## **CLIENT INTAKE SHEET**

Date:	YO	U			SPOU	SE		
Name:								
Address:								
Home Phone:								
Employer:								
Employer's Address:								
Work Phone:								
Social Security #:								
Date of Birth:								
Gross Monthly Income:								
DATE (Month, Day, Year) and PLACE (City and State) OF MARRIAGE:								
DATE OF SEPARATION	(If separated):							
SIX MONTH RESIDENCY	'IN FLORIDA?		YES			NO		
SPOUSE IN MILITARY?			YES			NO		
MINOR CHILDREN								
NAME:			DATE	OF BIRTH:				
NAME:			DATE	OF BIRTH:				
NAME:			DATE	OF BIRTH:				
NAME:								

## ADDRESSES OF CHILDREN FOR PAST FIVE YEARS

Primary Residence of the Minor Children? Shared Parental Responsibility? Liberal Visitation? Rotating Custody? Sole Parental Responsibility? Supervised Visitation? No Visitation? Child Support? Health Insurance for the Minor Children?% of Uncovered Expenses to be Paid by Spouse? Exclusive Use of the Marital Home? Life Insurance to Guarantee Child Support? Alimony? Health Insurance for You Provided by Spouse? Maiden Name?	YES	NO
Do you have any assets or liabilities which you brought in retain?	to the marriage so, please list:	e which you would like
Do you have a special monetary interest in any joint asse If so, please explain:	ets? 🗖 Yes	☐ No
If filing, where and when would like your spouse served?	,	