

**CLIENT INTAKE FORM**

**I. CLIENT INFORMATION**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

If you want correspondence mailed to another address, please provide the mailing address:

\_\_\_\_\_

How long have you lived in Washington: \_\_\_\_\_

Occupation: \_\_\_\_\_ The highest year of education completed: \_\_\_\_\_

Are you presently employed, if so,

Where do you work and what is the address \_\_\_\_\_

When did you start work there \_\_\_\_\_ Gross Pay: \_\_\_\_\_ Net pay: \_\_\_\_\_

If no: When did you last work (month/year)? \_\_\_\_\_ Gross Monthly Earnings: \_\_\_\_\_

Why are you presently unemployed? \_\_\_\_\_

Did you work before this marriage: \_\_\_\_\_ During this marriage: \_\_\_\_\_

Do you have children by any previous marriage or relationship:

Child's Name	Child's Birthdate	Child's Name	Child's Birthdate
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Child's Name	Child's Birthdate	Child's Name	Child's Birthdate
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In whose custody is each child in: \_\_\_\_\_ Name of father of child \_\_\_\_\_

Child support paid/received per month, per child: \_\_\_\_\_

**II. OPPOSING PARTY INFORMATION**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Occupation: \_\_\_\_\_ The highest year of education completed: \_\_\_\_\_

If presently employed,

Employer and address \_\_\_\_\_

How long have they worked for this employer: \_\_\_ Gross Pay: \_\_\_\_\_ Net pay: \_\_\_\_\_

If no: Last worked(month/year)? \_\_\_\_\_ Gross Monthly Earnings: \_\_\_\_\_

Why are they unemployed? \_\_\_\_\_

Did they work before this marriage: \_\_\_\_\_ During this marriage: \_\_\_\_\_

Do they have children by any previous marriage or relationship:

Child's Name	Child's Birthdate	Child's Name	Child's Birthdate
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Child's Name	Child's Birthdate	Child's Name	Child's Birthdate
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In whose custody is each child in: \_\_\_\_\_ Name of other parent of child \_\_\_\_\_

Child support paid/received per month, per child: \_\_\_\_\_

**III. STATISTICS OF THIS MARRIAGE**

Place of Marriage (city, county, state) \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Have there been prior separations, if so how many, how long of separation, and approximate date of prior separation \_\_\_\_\_

Do you have children by this marriage:

Child's Name	Child's Birthdate	Child's Name	Child's Birthdate
Child's Name	Child's Birthdate	Child's Name	Child's Birthdate

In whose custody is each child in: \_\_\_\_\_

Is either party pregnant at this time: \_\_\_\_\_ If yes, expected delivery date: \_\_\_\_\_

#### IV. Monthly Expense Information

Monthly expenses for myself and \_\_\_\_\_ dependents are: (Expenses should be calculated for the future, after separation, based on the anticipated residential schedule for the children.)

##### 5.1 Housing

Rent, 1st mortgage or contract payments \$ \_\_\_\_\_  
Installment payments for other mortgages or encumbrances \$ \_\_\_\_\_  
Taxes & insurance (if not in monthly payment) \$ \_\_\_\_\_  
Total Housing \$ \_\_\_\_\_

##### 5.2 Utilities

Heat (gas & oil) \$ \_\_\_\_\_  
Electricity \$ \_\_\_\_\_  
Water, sewer, garbage \$ \_\_\_\_\_  
Telephone \$ \_\_\_\_\_  
Cable \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
Total Utilities \$ \_\_\_\_\_

##### 5.3 Food and Supplies

Food for \_\_\_\_\_ persons \$ \_\_\_\_\_  
Supplies (paper, tobacco, pets) \$ \_\_\_\_\_  
Meals eaten out \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
Total Food Supplies \$ \_\_\_\_\_

<b>5.4 Children</b>	
Day Care/Babysitting	\$ _____
Clothing	\$ _____
Tuition (if any)	\$ _____
Other child-related expenses	\$ _____
Total Expenses Children	\$ _____
<b>5.5 Transportation</b>	
Vehicle payments or leases	\$ _____
Vehicle insurance & license	\$ _____
Vehicle gas, oil, ordinary maintenance	\$ _____
Parking	\$ _____
Other transportation expenses	\$ _____
Total Transportation	\$ _____
<b>5.6 Health Care (Omit if fully covered)</b>	
Insurance	\$ _____
Uninsured dental, orthodontic, medical, eye care expenses	\$ _____
Other uninsured health expenses	\$ _____
Total Health Care	\$ _____
<b>5.7 Personal Expenses (Not including children)</b>	
Clothing	\$ _____
Hair care/personal care expenses	\$ _____
Clubs and recreation	\$ _____
Education	\$ _____
Books, newspapers, magazines, photos	\$ _____
Gifts	\$ _____
Other	\$ _____
Total Personal Expenses	\$ _____
<b>5.8 Miscellaneous Expenses</b>	
Life insurance (if <u>not</u> deducted from income)	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Total Miscellaneous Expenses	\$ _____
<b>5.9 Total Household Expenses</b> (The total of Paragraphs 5.1 through 5.8)	\$ _____

**5.10 Installment Debts Included in Paragraphs 5.1 Through 5.8**

<u>Creditor</u>	<u>Description of Debt</u>	<u>Balance</u>	<u>Month of Last Payment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**5.11 Other Debts and Monthly Expenses not Included in Paragraphs 5.1 Through 5.8**

<u>Creditor</u>	<u>Description of Debt</u>	<u>Balance</u>	<u>Month of Last Payment</u>	<u>Amount of Monthly Payment</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Total Monthly Payments for Other Debts and Monthly Expenses				\$ _____

**V. ASSETS**

Real Estate: \_\_\_\_\_

Automobiles/Boats/RVs: \_\_\_\_\_

Stocks and Bonds: \_\_\_\_\_

Life Insurance Policies: \_\_\_\_\_

Pension Plans: \_\_\_\_\_

Bank Accounts: \_\_\_\_\_