

CLAWSON & CLAWSON, LLP

FAMILY LAW CONFIDENTIAL CLIENT INTAKE SHEET

DATE: _____

FILE FLAG ALERT

*If retained ~ Do not list address on Abacus! Do not mail/Do not call!
Other Party is at Marital Residence*

How did you learn about us?

I. YOUR PERSONAL DATA:

Name: _____ Male Female

Title (ex: MD, DO, DC, DDS, PhD): _____

Address or P.O. Box: _____ *

City: _____ State: ___ Zip: _____

E-Mail: _____ Other: _____

Telephone(c):() _____ - _____ Telephone(h):() _____ - _____ Telephone (w):() _____ - _____

(*Do not list any address or phone number that you wish to remain private in the event you are still living with spouse)

Employer Name: _____

Employer Address: _____ Zip: _____

Job Title: _____

Date of Birth: _____ Gross Monthly Income: _____

In Active Duty Military? Yes No Social Security No: _____ - _____ - _____

Colorado Resident since: _____ Driver's License No. _____

***If retained, we will send documents/communications via e-mail unless your Preferred Method of receiving documents/communicating with this office is different:**

E-Mail _____ (list if different than above)

US Mail to: _____

DO NOT call or mail to me at the MARITAL HOME address (check if applicable)

Your Emergency Contact: _____

Phone: _____

Relationship: _____

Consent/Request Waiver of Confidentiality to third party? Yes No (Note, you will need to sign a Consent. Please list name(s) of persons I allow to talk to this office): Name(s)

II. OPPOSING PARTY: (other party, spouse, former spouse, kin, parent)

Name: _____ Male Female
Address: _____
City: _____ State: _____ Zip : _____
IMPORTANT: Is the above address the Marital Residence?
Is Spouse/Opposing Party Living at Marital Residence? Yes No
Are you still living together? Yes No
Date of Birth: _____ Gross Monthly Income: _____
In Active Duty Military? Yes No
Social Security No: _____ - _____ - _____
Colorado Resident since: _____ Driver's License No. _____
Telephone (c): () _____ - _____ Telephone (h) () _____ - _____ Telephone (w): () _____ - _____
Employer Name: _____ Employer Address: _____
E-Mail: _____
Represented by Attorney? Yes No (Attorney Name): _____

III. NATURE OF DOMESTIC SERVICES: (complete regarding your present situation)

I am requesting legal services concerning:

- Dissolution of Marriage or Civil Union
- Legal Separation
- Allocation of Parental Responsibility
- Post-Decree Motion (Identify action: _____)
- Relocation of minor child(ren)
- Adoption
- Other Domestic Matter (_____)

- Case already filed (date) (_____) (Case #) (_____) (location including County) (_____) Date of next Hearing/other (_____)

Is the Wife/Other party pregnant? Yes No
Date of Marriage/Civil Union: _____ N/A
Place of Marriage /Civil Union: _____ N/A
Date of Separation: _____ N/A
Wife/other party seek restoration of a prior name? Yes No Unknown
Name requested: _____

It is anticipated this matter will be Contested, or Not Contested, or By Default (select one)

The parties **have, or** **have not** reached a temporary agreement about the children, or about child support, temporary spousal maintenance, and/or temporary use of property (including cars and residence). If appropriate, please list that agreement here in the form you would like this information to appear in your pleadings: _____

IV. PRIOR MARRIAGE FACTS: (please complete if applicable)

Date of Dissolution/Legal Separation: _____

Place of Dissolution/Legal Separation: _____

Represented by attorney?

Yes No Name _____ Case No. _____

V. RESTRAINING/CIVIL ORDERS:(please complete if applicable)

Restraining orders **have**, or **have not** (Check one) been issued against either party during the relationship/marriage. For each restraining order that has been issued, please identify:

- (1) The name of the party against whom the restraining Order was issued:
- (2) The County and State in which the restraining Order was issued:
- (3) The Case Number: _____
- (4) The Order was/is Temporary Permanent
- (5) A brief description of the subject matter of restraining order: _____

↓ FILL OUT THIS SECTION ONLY IF CHILD(REN) INVOLVED ↓

VI. CHILD/CHILDREN AT ISSUE*

* Skip any section with an asterisk if there are no children from this marriage/relationship. If there are children or step-children involved at issue in this action, please fill out.

