

DIVORCE INTAKE FORM

DATE: \_\_\_\_\_

1. Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Lived At Present Address Since: \_\_\_\_\_

All Home Addresses For Past Two Years:

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

2. Spouse's Full Name: \_\_\_\_\_

Spouse's Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

3. Marriage:            Date: \_\_\_\_\_            Place: \_\_\_\_\_

A. Date Of Birth:    Self: \_\_\_\_\_            Spouse: \_\_\_\_\_

B. Social Security No.:    Self: \_\_\_\_\_            Spouse: \_\_\_\_\_

4. Children Of This Marriage:

Full Name	Date Of Birth	Grade In School	Living With
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Are you and your spouse living together now? \_\_\_\_\_ If not, state date of separation \_\_\_\_\_, and where you were living at the time of separation \_\_\_\_\_.

If separated and if all of your addresses since separation are not listed in # 1, please list other here.

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

6. Have you an interest in reconciliation? \_\_\_\_\_ Does your spouse (as far as you know)? \_\_\_\_\_

7. Please give dates and names of any personal or marital counselors seen by you or your spouse.

Date	Name
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_____	_____
_____	_____

8. Do you anticipate a dispute about custody of the children? \_\_\_\_\_

9. Employment:                      Self                                      Spouse

Employer: \_\_\_\_\_

Address And Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employed Since \_\_\_\_\_

Nature of Job \_\_\_\_\_

Salary:

Base (monthly) \_\_\_\_\_

Gross monthly \_\_\_\_\_

Net Monthly \_\_\_\_\_

Deductions (monthly):

FICA \_\_\_\_\_

State \_\_\_\_\_

Federal \_\_\_\_\_

Other \_\_\_\_\_

Overtime & Bonus:

Gross \_\_\_\_\_

Net \_\_\_\_\_

Previous Employment and Dates:

Self \_\_\_\_\_  
\_\_\_\_\_

Spouse \_\_\_\_\_  
\_\_\_\_\_

#### 10. Educational Background

Self \_\_\_\_\_  
\_\_\_\_\_

Spouse \_\_\_\_\_  
\_\_\_\_\_

11. List all prior marriages of yourself and of your present spouse. Include names of all prior spouses of each, how, when and where prior marriages terminated, and provide copies of relevant court orders and separation agreements.

Self \_\_\_\_\_

\_\_\_\_\_  
Spouse \_\_\_\_\_  
\_\_\_\_\_

12. List names of any children of yourself or your spouse other than those listed in # 4, state with whom such child live, who has their legal custody and whether they have been adopted.

Self \_\_\_\_\_  
\_\_\_\_\_

Spouse \_\_\_\_\_  
\_\_\_\_\_

13. Please list any joint bank accounts to which you or your spouse have access.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Please list credit cards and charge accounts, who can use them and who is responsible for the bill.

Account	May Be Used By		Responsible Party	
	H	W	H	W
_____				
_____				
_____				
_____				

15. Please indicate names and addresses of your living parents and siblings.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you look to any of these people for financial or other assistance if necessary?

\_\_\_\_\_  
\_\_\_\_\_

16. Who referred you to us? \_\_\_\_\_  
\_\_\_\_\_

17. Assets (of you and your spouse)

Estimate the value of each of the following items of property. If any item is located outside of Massachusetts, indicate where such item is located and, if necessary, give details on a separate sheet. Indicate how much of each asset was contributed by husband (H) and how much wife (W) or, where noted, joint (J).

Bank Account (savings & checking)	In Whose Name	% Contributed by Each		Present Value	Location of Article
Item		H	W		
<hr/>					
<hr/>					
<hr/>					

Stock & Bonds (include number of shares)	In Whose Name	% Contributed by Each		Present Value	Location of Article
Item		H	W		
<hr/>					
<hr/>					
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Miscellaneous Property: patents, trademarks, copyrights, royalties, limited partnership interests, proprietary interests and other investments.

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Significant Personal Effects: automobiles, jewelry, art, antiques, boats, aircraft, collections, furs and tangible personal property

In Whose Name	% Contributed by Each	Present Value	Location of Article
Item		H	W
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Real Estate:

Location	Purchase Date	Purchase Price	Present Value	Mortgage Balance	Owner H/W/J	Contributed By
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Business Interest: including sole proprietorship, corporations, partnerships, etc.

