

McFARLING LAW GROUP

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**Please return all Intake Forms with other documentation to
intake@mcfarlinglaw.com.**

Divorce with Children Intake Form

This intake form is required to be filled out to the best of your ability. Names of all parties must be filled in prior to the consultation for conflict checks.

Today's date:

Name

Marriage Date:

Date you stopped living together (if Separated):

Have you been served a legal document that you have not been responded to: YES NO

If yes, State the date received as well as the name of the document:

Please State your Top 3 Litigation Goals in Order of Importance:

Examples of Good Goals: "I want joint custody of my son" I want to prevent the other parent from relocating with our child".

Examples of Bad Goals: "To expose to the World what a liar my husband/wife is"

Goal #1:

Goal #2:

Goal #3:

Personal Data – please fill in all fields

Street Address

City, State, Zip

Home Phone

Cell Phone

Fax No:

Is it ok to contact you at the phone numbers listed above?

Personal Email: _____ work email

Do you prefer we use your personal email, work email or both?

All Former Names:

Driver's License Number: Issuing State: years in Nevada

Soc Sec #: Age: Birth date:

Do you want to keep your married last name?

If no, what is your maiden name:

Education/Training:

Are there any pensions (Retirement, 401k, IRA's, etc.) at issue?

Were/are you or your spouse in the Military? Branch/rank:

If military, Active Duty or Retired? Dates of Service

Employment Information:

Job Title:

Employer Name

Address

City, State, Zip

Employer Phone

Salary: Gross\$ Net\$ Per:

Work Hours:

Date began employment:

Children at issue in this case:

Child 1:

Name: Social Security #:

Age: Sex: Birth date:

Child currently resides with? City, State

Child 2:

Name: Social Security #:

Age: Sex: Birth date:

Child currently resides with? City, State

Child 3:

Name: Social Security #:

Age: Sex: Birth date:

Child currently resides with? City, State

Opposing Party – your husband or wife

Name

Address

City, State, Zip

Home Phone

Cell Phone

Email: work email

Fax No:

All Former Names:

Driver's License Number: Issuing State: years in Nevada

Soc Sec #: Age: Birth date:

Education/Traning:

Employer Information:

Job Title:

Employer Name

Address

City, State, Zip

Employer Phone

Salary: Gross\$ Net\$ Per:

Work Hours:

Date began employment:

Attorney of Record for Opposing Party (if any):

DETAILS ABOUT YOUR CASE:

UNDERLYING ORDERS OR JUDGMENTS

Has any judge previously signed any ORDERS or JUDGMENTS in connection with this matter or another matter involving these same parties? YES NO

If yes, in what City, State and Year did this occur?

Are you aware of any ongoing proceedings surrounding this matter? YES NO

EXPLAIN (Please supply Dates, State, County and Details):

Have you retained any other attorneys on this matter prior to coming to this office? (If yes, please provide name, date retained and reason to discontinue service.)

Is there an existing child support order? If so, what is the amount?
Who pays? Mother Father

Is there an existing temporary custody order? If so, what is the schedule?

Mom:

Dad:

CUSTODY

Desired Custody Arrangement:

Legal custody: Joint Mother Sole Father Sole

Physical custody: Shared Mother Primary Father Primary

Desired Visitation Arrangement:

Desired custody schedule?

Mom:

Dad:

Visitation should be unsupervised Supervised If Supervised is being requested, please explain why:

CHILD SUPPORT

Desired Child Support Amount?

Who will pay? Mother Father

Additional details about child support:

Please specify whether any of the children at issue have special needs, i.e. private school, tutor, medical needs, sports, activity or training:

Are there any other expenses for the child(ren) at issue? YES NO

If yes, please explain:

HEALTH INSURANCE

Who will provide children's health insurance? Mother Father

Who will pay copays and unreimbursed medical expenses?

Other Info:

SPOUSAL SUPPORT:

Desired Support \$ **per:**

Special Needs (Including items such as rehabilitative training, medical problems):

WHAT ARE THE WORST THINGS THE OTHER SIDE MIGHT ALLEGE AGAINST YOU (TRUE OR NOT) AND IS THERE ANY BASIS FOR THEM?

Domestic Tort Issues:

Has there ever been a physical assault, battery, intentional infliction of emotional distress, wiretapping or other interception of communications, infliction of disease or harm to either party by the alleged negligence or fraud of the other party? If so provide details:

Property and Debt

Has either party ever filed bankruptcy? If so provide details:

Real Estate

Address/Description Name on title Who will keep Net Equity/Value

Vehicles :

1:
Vehicle ID No.: Value:

Make: Model: Year:

Titled jointly? If so - with who?_

Who will keep:

2:

Vehicle ID No.: Value:

Make: Model: Year:

Titled jointly? If so - with who?_

Who will keep:

Other Property (Bonds, IRAs, Bank Accounts, etc)

Description Account # Net Equity

Debt

Real Estate Debt:

Creditor	Name on Account	Balance	Monthly Payment	Acct No.
1.		\$	\$	
2.		\$	\$	
3.		\$	\$	

Credit Cards:

<u>Creditor</u>	<u>Name on account</u>	<u>Balance</u>	<u>Monthly Payment</u>	<u>Acct No.</u>
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Other Creditors:

<u>Creditor</u>	<u>Name on account</u>	<u>Balance</u>	<u>Monthly Payment</u>	<u>Acct No.</u>
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Were you referred to a specific attorney? If so to who? _____

How did you hear about us?

U.S Department of State

Nevada State Bar website list of specialists

Legal Aid Center of Southern Nevada

American Association of Matrimonial Lawyers (AAML.org)

International Association of Family Lawyers (IAFL.com)

MartindaleHubbel.com/Lawyers.com

Avvo.com

Other internet directory: _____

Google.com

Other internet search: _____

Other Attorney, Attorney's name: _____

Friend, Friend's name: _____

Other: _____