#1 Child born/adopted of relationship or Other Child or adult (step-child, kinship (family) or other)

Name: _____ Male Female
Date of Birth: _____ Social Security No: _____ - _____ - _____
Resides with: _____ (name)

#2 Child born/adopted of relationship or Other Child or adult (step-child, kinship (family) or other)

Name: _____ Male Female
Date of Birth: _____ Social Security No: _____ - _____ - _____
Resides with: _____ (name)

#3 Child born/adopted of relationship or Other Child or adult (step-child, kinship (family) or other)

Name: _____ Male Female
Date of Birth: _____ Social Security No: _____ - _____ - _____
Resides with: _____ (name)

***If additional space is required, use the back of this form**

VII. OTHER POTENTIALLY INTERESTED PARTIES: (Grandparents, Kin, etc.)

N/A

Name _____ Describe Nature of Relationship _____

* I have participated in the following proceeding about the child(ren) as a party or a witness, or in any other capacity concerning the custody/allocation of decision-making of or visitation or parenting time with the child(ren):

Court _____ Case# _____ State _____ Date of child-custody determination (if any): _____

Court _____ Case# _____ State _____ Date of child-custody determination (if any): _____

* The following people are not parties in this matter, but have physical custody of the child(ren) or claim rights of parental responsibilities or legal custody or physical custody of, or visitation or parenting time with the child(ren)

Name: _____ Address: _____

* The name(s) and present address(es) of the person/people with whom the child(ren) has/have lived over the past five (5) years.

Name: _____ Address: _____ Dates/From: _____ To: _____

Name: _____ Address: _____ Dates/From: _____ To: _____

Name: _____ Address: _____ Dates/From: _____ To: _____

The following proceeding for enforcement, proceedings relating to domestic violence or domestic abuse, protective orders or restraining orders, termination of parental rights, and adoptions could affect the current proceeding

Court	Case Number	State	Nature of Proceeding
_____	_____	_____	_____

The parents or dependent children **have**, or **have not** (check one) received within the last five years or are currently receiving benefits or public assistance from the state Department of Human Services or the county Department of Social Services. If you checked yes, identify the name of each person receiving a benefit, the county and state in which the benefit was received, and the case number assigned to the benefit in the form you would like this information to appear in your pleadings:

Name	County	State	Case Number
_____	_____	_____	_____

***If additional space is required, use the back of this form**

VIII. ASSETS

A. MAJOR ASSETS (ESTIMATED VALUES):

Real Property

- Marital Residence \$ _____
- Rental Property / How Many \$ _____
- Timeshares / How Many \$ _____
- Land or other Properties: \$ _____

Business Interests/Employment:

- Business Interests : \$ _____
(describe) _____

Assets/Retirement:

- CD's, IRA's, 401(k) etc. \$ _____
- Pension \$ _____
- Profit Sharing \$ _____
- Other \$ _____

Financial Accounts:

- Stocks and Bonds \$ _____
- Checking Accounts \$ _____
- Savings Accounts \$ _____
- Life Insurance (cash value/whole life) \$ _____
- Other \$ _____

Other Property:

- Stocks and Bonds \$ _____
- Checking Accounts \$ _____
- Savings Accounts \$ _____
- Life Insurance (cash value/whole life) \$ _____
- Other \$ _____
- Automobiles total number: \$ _____
- Other Motorized Vehicles \$ _____
- Furniture / Household Goods \$ _____
- Art \$ _____
- Antiques/Collectables \$ _____
- Coins \$ _____
- Jewelry/Furs \$ _____

B. MAJOR DEBTS (ESTIMATED):

- Mortgages \$ _____
- Credit Cards \$ _____
- Loans \$ _____
- Other \$ _____