

INTAKE SHEET DIVORCE WITH CHILDREN

MIERENDORF LAW OFFICES, PC

1129 South Bridge Street
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Today's Date: _____

Your personal information:

Full Name

Maiden Name

All other names by which you have been known

Birth date: _____ Age: _____

Social Security Number: _____

Driver license number and state

Mailing address

Residence address (if different from mailing)

Eye color: _____ Hair color: _____

Height: _____ Weight: _____ Race: _____

Scars, tattoos, etc. _____

Home telephone no.: _____

Work telephone no.: _____

Occupation: _____

Your Spouse's personal information:

Full Name

Maiden Name

All other names by which spouse has been known

Birth date: _____ Age: _____

Social Security Number: _____

Driver license number and state

Mailing address

Residence address (if different from mailing)

Eye color: _____ Hair color: _____

Height: _____ Weight: _____ Race: _____

Scars, tattoos, etc. _____

Home telephone no.: _____

Work telephone no.: _____

Occupation: _____

Business employer name

Business employer name

Business employer address:

Business employer address:

Gross weekly income: \$ _____

Gross weekly income: \$ _____

Has either parent applied for or receive public assistance? Wife: ____ Husband: ____

If yes, please specify kind: _____

Recipient identification numbers: _____

PRINT name(s) of minor children involved in this case, their date of birth, age, Social Security Numbers, and residential address: If you need more space please use back of page.

Name	DOB	Age	SS #	Residential Address

PRINT name(s) of other minor children of either party, date of birth, age, Social Security Numbers, and residential address:

Name	DOB	Age	SS #	Residential Address

Health care coverage available for each minor child: NAME OF:

Minor child	Policy holder	Insurance Co./ HMO	Policy/Certificate/Contract No.

Names and addresses of person(s) other than parties, if any, who may have custody of the minor child(ren) during the pendency of this case.

Place of Birth: _____ Place of Birth: _____

Exemptions Claimed: _____ Exemptions Claimed: _____

Are either you in the military? _____ If so, who? _____

Have you resided in Michigan for the past 180 days (six months)? _____

If not, what state and for what length of time? _____

What county have you resided in for the last ten days? _____

Place of Marriage? City: _____ County: _____ State: _____

Date of Marriage: _____ By whom: _____

Number of this Marriage: _____ Number of this Marriage: _____

When, if at all, did you separate? _____ Who left the marital residence? _____

Who will be requesting custody of the minor children? Father _____ Mother _____ Joint _____

If children of the parties have resided with someone other than the parties during the last five years please give complete details of whom they resided with and their address: _____

With whom are the children presently residing? Mother _____ Father _____

Present child care expense: _____

Check any of the following you have pertaining to you and/or your spouse:

- | | | |
|---|---|---|
| <input type="checkbox"/> Retirement/Pension Plan | <input type="checkbox"/> I.R.A. | <input type="checkbox"/> Profit Sharing |
| <input type="checkbox"/> Tax Returns (Last 3 Years) | <input type="checkbox"/> Last 5 Pay Stubs | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Deeds or Real Property Owned | <input type="checkbox"/> Other: _____ | |

Do you and/or your spouse carry medical insurance through your employer _____ or independently_____?

Name of insurance company:_____ Person listed as principal insured: _____

Effective Dates of Coverage:_____ Contract/Policy #: _____

Names of persons covered by this policy:_____

If both parties carry insurance, please list secondary insurance information on the back of this page.

Are you or your spouse pregnant? _____ If so, how far along? _____ Due date _____

Did you or your spouse ever file any action against each other while you were married or unmarried regarding custody, support, paternity, restraint or protection? _____

If yes, what County _____ State _____ Year? _____ (please provide us with a copy of any documentation).

Are you alleging fault or inappropriate behavior on the other party during the relationship? _____

If so, describe:

Do you have a criminal history? _____.

If so, describe:

Do you have a history of domestic abuse? _____.

If so, describe:

Was alcohol a problem during the marriage? _____.

Were drugs a problem during the marriage? _____.

Is there now or has there been physical abuse? _____

If so, who was the abuser? _____

When was the incident(s)? _____

Briefly describe the incident(s): _____

Do you feel a restraining order is necessary? _____.

Is there now or has there been verbal/mental abuse? _____

If so, who was the abuser? _____

When was the incident(s) _____.

Briefly describe the incident(s) _____

How many properties of real estate are to be divided? _____. Please provide a copy of the legal description for each property.

Are there any of the following personal properties? _____. If yes, describe each:

Stocks/Bonds _____

Life Insurance _____

Pension (vested) _____

Mobile Home _____

IRA/Bank Accounts _____

Recreation Vehicles _____

Collections (guns, coins, antiques, etc.) _____

Jewelry _____

Other _____

Please list all Credit card accounts, Personal loans, Mortgages, and Vehicle loans. Please include account number, balance owed, and the amount of the monthly payment for each account.

During the course of the relationship, or after separation, are you concerned that the other party has been dissipating assets? _____ . If so, please explain. _____

What would you wish to accomplish from this divorce? _____

Are you presently represented by an Attorney? _____.

If so, please state the attorney's name: _____; and,

In what capacity is he/she representing you? _____.