113 S. Monroe St. Tallahassee, Fl. 32301

*(850)-938-LINK(5465) *Office**
(954)-210-7777

DIVORCE INTAKE (NO CHILDREN)

Today's date: _____ Referred by: _____

CLIENT'S INFORMATION:

First Name _____ Middle name: _____ Last Name: _____ Birth Date _____

Cell Phone _____ Home phone: _____ Email Address _____

Address _____ City _____ State _____ Zip Code _____

Marital Status: __ Single __ Married; Date of Marriage: _____ Place of Marriage _____Date of Separation: _____

Have you been a resident of Florida for more than 6 months? ____Yes ____No

Have you ever been in the military services of the United States of America or any other country? ____ Yes ____ No

Are you active military? _____

Are you seeking spousal support? ____ Yes _____ No

Employer's name: _____

Employer's address: _____

Employer's phone #: _____ Occupation: _____

Pay rate: $_____How many work hours a week? _____

Do you receive monthly bonuses, commissions, allowances, overtime, tips, and similar payments: _____

How often do you get paid? ( ) every week ( ) every other week ( ) twice a month ( ) monthly

Do you receive Social Security Benefits: ( ) food stamp ( ) SSI

If so, how much? _____

How do you file your tax returns: _____ Joint _____ Head of Household _____ Separate _____ Single

What is your education level? High school graduate _____ College _____ Graduate degree _____ Special training _____

Do you have any licenses or certifications? If so, what _____

SPOUSE/EX/OTHER INFORMATION:

Spouse/Ex/Other Name: _____

Spouse/Ex/Other Birth date:_____ Phone # _____Occupation: _____

Spouse/Ex/Other Address: _____ Email address: _____

Spouse/Ex/Other Employer: _____Employer's address: _____

Their education level? High school graduate _____ College _____ Graduate degree _____ Special training _____

Do they have any licenses or certifications? If so, what _____

Should you or your Spouse/Ex/Other have a maiden or former name restored?_____ If so, what? _____

List all the property you have in your possession that you want your Spouse/Ex/Other to have:_____

_____

List all the property your Spouse/Ex/Other has in their possession that you want:_____

_____

Additional Information: _____

_____

_____

_____

_____