



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

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www.wolflawoffices.com



FAMILY LAW INTAKE FORM

RECORD OF DIVORCE INFORMATION

YOUR BIRTHPLACE: _____ STATE OR FOREIGN COUNTRY

NUMBER OF THIS MARRIAGE: 1 2 3 _____

YOUR SPOUSE'S BIRTHPLACE: _____ STATE OR FOREIGN COUNTRY

NUMBER OF THIS MARRIAGE: 1 2 3 _____

PLACE OF THIS MARRIAGE: _____ CITY, VILLAGE OR TOWNSHIP COUNTY STATE

DATE OF MARRIAGE: _____ DATE OF SEPARATION: _____

BRIDE'S MAIDEN NAME AND/OR NAME BEFORE MARRIAGE: _____

MINOR CHILDREN

FULL NAME	AGE	DOB	M/F	SSN (REQUIRED)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CURRENT ADDRESS OF CHILDREN LISTED ABOVE: _____

CUSTODY: NOW: _____ POST-JUDGMENT: _____

VISITATION: NOW: _____ POST-JUDGMENT: _____

PLACES WHERE CHILDREN HAVE RESIDED OVER LAST 5 YEARS	WITH WHOM
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NAME & CONTACT INFORMATION OF ANYONE ELSE INTERESTED IN CUSTODY OF THE CHILDREN



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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



FAMILY LAW INTAKE FORM

PENSION/RETIREMENT ACCOUNTS

WHOSE ACCOUNT IS THIS?

_____	_____
_____	_____
_____	_____
_____	_____

DEBTS OF PARTIES

DEBT DESCRIPTION	AMOUNT	MONTHLY PAYMENT	NAME(S) ON DEBT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AREAS OF DISPUTE

PLACE A CHECK IN THE BOX

- | | | | |
|-------------------|--------------------------|-----------------|--------------------------|
| PROPERTY DIVISION | <input type="checkbox"/> | RETIREMENT | <input type="checkbox"/> |
| CHILD CUSTODY | <input type="checkbox"/> | DISABILITY | <input type="checkbox"/> |
| CHILD SUPPORT | <input type="checkbox"/> | DEBT DIVISION | <input type="checkbox"/> |
| VISITATION | <input type="checkbox"/> | SPOUSAL SUPPORT | <input type="checkbox"/> |

NOTES



HEIDI L. WOLF

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): _____