Item	Owned by H/W/J	Value
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Money Owed to you or your spouse:

Reason	Amount	By Whom	When Due
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Employee Benefits: pension; retirement; profit-sharing plans; regardless of whether presently vested or by whom contributed; company car; expense account; etc.

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Insurance:

1. Life Insurance for you and your spouse:

a. Individually acquired

Insured	Face
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	H or W	Company	Value	Type	Owner	Beneficiary
Policy 1.	_____					
Policy 2.	_____					
Policy 3.	_____					
Policy 4.	_____					

	Who pays Existing Loan	Premium & Value	Cash Surrender
Policy 1. cont'd	_____		
Policy 2. cont'd	_____		
Policy 3. cont'd	_____		
Policy 4. cont'd	_____		

b. Employment-Related

	Insured H or W	Company	Face Value	Type	Owner	Beneficiary
Policy 1.	_____					
Policy 2.	_____					
Policy 3.	_____					
Policy 4.	_____					

	Who pays Existing Loan	Premium & Value	Cash Surrender
Policy 1. cont'd	_____		
Policy 2. cont'd	_____		
Policy 3. cont'd	_____		
Policy 4. cont'd	_____		

Other Insurance: Include insurer, persons covered, nature and extent of coverage and whether group or individual, by whom paid and how much, and whether both spouses can remain covered after divorce is final.

a. Medical:

(i) Hospital: \_\_\_\_\_  
Insurer (i.e., Blue Cross/Blue Shield) \_\_\_\_\_  
Policy # \_\_\_\_\_

(ii) Dental: \_\_\_\_\_  
\_\_\_\_\_

(iii) Other Insurance: \_\_\_\_\_  
\_\_\_\_\_

b. Disability: \_\_\_\_\_  
\_\_\_\_\_

c. Legal Insurance: \_\_\_\_\_  
\_\_\_\_\_

d. Other: \_\_\_\_\_  
\_\_\_\_\_

Children's Assets and Income:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected gifts or inheritance (you, your spouse and children): when, by whom, from whom and in what amount (if known).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Liabilities (of you and your spouse)

A. Mortgages on Real Estate

Item	Owned by H/W/J	Present Amount	When Due
_____	_____	_____	_____
_____	_____	_____	_____



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B. Notes or Loans Owed to Banks and Others

Item	Owned by H/W/J	Present Amount	When Due
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C. Other Debts: i.e., car and tuition loans, consumer credit or alimony obligations

Item	Owned by H/W/J	Present Amount	When Due
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D. Special Medical and Educational Needs:

Item	Owned by H/W/J	Present Amount	When Due
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If any of your children has special educational needs, please explain on a separate sheet.

If you or your spouse or your children are permanently receiving medical (including psychological or psychiatric) care, please provide full details on a separate sheet, including names and addresses of doctors' term, frequency and cost.

19. Annual Income

	Self	Spouse	Joint
Gross Salary	_____	_____	_____
Dividend Income	_____	_____	_____
Interest Income	_____	_____	_____
Income from Trusts	_____	_____	_____
Rental Income	_____	_____	_____

Other Income \_\_\_\_\_  
\_\_\_\_\_

TOTAL ANNUAL INCOME \_\_\_\_\_  
(Sum of Above)

Existing arrangements, including court orders, as to support, visitation, family finances.

20. Monthly Expenses

Please mark "X" on any line that does not apply to you.

	Monthly Total	Remarks
A. Mortgage		
i. Principal	\$	
ii. Interests	\$	
iii. Real Estate Taxes	\$	
iv. Special Assesment		

B. Apartment Rent

i. Parking Fees	\$	
ii. Swimming Pool Fees	\$	
iii. Other (Specify)	\$	

Please mark "X" on any line that does not apply to you.

