

CLIENT INTAKE FORM - DIVORCE WITH CHILDREN

Date: _____

File No.: _____

Last Name

First Name

Middle initial

Mailing Address: _____

Street number & name, City, State, Zip

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

How long in NEW MEXICO: _____

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: _____

Who May We Contact if we cannot contact you? _____

First Name

Last Name

Phone Number: _____ Relationship: _____

Reason for Consultation: _____

Opposing Party's Information:

Last Name

First Name

Middle initial

Mailing Address: _____

Street number & name, City, State, Zip

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:

Has the opposing party filed a Petition? _____ If so when? _____

REASON FOR SELECTING THIS FIRM:

REFERRED BY: _____ YELLOW PAGES _____

INTERNET: _____ OTHER _____

CHILDREN INFORMATION:

How many children from this relationship? _____

Name: _____ DOB: _____ SSN: _____ M F

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Where is/are the child(ren) residing? _____

List all addresses where your child(ren) has/have lived for the past three years:

Dates	With Whom the Children Lived	Address (street, city, state)

Do you want your spouse to have joint legal custody?

(Understand that pursuant to NEW MEXICO law, the Court will require each party to have Joint Custody unless one party is unfit or has abused or abandoned the child):

Yes _____ No _____

Do you want your spouse to have visitation: Yes _____ No _____

If no, do you want your spouse to have supervised visitation? Please briefly state why?

(Please understand that bad parenting that you disagree with is different than dangerous parenting) _____

Please specify what visitation or joint custody agreement you believe appropriate and, briefly, give your reasons why and the specific times you wish to have visitation/custody (i.e. birthdays): _____

Please list your children's present:

Religion: _____

Doctor (name and address): _____

Dentist (name and address): _____

Other Medical (name and address): _____

School(s) (name and address): _____

Child Care Provider(s) (names and addresses): _____

Child's Recreational Activities: _____

Who carries medical/dental insurance on child(ren)? _____

Monthly expense: _____

Are there childcare expenses?

If so, how much? _____ Who pays: _____

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:	

DO NOT FILL ANYTHING OUT BELOW THIS LINE - THANK YOU

(Office Use Only)

FEE ARRANGEMENT

\$ _____ Retainer (FEE QUOTED)

\$ 300.00 Hourly \$ 125.00 /hour Legal Assistant Time

Petition/Response: _____ Motion for Interim Relief: _____

Interim Spousal support: _____ Interim Custody: _____

Interim Child Support: _____ Community Residence: _____

Debt Relief: _____