ _____ Retainer	(FEE QUOTED)
\$250.00 Hourly	\$ 100.00 /hour Legal Assistant Time
Petition/Response: _____	Motion for Interim Relief: _____
	Interim Spousal support: _____
	Interim Custody: _____
	Interim Child Support: _____
	Community Residence: _____
	Debt Relief: _____