

CLIENT INTAKE FORM

Date: _____

Full Name: _____

Mailing Address: _____
Street Number & Name

City: _____ State: ____ Zip Code: _____ How long in County/Ohio: _____

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

Physical Address (if different): _____

Email Address: _____

Employer (Name & Address): _____

Employer Phone Number: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State of Issue: _____

Who may we contact if we cannot get a hold of you? _____
First Name Last Name

Phone Number: _____ Number of Marriages: _____

Date of Current Marriage: _____ Location of Marriage: _____

Opposing Party's Information:

Full Name: _____

Mailing Address: _____
Street Number & Name

City: _____ State: ____ Zip Code: _____ How long in County/Ohio: _____

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

Physical Address (if different): _____

Name of Employer: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State of Issue: _____

Number of Marriages: _____

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

Has the opposing filed a Petition/Motion? _____ If so, when: _____

Reason for Consultation: _____

Desired Outcome: _____

CHILDREN INFORMATION:

How many children from this relationship: _____

Name: _____ DOB: _____ SSN: _____ Sex: _____

Name: _____ DOB: _____ SSN: _____ Sex: _____

Name: _____ DOB: _____ SSN: _____ Sex: _____

Name: _____ DOB: _____ SSN: _____ Sex: _____

Name: _____ DOB: _____ SSN: _____ Sex: _____

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

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

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

Do you want the opposing party to have joint legal custody (Shared Parenting)
 Yes _____ No _____

Do you want the opposing party to have visitation: Yes _____ No _____

If no, do you want the opposing party 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: _____

OTHER INFORMATION:

Were you ever married to the opposing party? _____ If yes, date of divorce: _____

Is there a current order in place? _____ Did you bring a copy of the Order? _____

If not, please briefly describe what the order states:

Has paternity been established? _____ Is child support currently being paid? _____

By Whom? _____ How much each month? _____

Is the opposing currently behind in child support? _____ By how much? _____

Do you have a case with CSEA? _____ CESA Case #: _____

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

Are there childcare expenses? If so, how much? _____ Who pays: _____

Gross monthly wages for him: _____ Gross monthly wages for her: _____

Husband's employer: _____

Occupation/title: _____

Date present employment commenced: _____

Previous employer: _____

Gross annual income: \$ _____

If retired military, branch and dates of service: _____

Other income (trusts, rental, partnerships, business, dividends, interest, etc.) _____

Wife's employer: _____

Occupation/title: _____

Date present employment commenced: _____

Previous employer: _____

Gross annual income: \$ _____

If retired military, branch and dates of service: _____

Other income (trusts, rental, partnerships, business, dividends, interest, etc.) _____

Assets:

Marital residence (address): _____

County/city of: _____

Monthly rent if not owned: _____

Date of purchase: Month: _____ Year: _____

Purchase price: \$ _____

Estimated current value: \$ _____

Mortgage payment: \$ _____ Balance: \$ _____

Mortgage Company: _____

2nd Mortgage \$ _____ Balance: \$ _____

Previous residence owned prior to marital home:

Date of purchase: _____ Price paid: \$ _____

Date sold: _____ Sales price: \$ _____

Other real estate owned (address): _____

County/city of: _____

Date of purchase: Month _____ Year _____



SYLKATIS LAW

ATTORNEYS AND COUNSELORS AT LAW

Purchase price: \$ _____

Estimated value: \$ _____

Rental income: \$ _____

Mortgage payment: \$ _____ Balance: \$ _____

2nd Mortgage \$ _____ Balance: \$ _____

Checking Accounts:

Bank Name: _____

Account type: _____

Account balance: _____

Account owner(s): _____

Account number: _____

Bank Name: _____

Account type: _____

Account balance: _____

Account owner(s): _____

Account number: _____

Savings Accounts:

Bank Name: _____

Account type: _____

Account balance: _____

Account owner(s): _____

Account number: _____

Bank Name: _____

Account type: _____

Account balance: _____

Account owner(s): _____

Account number: _____

Money Market Funds:

