

CLIENT INTAKE FORM

I. CLIENT INFORMATION

Name: _____ SS#: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Maiden Name: _____ Date of Birth: _____ Place of Birth: _____

E-mail Address: _____ Driver's License #: _____

If you want correspondence mailed to another address, please provide the mailing address:

How long have you lived in Washington: _____

Occupation: _____ The highest year of education completed: _____

Are you presently employed, if so,

Where do you work and what is the address _____

When did you start work there _____ Gross Pay: _____ Net pay: _____

If no: When did you last work (month/year)? _____ Gross Monthly Earnings: _____

Why are you presently unemployed? _____

Did you work before this marriage: _____ During this marriage: _____

Do you have children by any previous marriage or relationship:

Child's Name	Child's Birthdate	Child's Name	Child's Birthdate
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Child's Name	Child's Birthdate	Child's Name	Child's Birthdate
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In whose custody is each child in: _____ Name of father of child _____

Child support paid/received per month, per child: _____

II. OPPOSING PARTY INFORMATION

Name: _____ SS#: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Maiden Name: _____ Date of Birth: _____ Place of Birth: _____

E-mail Address: _____ Driver's License #: _____

Occupation: _____ The highest year of education completed: _____

If presently employed,

Employer and address _____

How long have they worked for this employer: _____ Gross Pay: _____ Net pay: _____

If no: Last worked(month/year)? _____ Gross Monthly Earnings: _____

Why are they unemployed? _____

Did they work before this marriage: _____ During this marriage: _____

Do they have children by any previous marriage or relationship:

Child's Name Child's Birthdate Child's Name Child's Birthdate

Child's Name Child's Birthdate Child's Name Child's Birthdate

In whose custody is each child in: _____ Name of other parent of child

Child support paid/received per month, per child: _____

III. STATISTICS OF THIS MARRIAGE

Place of Marriage (city, county, state) _____

Date of marriage: _____ Date of Separation: _____

Have there been prior separations, if so how many, how long of separation, and approximate date of prior separation _____

Do you have children by this marriage:

Child's Name	Child's Birthdate	Child's Name	Child's Birthdate
Child's Name	Child's Birthdate	Child's Name	Child's Birthdate

In whose custody is each child in: _____

Is either party pregnant at this time: _____ If yes, expected delivery date: _____

IV. Monthly Expense Information

Monthly expenses for myself and _____ dependents are: (Expenses should be calculated for the future, after separation, based on the anticipated residential schedule for the children.)

5.1 Housing

Rent, 1st mortgage or contract payments \$ _____
Installment payments for other mortgages or encumbrances \$ _____
Taxes & insurance (if not in monthly payment) \$ _____
Total Housing \$ _____

5.2 Utilities

Heat (gas & oil) \$ _____
Electricity \$ _____
Water, sewer, garbage \$ _____
Telephone \$ _____
Cable \$ _____
Other \$ _____
Total Utilities \$ _____

5.3 Food and Supplies

Food for _____ persons \$ _____
Supplies (paper, tobacco, pets) \$ _____
Meals eaten out \$ _____
Other \$ _____
Total Food Supplies \$ _____

5.4 Children	
Day Care/Babysitting	\$ _____
Clothing	\$ _____
Tuition (if any)	\$ _____
Other child-related expenses	\$ _____
Total Expenses Children	\$ _____
5.5 Transportation	
Vehicle payments or leases	\$ _____
Vehicle insurance & license	\$ _____
Vehicle gas, oil, ordinary maintenance	\$ _____
Parking	\$ _____
Other transportation expenses	\$ _____
Total Transportation	\$ _____
5.6 Health Care (Omit if fully covered)	
Insurance	\$ _____
Uninsured dental, orthodontic, medical, eye care expenses	\$ _____
Other uninsured health expenses	\$ _____
Total Health Care	\$ _____
5.7 Personal Expenses (Not including children)	
Clothing	\$ _____
Hair care/personal care expenses	\$ _____
Clubs and recreation	\$ _____
Education	\$ _____
Books, newspapers, magazines, photos	\$ _____
Gifts	\$ _____
Other	\$ _____
Total Personal Expenses	\$ _____
5.8 Miscellaneous Expenses	
Life insurance (if <u>not</u> deducted from income)	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Total Miscellaneous Expenses	\$ _____
5.9 Total Household Expenses (The total of Paragraphs 5.1 through 5.8)	\$ _____

5.10 Installment Debts Included in Paragraphs 5.1 Through 5.8

<u>Creditor</u>	<u>Description of Debt</u>	<u>Balance</u>	<u>Month of Last Payment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5.11 Other Debts and Monthly Expenses not Included in Paragraphs 5.1 Through 5.8

<u>Creditor</u>	<u>Description of Debt</u>	<u>Balance</u>	<u>Month of Last Payment</u>	<u>Amount of Monthly Payment</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Total Monthly Payments for Other Debts and Monthly Expenses				\$ _____

V. ASSETS

Real Estate: _____

Automobiles/Boats/RVs: _____

Stocks and Bonds: _____

Life Insurance Policies: _____

Pension Plans: _____

Bank Accounts: _____