



CROWLEY
CORNISH
ROCKAFELLOW
& SARTZ, PLLC.

Attorneys / Counselors
Patrick J. Crowley
Stephen M. Cornish
Andrew M. Rockafellow
Jacob P. Sartz IV

420 S. Waverly Rd., Ste. #1 Lansing, Michigan 48917
Phone: 517.507.5077 Fax: 517.861.2057 www.ccrslegal.com

DIVORCE/ CUSTODY CLIENT INTAKE FORM

If you do not know the answer to a particular question, please leave it blank.

Client

Spouse/ Other Party

Full name _____

Full name _____

Birth date _____

Birth date _____

Age _____

Age _____

Birth place _____

Birth place _____

Address _____

Address _____

Work phone _____

Work phone _____

Home phone _____

Home phone _____

Cell phone _____

Cell phone _____

E-mail address _____

E-mail address _____

Fax _____

Fax _____

Social Security no. _____

Social Security no. _____

Drivers License no. _____

Drivers License no. _____

State _____

State _____

Occupational License no(s). _____

Occupational License no(s). _____

Armed Forces status _____

Armed Forces status _____

Next of kin _____

Next of kin _____

Relation _____

Relation _____

Address _____

Address _____

MARRIAGE

Place

City/Village/Twp.	County	State/Foreign country
-------------------	--------	-----------------------

Date of marriage _____ Date of separation _____

Have you lived in Michigan 180 days? _____

Have you lived in _____ County for at least 10 days? _____

No. of previous marriages: yours _____ spouse _____

How terminated: yours _____ spouse _____

Maiden name _____

Name before this marriage _____

Does wife desire name change?

_____ Yes

To what? _____

_____ No

Is there a prenuptial or postnuptial agreement?

_____ Yes Please attach a copy of the agreement.

_____ No

PRIOR LITIGATION

Has either spouse previously filed for divorce, custody, etc., in this county or elsewhere?

Yes Indicate when and where filed, status of case, case number, and name of judge. _____

No

Has there been any previous domestic relations case filed in this county involving you and/or your spouse or any other family member?

Yes Indicate when and where filed, status of case, case number, and name of judge. _____

No

Does anyone else claim custody over children of you or your spouse?

Yes Indicate when and where filed, status of case, case number, and name of judge. _____

No

Is there an order/judgment for continuing jurisdiction over children of you or your spouse for any other reason?

Yes Indicate when and where filed, status of case, case number, and name of judge. _____

No

Is there presently on file a case where one of the parties is currently paying support for another child not of this marriage?

Yes Indicate when and where filed, status of case, case number, and name of judge. _____

No

FAMILY HEALTH AND SOCIAL ISSUES

Do you, your spouse, or your children have, or participate in;

- any serious physical or mental disability, disorder, handicap or incurable disease?

_____ Yes Please explain. _____

_____ No

- any problems with substance abuse (drugs, alcohol)?

_____ Yes What type of drugs? _____

What treatment and by whom? _____

When? _____

Place of treatment _____

_____ No

Any particular financial interest in another person by either party?

Any problems with debts? _____ Gambling? _____

Any marriage counseling _____

Personal counseling? (Both Parties) _____

Would you begin or continue counseling? _____

Would you sign a waiver of confidentiality so that we may have access to your records? _____

Yes _____ No

Attitudes toward reconciliation? (Both Parties)

Are either party receiving Disability, SSI, SSD, WIC, Foodstamps, etc?

_____ Yes Caseworkers _____

Case nos. _____

_____ No

PHYSICAL INJUNCTION INFORMATION

What physical abuse, if any, has occurred and on what dates?

Has either spouse ever been arrested, convicted, imprisoned, or placed on probation?

