

**Domestic Client Intake Sheet**

Name: \_\_\_\_\_

Cell # \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_

\_\_\_\_\_

Work Phone # \_\_\_\_\_

Today's Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Opposing Party: \_\_\_\_\_

Name of Opposing Party's Attorney: \_\_\_\_\_

Current Address of Opposing Party: \_\_\_\_\_

\_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Children(s) Name, Age, & Date of Birth: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---