Amount: _____

In whose name? _____

Certificates of deposit:

Amount: _____

In whose name? _____

Stocks/Bonds/Mutual Funds:

Name of security: _____

No. of shares: _____

Date purchased: _____

In whose name? _____

Current value: _____

No. of shares: _____

Date purchased: _____

In whose name? _____

Current value: _____

IRAs:

Husband: Yes ____ No ____

Value: _____

Name of bank/fund: _____

Wife: Yes ____ No ____

Value: _____

Name of bank/fund: _____

Pensions:

Husband:

Name of plan: _____



SYLKATIS LAW

ATTORNEYS AND COUNSELORS AT LAW

Type of Plan:(military, 401k, etc.) _____

Dates of participation: From : _____ To: _____

Plan Administrator: _____

Wife:

Name of plan: _____

Type of Plan:(military, 401k, etc.) _____

Dates of participation: From : _____ To: _____

Plan Administrator: _____

Inheritance:

Husband: Yes ____ No ____

From whom? _____

Date: _____ Value: \$ _____

Description if not cash: _____

Where is it now? _____

WIFE: Yes ____ No ____

From whom? _____

Date: _____ Value: \$ _____

Description if not cash: _____

Where is it now? _____

Safe Deposit Box:

Location: _____

Box No.: _____

Persons on access card: _____

Contents: _____

Motor Vehicles, Boats, Cycles, Airplanes, etc.:

Year: _____ Model: _____

How titled: _____

Drivers: _____

Who is loan with: _____

Value: \$ _____ Amount owed \$ _____

Monthly payment: \$ _____

Year: _____ Model: _____

How titled: _____

Drivers: _____

Who is loan with: _____

Value: \$ _____ Amount owed \$ _____

Monthly payment: \$ _____

Year: _____ Model: _____

How titled: _____

Drivers: _____

Who is loan with: _____

Value: \$ _____ Amount owed \$ _____

Monthly payment: \$ _____

Household Furnishings & Effects:

Estimated value: \$ _____

Estimated value of possessions you brought into the marriage: \$ _____

Have household furnishings or personal effects been

Divided? Yes ____ No ____

Other Assets:

For any interest which you or your spouse may have in any other asset with value in excess of \$500, list:

<u>Asset</u>	<u>Date Acquired</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Partnerships:

Are you in any partnership(s)? Yes _____ No _____

Name of partnership: _____

Are you a general partner _____ or limited partner _____ ?

Nature of the partnership or what it owns: _____

Estimated value of your interest: \$ _____

Is your spouse in any partnership(s)? Yes _____ No _____

Name of partnership: _____

Are they a general partner _____ or limited partner _____ ?

Nature of the partnership or what it owns: _____

Estimated value of their interest: \$ _____

Life Insurance (for you or your spouse):

Insurance company: _____

Name of insured: _____

Name of beneficiary: _____

Face amount: \$ _____

Is it Whole Life _____ or Term _____ ?



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Insurance company: _____

Name of insured: _____

Name of beneficiary: _____

Face amount: \$ _____

Is it Whole Life _____ or Term _____ ?

Medical Insurance:

Husband:

Company: _____

Persons covered: _____

Wife:

Company: _____

Persons covered: _____

Trusts:

Are you the beneficiary of a trust? Yes _____ No _____

What is the name of the trust? _____

Name of trustee: _____

What income rights do you have? _____

What rights to principal do you have? _____

Is your spouse the ben'y of a trust? Yes _____ No _____

What is the name of the trust? _____

Name of trustee: _____

What income rights do they have? _____

What rights to principal do they have? _____

Debts (Creditors, Education Loans, Mortgage, etc.):

Lender, Credit Card Company or Bank	Purpose of Loan	Husband, Wife or Joint	Monthly Payment	Balance Owed
		H W JT		
		H W JT		
		H W JT		
		H W JT		
		H W JT		
		H W JT		
		H W JT		
		H W JT		

REASON FOR SELECTING THIS FIRM:

REFERRED BY: _____ YELLOW PAGES _____

INTERNET: _____ OTHER _____
