

DIVORCE

Date _____

FOR OFFICE USE ONLY

_____ Open File _____ DIVORCE COMPLAINT

_____ Fee Letter County _____

Regarding _____ Check Amount \$ _____

_____ Do Not Publish

_____ Divorce

_____ Equitable Distribution

Retainer \$ _____ Custody

Payment \$ _____ Child Support

_____ Alimony

Referral Source _____ Attorneys' Fees and Costs

OUR CLIENT

Name _____ Maiden Name _____

Address _____

Email _____

Telephone _____ (Home) _____ (Office) _____ (Cellular)

Date of Birth _____ Where born _____

Social Security No. _____ Race _____

Occupation _____

Employer _____

Employer's Address _____

Employer's Telephone No. _____

Previous Marriages _____

INTAKE

SPOUSE

Name _____ Maiden Name _____

Address _____

Attorney _____

Date of Birth _____ Where born _____

Social Security No. _____ Race _____

Occupation _____

Employer _____

Employer's Address _____

Employer's Telephone No. _____

Previous Marriages _____

MARRIAGE

Date of Marriage _____ Where married _____

Both parties lived in Pennsylvania for last six months? _____

Previous actions of divorce or for annulment from this marriage? _____

Date of Separation _____

DIVORCE GROUNDS (For office use only)

_____ Irretrievable breakdown (Section 3301(c)(1) of Domestic Relations Act)

_____ Indignities

_____ Separation (Section 3301(d) of Domestic Relations Act)

_____ Personal Injury Crime (Section 3301(c) (2))

_____ Other

CUSTODY AND VISITATION

Name Sex Social Security Number Date of Birth Age

From _____ to _____ with _____ at _____

From _____ to _____ with _____ at _____

From _____ to _____ with _____ at _____

From _____ to _____ with _____ at _____

Currently in custody of _____

Prior custody actions _____

Custody/visitation requested _____

_____ Shared legal custody

_____ Primary physical custody

_____ Shared physical custody as follows:

_____ Visitation/partial physical custody as follows:

ASSETS

Marital Residence _____

Date of Purchase _____ Purchase Price \$

Mortgage Amount Remaining \$ _____ Lienholder

Major Improvements

Recent Appraisal _____ Value \$

Who is living in home? _____

PENSIONS / 401K PLANS

Type of Plan _____

Holder _____

Employer _____

Dates of Service _____

Value _____

Type of Plan _____

Holder _____

Employer _____

Dates of Service _____

Value _____

VEHICLES

Year / Make / Model _____ Own / Lease

Title _____

Car Loan Amount \$ _____ Lienholder _____ Payoff Date

In Possession of _____

Year / Make / Model _____ Own / Lease

Title _____

Car Loan Amount \$ _____ Lienholder _____ Payoff Date

In Possession of _____

Year / Make / Model _____ Own / Lease

Title _____

Car Loan Amount \$ _____ Lienholder _____ Payoff Date

In Possession of

FURNITURE (Please include only those items with exceptional value, such as antiques, heirlooms or collectibles. Routine items may be listed on a separate inventory.)

BANK AND OTHER ACCOUNTS

Account Type In Name of Bank Amount Who Received

Stocks / Bonds / Mutual Funds

Life Insurance (cash value)

Other Assets

DEBTS

<u>Lienholder</u>	<u>Amount</u>	<u>Reason / Purchase</u>	<u>Payments being made by</u>
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SUPPORT (For office use only)

Husband's Income

\$ _____ gross per _____ = \$ _____ gross / month

\$ _____ net per _____ = \$ _____ net / month

Mandatory Deductions

Health Insurance Coverage

Wife's Income

\$ _____ gross per _____ = \$ _____ gross / month

\$ _____ net per _____ = \$ _____ net / month

Mandatory Deductions _____

Health Insurance Coverage

Combined net monthly income:

Health insurance reimbursement?

Child care costs?

Extracurricular activities, summer camp, etc.?

Unreimbursed medical expenses?

Notes:
