

DIVORCE INTAKE SHEET

Your Information:

Name: _____

Mailing Address: _____

Street Address: _____
(If different from mailing) _____

Is this in the city limits? Yes or No
County: _____

Telephone: Cell: _____ Home: _____ Work: _____

Email Address: _____

Social Security No: _____

Drivers License No: _____

Date of Birth: _____

Sex: _____

Race: _____

Years complete in school: _____

Have you lived in Alabama in the last six months? Yes or No

If No previous address: _____

Occupation: _____

Employer: _____

Employer's Address: _____

Gross Salary: _____

Other income & source: _____

Currently in Armed Forces? Yes or No

Date of Marriage: _____
Month Day Year

Place of Marriage: _____
City County State

Date of Separation: _____
Month Day Year

Place of Separation: _____
City County State

Spouse Information:

Name: _____

Mailing Address: _____

Street Address: _____
(If different from mailing) _____

Is this in the city limits? Yes or No
County: _____

Telephone: Cell: _____ Home: _____ Work: _____

Email Address: _____

Social Security No: _____

Drivers License No: _____

Date of Birth: _____

Sex: _____

Race: _____

Years complete in school: _____

Have you lived in Alabama in the last six months? Yes or No

If No previous address: _____

Occupation: _____

Employer: _____

Employer's Address: _____

Gross Salary: _____

Other income & source: _____

Currently in Armed Forces? Yes or No

Information Needed for Certificate of Divorce

Number of marriages: Husband _____ Wife _____

Number of marriages terminated by death: Husband _____ Wife _____

Number of marriages terminated by divorce: Husband _____ Wife _____

Date of last marriage terminated: Husband _____ Wife _____

Maiden Name of Wife: _____

Does wife wish to go back to maiden name? Yes or No

1. Do you have a will? Yes or No
2. Do you have a power of attorney? Yes or No
3. Do you have life insurance? Yes or No
4. Do you have a retirement plan/benefits? Yes or No

Do you have children? Yes or No If yes, please list below:

Name: _____ Name: _____
First Middle Last First Middle Last

SSN: _____ SSN: _____
Date of Birth: _____ Age: _____ Date of Birth: _____ Age: _____
Father: _____ Father: _____

Name: _____ Name: _____
First Middle Last First Middle Last

SSN: _____ SSN: _____
Date of Birth: _____ Age: _____ Date of Birth: _____ Age: _____
Father: _____ Father: _____

Have you participated in any other litigation the custody of these children? Yes or No
If yes, give details including court, county, state, case number, and the disposition:

Do you have any knowledge of any custody proceedings involving the children presently pending? Yes or No
If yes, give details including court, county, state, case number, and the disposition:

Do you know of any persons not involved in this divorce that have custody of the children or claim to have custody or visitation rights with the children? Yes or No
If yes, give details including court, county, state, case number, and the disposition:

Is there a prior child support order? Yes or No If yes, fill in the information below:
Amount of court ordered child support \$ _____ Per _____

Is the child support paid through court? Yes or No Is the child support paid directly to you? Yes or No

Are you supporting children from a prior marriage or relationship? Yes or No

If yes, amount of support you pay for their benefit? _____

Do you have any children with your spouse who were born before the marriage? Yes or No

If so, have you and your spouse signed any documents stating who the father is? Yes or No

Are all children born of this marriage living with you? Yes or No

Since what date (if birth, then state "since birth") _____

If no, with whom are they living and give their address? _____

Since what date (if since birth, then state "since birth") _____

Who wants custody AFTER divorce (you, spouse, both)?

Children's preference: _____

Other dependents living with you (specify relationship): _____

Are you or your spouse now pregnant? Yes or No If yes, who is the father? _____

Do any of the children have health problems or "special needs" Yes or No

If yes, describe: _____

Assets

A. REAL PROPERTY

1. Address: _____

Owned by: Me Spouse Both

When purchased: _____ Before marriage? Yes No

Estimate market value: \$ _____

1st Mortgage to _____ \$ _____

Monthly payment = \$ _____

2nd Mortgage to _____ \$ _____

Monthly payment = \$ _____

2. Address: _____

Owned by: Me Spouse Both

When purchased: _____ Before marriage? Yes No

Estimate market value: \$ _____

1st Mortgage to _____ \$ _____

Monthly payment = \$ _____

2nd Mortgage to _____ \$ _____

Monthly payment = \$ _____

B. FINANCIAL

1. Checking Accounts

Bank: _____ In name of: Mine Spouse Both

Account Number: _____ Amount \$ _____

Bank: _____ In name of: Mine Spouse Both

Account Number: _____ Amount \$ _____

2. Saving Accounts

Bank: _____ In name of: Mine Spouse Both

Account Number: _____ Amount \$ _____

Bank: _____ In name of: Mine Spouse Both

Account Number: _____ Amount \$ _____

3. Credit Union Accounts

Union: _____ In name of: Mine Spouse Both

Account Number: _____ Amount \$ _____

4. Certificate of Deposit (CD)

Bank: _____ In name of: Mine Spouse Both

Account Number: _____ Amount \$ _____

Bank: _____ In name of: Mine Spouse Both

Account Number: _____ Amount \$ _____

5. Safe Deposit Box

Bank: _____ Who has key? I Spouse

Contents: _____

6. Stock

No. of Shares _____ Company _____

Date acquired: _____ Cost \$ _____ Present Value \$ _____

No. of Shares _____ Company _____

Date acquired: _____ Cost \$ _____ Present Value \$ _____

No. of Shares _____ Company _____

Date acquired: _____ Cost \$ _____ Present Value \$ _____

Stock Broker's Name: _____

Address: _____

7. Retirement Accounts

Do you have a retirement/pension/profit sharing/Keogh plan through employment?

Yes or No

If yes, describe (including estimated value): _____

Do you or your spouse have an IRA? Yes or No If yes state,

Who has: I Spouse Invested with: _____

Estimated value: \$ _____

C. AUTOMOBILES

1. Year _____ Make _____ Model _____
Who drives? _____
Owned during marriage? Yes or No _____
Present Value: \$ _____
Lien on vehicle? Yes or No Lien holder: _____
Name on lien? _____
Payment amount \$ _____ Balance Owed \$ _____

Car Insurance: Yes or No Name of insurance company: _____
Monthly car insurance amount: \$ _____

2. Year _____ Make _____ Model _____
Who drives? _____
Owned during marriage? Yes or No _____
Present Value: \$ _____
Lien on vehicle? Yes or No Lien holder: _____
Name on lien? _____
Payment amount \$ _____ Balance Owed \$ _____

Car Insurance: Yes or No Name of insurance company: _____
Monthly car insurance amount: \$ _____

3. Year _____ Make _____ Model _____
Who drives? _____
Owned during marriage? Yes or No _____
Present Value: \$ _____
Lien on vehicle? Yes or No Lien holder: _____
Name on lien? _____
Payment amount \$ _____ Balance Owed \$ _____

Car Insurance: Yes or No Name of insurance company: _____
Monthly car insurance amount: \$ _____

4. Year _____ Make _____ Model _____
Who drives? _____
Owned during marriage? Yes or No _____
Present Value: \$ _____
Lien on vehicle? Yes or No Lien holder: _____
Name on lien? _____
Payment amount \$ _____ Balance Owed \$ _____

Car Insurance: Yes or No Name of insurance company: _____
Monthly car insurance amount: \$ _____

D. INSURANCE

Medical Insurance: Company: _____
Premium per month \$ _____ Dental Coverage? Yes or No _____
Insured: _____ Thru Employer? Yes or No _____

Life Insurance: Company: _____
Type: Whole Life Term Group Premium per month \$ _____
Policy Number: _____ Value of Policy: \$ _____
Insured: _____

E. HOUSEHOLD GOODS

Have you and your spouse divided this property? Yes Or No

If no, list below the division of household good. Circle items owned before marriage or received as gift. Put a check to the right of each item which you and your spouse have agreed as to division. List only major items such as chairs, freezer, TV, etc.

TO ME

TO SPOUSE

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

5. _____

5. _____

6. _____

6. _____

7. _____

7. _____

8. _____

8. _____

9. _____

9. _____

10. _____

10. _____

F. INCOME TAXES

Do you expect to receive a refund for last tax years? Yes or No

Last year tax return filed? Yes or No

G. INHERITANCE AND GIFTS

Did you or your spouse receive any of the property listed above or below by inheritance or gift or was it purchased with money received through inheritance or gift? Yes or No

If yes, describe property, who received, and circumstances: _____

H. OTHER PROPERTY

Description: _____

Estimated Value: _____

Mortgaged to: _____

Monthly Payment: _____

Balance Owed: _____

Do you have an accountant? Yes or No

If yes, provide name and address: _____

Living Expenses

1. Rent or mortgage payment: _____
2. Electric Bill: _____
3. Gas bill: _____
4. Water Bill: _____
5. Groceries for the month: _____
6. Cable: _____
7. House Phone: _____
8. Cell Phone: _____
9. Internet: _____
10. Car Insurance:
11. Car Payment (1): _____
12. Car Payment (2): _____
13. Car Repairs: _____
14. Car Insurance: _____
15. Clothes: _____
16. Personal Items: _____
17. Child Support or Alimony Payments that you make to someone else: _____
18. Medical expenses per month: _____
19. Dental expenses per month: _____
20. Tuition payments: _____
21. Daycare Payments: _____
22. Other: _____
23. Other: _____
24. Other: _____
25. Other: _____
26. Other: _____