_____ Yes Explain. _____

_____ No

Physical Description of Client:

Race _____ Height ____ Weight ____ Eye color ____ Hair color ____

Glasses _____ Yes Worn all the time? _____ Yes _____ No

_____ No

Mustache/beard

_____ Yes Color _____

_____ No

Distinguishing scars or tattoos _____

Any current restraining orders? _____

Physical Description of Spouse:

Race _____ Height ____ Weight ____ Eye color ____ Hair color ____

Glasses

_____ Yes Worn all the time? _____ Yes _____ No

_____ No

Mustache/beard

_____ Yes Color _____

_____ No

Distinguishing scars or tattoos _____

Any current restraining orders? _____

Is carrying a weapon a condition of his/her employment?

_____ Yes

_____ No

EMPLOYMENT

Client

Spouse

Employer _____

Employer _____

Address _____

Address _____

Date of hire _____

Date of hire _____

Occupation _____

Occupation _____

Weekly gross pay _____

Weekly gross pay _____

Weekly take home _____

Weekly take home _____

Pension _____

Pension _____

Early retirement benefits _____

Early retirement benefits _____

Signing bonus or any special payment

Signing bonus or any special payment

Profit-sharing _____

Profit-sharing _____

Recognition or other awards _____

Recognition or other awards _____

Income last year _____

Income last year _____

Please attach a copy of your last three pay stubs. Indicate if any deductions are mandatory (other than taxes), for example, union dues, pension, etc. Please attach the last two income tax returns (personal and business) with their schedules and W-2 forms.

Previous Employer _____

Previous Employer _____

Address _____

Address _____

Annual Income _____

Annual Income _____

Other income sources (pension, retirement, public assistance or ADC, veterans benefits, Social Security, annuity funds):

1. Type (wage/dividend) _____

Gross per year _____ In whose name _____

2. Type (wage/dividend) _____

Gross per year _____ In whose name _____

3. Type (wage/dividend) _____

Gross per year _____ In whose name _____

EDUCATION

Client

Spouse

Highest degree obtained _____

Highest degree obtained _____

High school _____

High school _____

Date of diploma or GED _____

Date of diploma or GED _____

Univ./College _____

Univ./College _____

Degree _____

Degree _____

Date obtained _____

Date obtained _____

Univ./College _____

Univ./College _____

Degree _____

Degree _____

Date obtained _____

Date obtained _____

Additional training

Additional training

Did either spouse contribute to the education of the other?

_____ Yes Describe. _____

_____ No

ASSETS
(Attach additional sheets if necessary.)
A. Real property

Resident address _____

Date purchased _____ Purchase price _____

Mortgage co. _____ Account no. _____ In whose name _____

Monthly payments _____ Balance due _____

Paid by _____ Husband _____ Wife _____ Both _____

Land contract _____ In whose name _____

Home equity loan _____ Account no. _____ In whose name _____

Amount of property taxes _____ Are they included in monthly payment? _____

Additional real estate

Address _____

Date purchased _____ Purchase price _____

Mortgage co. _____ Account no. _____ In whose name _____

Monthly payments _____ Balance due _____

Paid by _____ Husband _____ Wife _____ Both _____

Land contract _____ In whose name _____

Home equity loan _____ Account no. _____ In whose name _____

Amount of property taxes _____ Are they included in monthly payment? _____

Attach copies of deeds or land contracts.

