

McFARLING LAW GROUP

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

Divorce with No 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 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:

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):

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.)

DETAILS ABOUT YOUR CASE:

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?

Debt

Real Estate Debt:

<u>Creditor</u>	<u>Name on Account</u>	<u>Balance</u>	<u>Monthly Payment</u>	<u>Acct No.</u>
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: _____