



FAMILY LAW INTAKE FORM

FOR OFFICE USE ONLY
Consult Date: _____
Paid: _____
Retainer Amount: _____

CIRCLE ONE: Divorce / Custody / Paternity / Post-Judgment / Adoption / Other

YOURSELF

FULL NAME: _____ AGE: _____
FIRST MIDDLE LAST

DOB: _____ SSN: _____ GENDER: _____ MARITAL STATUS: _____

FOREIGN COUNTRY CITIZENSHIP/ID #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE# _____ EMAIL: _____ DO YOU CHECK OFTEN? _____

DRIVER'S LICENSE #: _____ RACE: _____

HAIR COLOR: _____ EYE COLOR: _____ HEIGHT: _____ WEIGHT: _____

SCARS/IDENTIFYING MARKS: _____

ALIAS/OTHER NAMES USED: _____ LEVEL OF EDUCATION: _____

YOUR SPOUSE / SIGNIFICANT OTHER / EX

FULL NAME: _____ AGE: _____
FIRST MIDDLE LAST

DOB: _____ SSN: _____ GENDER: _____ MARITAL STATUS: _____

FOREIGN COUNTRY CITIZENSHIP/ID #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE# _____ EMAIL: _____ DO THEY CHECK OFTEN? _____

DRIVER'S LICENSE #: _____ RACE: _____

HAIR COLOR: _____ EYE COLOR: _____ HEIGHT: _____ WEIGHT: _____

SCARS/IDENTIFYING MARKS: _____

ALIAS/OTHER NAMES USED: _____ LEVEL OF EDUCATION: _____

OPPOSING ATTORNEY (IF ANY): _____

Heidi L. Wolf | Laurie J. Tange

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www.wolflawoffices.com



FAMILY LAW INTAKE FORM

ANY CURRENT CASES INVOLVING YOURSELF, YOUR SPOUSE, OR THE MINOR CHILDREN?

MEDICAL INSURANCE INFORMATION

YOURSELF

PROVIDER	PLAN NUMBER	MEDICAL	DENTAL	OPTICAL	CHILDREN COVERED?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

YOUR SPOUSE

PROVIDER	PLAN NUMBER	MEDICAL	DENTAL	OPTICAL	CHILDREN COVERED?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

EMPLOYMENT

YOUR EMPLOYER: _____ JOB TITLE: _____

ADDRESS: _____ TIME AT JOB: _____

_____ GROSS PAY / WEEK: _____

_____ NET PAY / WEEK: _____

_____ HOURLY / AVG # HRS: _____

PHONE NUMBER: _____ GROSS PAY / YEAR: _____

SPOUSE EMPLOYER: _____ JOB TITLE: _____

ADDRESS: _____ TIME AT JOB: _____

_____ GROSS PAY / WEEK: _____

_____ NET PAY / WEEK: _____

_____ HOURLY / AVG # HRS: _____

PHONE NUMBER: _____ GROSS PAY / YEAR: _____

OTHER SOURCES OF INCOME: (I.E. UNEMPLOYMENT, PENSION, RETIREMENT)

IS EITHER PARTY RECEIVING ANY SORT OF STATE AID? YES _____ NO _____

IF YES, PLEASE STATE WHAT IS BEING RECEIVED: _____



FAMILY LAW INTAKE FORM

CHILD SUPPORT

TEMPORARY ORDER: _____ FINAL ORDER: _____

NO. DEPENDENTS	AMOUNT PER SCHEDULE	AGREED AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AMOUNT: _____ CASE NUMBER: _____

MARITAL PROPERTY

REAL PROPERTY

DESC. + ADDRESS	VALUE	AMT. OWED	PAYMENT	RENTAL?	NAME(S) ON DEED
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

VEHICLES (AUTOMOBILES, CAMPERS, ATV, JET SKI, ETC.)

YEAR/MAKE/MODEL	VALUE	AMT. OWED	MONTHLY PAYMENT	NAME(S) ON TITLE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BANK ACCOUNTS

NAME OF BANK	TYPE OF ACCOUNT	JOINT/INDIVIDUAL	BALANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



HEIDI L. WOLF
LAURIE J. TANGE

PHONE: 269-673-2105
FAX: 269-686-5996

Date _____

Name: _____

Address: _____

Home phone: _____

Cell phone: _____

Work phone: _____

E-mail address: _____

How did you find us:

- Allegan County Legal Assistance Center
- Facebook
- Allegan News
- On-line _____
- Referred by: _____
- Other (please explain) _____

Type of Case

- Criminal
- Family Law
- Wills/Trusts
- Litigation
- Bankruptcy
- Social Security
- Other (please explain): _____