B. Vehicles (car, boat, trailer, motorcycle, snowmobile, etc.)

1. Year/make _____

Vehicle identification number _____

In whose name _____ Possession _____

Purchase price _____ Monthly payments _____

Lien holder _____ Balance due _____

2. Year/make _____

Vehicle identification number _____

In whose name _____ Possession _____

Purchase price _____ Monthly payments _____

Lien holder _____ Balance due _____

3. Year/make _____

Vehicle identification number _____

In whose name _____ Possession _____

Purchase price _____ Monthly payments _____

Lien holder _____ Balance due _____

4. Year/make _____

Vehicle identification number _____

In whose name _____ Possession _____

Purchase price _____ Monthly payments _____

Lien holder _____ Balance due _____

5. Year/make _____

Vehicle identification number _____

In whose name _____ Possession _____

Purchase price _____ Monthly payments _____

Lien holder _____ Balance due _____

C. Bank accounts or credit union accounts

1. Name of bank and branch _____

Account number _____

Type of account (savings, checking, money market) _____

Signatories _____

Source of monies _____ Balance _____

2. Name of bank and branch _____

Account number _____

Type of account (savings, checking, money market) _____

Signatories _____

Source of monies _____ Balance _____

3. Name of bank and branch _____

Account number _____

Type of account (savings, checking, money market) _____

Signatories _____

Source of monies _____ Balance _____

D. Individual retirement accounts

1. Financial institution _____

Account number _____ Balance _____ In whose name _____

2. Financial institution _____

Account number _____ Balance _____ In whose name _____

E. Retirement plans, pensions, Keoghs, 401(k) plans, profit-sharing plans, stock bonus or option plans, etc.

(attach copies of plan descriptions and annual reports for each)

1. Employer or financial institution _____

Name and type of plan _____ Vested _____

Value _____ Account no. _____ In whose name _____

2. Employer or financial institution _____

Name and type of plan _____ Vested _____

Value _____ Account no. _____ In whose name _____

3. Employer or financial institution _____

Name and type of plan _____ Vested _____
Value _____ Account no. _____ In whose name _____

F. Corporate stocks, bonds, notes, securities, bills, brokerage accounts

1. Name of broker and firm holding investments _____
Type of investment _____
Account no. _____ In whose name _____
Type of account (savings, checking, money market) _____
Purchase price _____ Current value _____
What was source of stock or funds to purchase? _____

2. Name of broker and firm holding investments _____
Type of investment _____
Account no. _____ In whose name _____
Type of account (savings, checking, money market) _____
Purchase price _____ Current value _____
What was source of stock or funds to purchase? _____

G. Patents, inventions, copyrights, etc.

H. Life insurance

<i>Client</i>	<i>Spouse</i>
Name of insurer _____	Name of insurer _____
Name of insured _____	Name of insured _____
Name of beneficiary _____	Name of beneficiary _____
Type of insurance (term, whole life, etc.) _____	Type of insurance (term, whole life, etc.) _____
Policy no. _____	Policy no. _____
Amount of policy _____	Amount of policy _____
Cash surrender value _____	Cash surrender value _____
Loans against policy _____	Loans against policy _____

I. Business interests (corporations, partnerships, sole proprietorships, etc.)

Name and type of business interest _____
Type of ownership interest _____
Value of interest _____

Initial investment and when _____

Additional amounts invested and when _____

J. Community property (property acquired with your spouse)

Have you ever lived in a state that has a community property law (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin)?

_____ Yes Provide details and the status of assets brought into this state.

_____ No

K. Miscellaneous assets

Jewelry _____

_____ Value _____

Art work _____

_____ Value _____

Antiques _____

_____ Value _____

Coin and other collections _____

_____ Value _____

Inheritance _____

_____ Value _____

Annuities _____

_____ Value _____

Safe deposit box _____ Location _____

Accounts receivable _____

L. Gifts

Have you or your spouse made any substantial gifts in the past or placed property in joint names with anyone other than the spouse?

_____ Yes Provide details. _____

_____ No

M. Trust beneficiaries

Are you or your spouse the beneficiary under any trust?

_____ Yes Provide details. _____

_____ No

N. Assets held at time of marriage

O. Are you aware of assets being given away, sold, or hidden from you?

_____ Yes Briefly explain. _____
_____ No

LIABILITIES / DEBTS

Please indicate with an asterisk any accounts that you have reason to believe are delinquent.
Indebtedness (i.e., credit cards, educational loans, personal loans, etc.)

1. Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? _____ Yes _____ No Present balance due _____
Monthly payment _____ Named borrowers _____
Who will pay until the divorce judgment? _____

2. Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? _____ Yes _____ No Present balance due _____
Monthly payment _____ Named borrowers _____
Who will pay until the divorce judgment? _____

3. Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? _____ Yes _____ No Present balance due _____
Monthly payment _____ Named borrowers _____
Who will pay until the divorce judgment? _____

4. Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? _____ Yes _____ No Present balance due _____
Monthly payment _____ Named borrowers _____
Who will pay until the divorce judgment? _____

5. Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? _____ Yes _____ No Present balance due _____
Monthly payment _____ Named borrowers _____
Who will pay until the divorce judgment? _____

6. Creditor _____ Account no. _____

Type of indebtedness (credit card, etc.) _____

Is the account current? ____ Yes ____ No Present balance due _____

Monthly payment _____ Named borrowers _____

Who will pay until the divorce judgment? _____

Delinquent indebtedness How much? _____ How long overdue? _____

Mortgage _____

Property taxes _____ How much? _____ How long overdue? _____

Income taxes _____ How much? _____ How long overdue? _____

Vehicle Loan _____ How much? _____ How long overdue? _____

Other _____ How much? _____ How long overdue? _____

Business debts

What kind? _____ How much? _____ How long overdue? _____

Other obligations (for example, spousal support to a former spouse) _____

Is anyone other than the spouse and identified children financially dependent on you?

____ Yes Give details. _____

____ No

On your spouse?

____ Yes Give details. _____

____ No

CHILDREN

- 1. Name _____ Birth date _____ Age _____
Living with ___ Client ___ Spouse Social Security no. _____
School _____ Grade _____
- 2. Name _____ Birth date _____ Age _____
Living with ___ Client ___ Spouse Social Security no. _____
School _____ Grade _____
- 3. Name _____ Birth date _____ Age _____
Living with ___ Client ___ Spouse Social Security no. _____
School _____ Grade _____

Residence of the children during the last five years:

<i>Where</i>	<i>With whom</i>	<i>How long</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is wife pregnant?

- _____ Yes When is birth expected? _____
- _____ No

Name of health care insurance provider for children _____

Policy, group, or contract number _____

Paid by whom? _____

Does your / your spouse's health insurance require that you/he/she have the children as dependents to continue health insurance for them? (Check with employer benefits office.)

Child care

_____ Yes How many weeks per year? _____

Paid by whom? _____

Cost per week During school _____ Summer _____

_____ No

Are you *paying* or *receiving* support for other children (circle one)?

_____ Yes How much per week? \$ _____ No. of children _____

_____ No

Is your spouse *paying* or *receiving* support for other children (circle one)?

_____ Yes How much per week? \$ _____ No. of children _____

Provide copies of the court support orders.

_____ No

Does either party have children from a prior relationship?

Name _____
Living with ____ Client ____ Spouse

Birth date _____ Age _____
Social Security no. _____

Name _____
Living with ____ Client ____ Spouse

Birth date _____ Age _____
Social Security no. _____

Name _____
Living with ____ Client ____ Spouse

Birth date _____ Age _____
Social Security no. _____

CUSTODY AND SUPPORT

How are the best interests of the children served regarding custody? (Who should have custody and why?)

If you and your spouse have agreed on custody, describe.

Do you know of anyone else who claims parenting time rights with your children?

Yes State the person's name, address, and relationship. _____

No

Has support been paid since separation?

Yes How much per week? \$ _____

No

If you and your spouse have agreed on child support, how much per week? \$ _____

DOCUMENTATION NEEDED

Tax returns with schedules and W-2s (last two years)

Paycheck stubs (last two months)

Client

Spouse

Mortgage statement and Document showing legal description

Marital home

Vacation property

Income property

Pension or retirement account statement

Client

Spouse

Car titles

Client

Spouse

Life insurance cash value statement

Savings account statements

Investment account balance statements

Appraisals

Prenuptial or postnuptial agreement

Loan documentation and balances

Credit Card Statements