	Monthly Total	Remarks
C. Utilities		
i. Electricity	\$	
ii. Gas – Household	\$	
iii. Water	\$	
iv. Telephone	\$	

D. Fuel Costs (specify type, i.e., gas oil, electric Do not include elsewhere.	\$
E. Allowance for Major Household Repairs And Maintenance (interior & exterior)	\$
F. Allowance for Repair & Replacement of Household Furnishings	\$
G. Major Housecleaning, including rugs curtains, etc.	\$
H. Domestic Help	
i. Maid	\$
ii. Handyman	\$
iii. Laundress	\$
iv. Heavy Cleaner	\$
v. Other (Specify)	\$
vi. Social Security and Workers' Compensation Payments	\$
I. Laundry	\$
J. Grounds Maintenance	
i. Gardener	\$
ii. Supplies	\$
iii. Equipment	\$
iv. Tree and Shrub Care	\$
v. Snow Removal	\$
vi. Rubbish Removal	\$
vii. Cesspool	\$
viii. Other (Specify)	\$

K. Food, Household Supplies \$

L. Insurance (do not include car insurance)

i. Homeowners or Floater \$

ii. Medical \$

iii. Life \$

iv. Disability \$

v. Other (Specify) \$

M. Medical Expenses

i. General Practitioner \$

ii. Psychiatrist/Psychologist \$

iii. Gynecologist \$

iv. Other (Specify) \$

v. Dentist

a. General \$

b. Orthodontist \$

c. Other (Specify) \$

vi. Eye Doctor \$

a. Glasses \$

b. Prescriptions \$

vii. Related Travel \$

N. Transportation

i. Automobile Operation

(a) Loan Payment \$

(b) Insurance	\$
(c) Excise Tax	\$
(d) Registration, Inspection License	\$
(e) AAA or ALA dues	\$
(f) Amortization	\$
(g) Gasoline	\$
(h) Grease and Oil	\$
(i) Repair Allowance	\$
ii. Other Transportation Expenses (Specify)	\$
O. Clothing	
i. Self	\$
ii. Child, Age	\$
iii. Child, Age	\$
iv. Child, Age	\$
v. Child, Age	\$
P. Personal Maintenance and Grooming	
i. Dry Cleaning	\$
ii. Barber, Hairdresser	
a. Self	\$
b. Child	\$
iii. Tailor, Cobbler, and Notions	\$
Q. Childcare (if not included under domestic help)	\$

R. Education

i. Tuition	\$
ii. Board and Room	\$
iii. Transportation	\$
iv. Books and Records	\$
v. Activities Fees	\$
vi. Insurance	\$
viii. Supplies	\$
ix. Lunches	\$
x. Miscellaneous	\$

S. Summer Camp, including transportation  
And equipment

i. Self	\$
ii. Child, Age	\$
iii. Child, Age	\$
iv. Child, Age	\$
v. Child, Age	\$

T. Lessons (including sports,  
music, arts, dance, practical skills)

i. Self	\$
ii. Child, Age	\$
iii. Child, Age	\$
iv. Child, Age	\$
v. Child, Age	\$

U. Allowances

i. Self	\$
ii. Child, Age	\$
iii. Child, Age	\$
iv. Child, Age	\$
v. Child, Age	\$

V. Entertainment and Recreation

(including sports; sports equipment and equipment repairs; outings; sports events; theaters, restaurants, etc.; entertaining) \$

W. Vacations

i. Winter	\$
ii. Spring	\$
iii. Summer	\$
iv. Fall	\$

X. Membership Dues

i. Country Club	\$
ii. Health Club	\$
iii. Other	\$

Y. Gifts

i. Birthdays	\$
ii. Weddings	\$
iii. Anniversaries	\$
iv. Christmas/Hanukah	\$
v. Other	\$

Z. Miscellaneous

i. Household Pets \$

ii. Newspaper/Magazines \$

iii. Professional Books and  
Periodicals \$

AA. Allowance for Savings \$

Monthly Total

Remarks

BB. Consumer Debts (do not include costs already  
Listed under clothing, furniture, gasoline, etc)

i. Department Installment Payments

(a) \$

(b) \$

(c) \$

(d) \$

(e) \$

ii. Credit Card Payments

(a) \$

(b) \$

(c) \$

(d) \$

(e) \$

CC. Miscellaneous Expenses Total

i. \$

ii. \$



iii.	\$
iv.	\$
v.	\$
Total Monthly Living Expenses	\$

21. Name and Address of accountant, if any

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