

**DOMESTIC RELATIONS INTAKE FORM**

**(Please give complete information; explaining matters where desirable)**

**WIFE**

Name:

Maiden Name (including middle name)

Home: (address & telephone #)

Office: (place of work, position, address & telephone #)

Social Security Number:

Date & place of birth:

Length of residence in Connecticut:

Serious health/personal problems: (during marriage)

Education: (high school & colleges, years attended & level completed at each institution)

Name, address & telephone of next-of-kin other than marital family: (parents, brothers, sisters)

**HUSBAND**

Name:

Home: (address & telephone #)

Office: (place of work, position, address & telephone #)

Social Security Number:

Date & place of birth:

Length of residence in Connecticut:

Serious health/personal problems: (during marriage)

Education: (high school & colleges, years attended & level completed at each institution)

Name, address & telephone of next-of-kin other than marital family: (parents, brothers, sisters)

**CHILDREN OF PRESENT MARRIAGE**

Full Name                      Birth Date                      Sex                      School/Grade                      Living With

**PRIOR MARRIAGES**

Name of Husband/Wife:

Date of marriage:

How terminated?

Date of termination:

Place of termination:

Grounds of termination:

Children of prior marriages:

Full Name                      Birth date                      Sex                      School Grade                      Living With

**HISTORY OF PRESENT MARRIAGE**

Place of marriage: (city, county & state)

Date of marriage:

First serious domestic problems: (date & cause)

Prior separation(s): (date(s) & cause(s))

Final separation/anticipated separation: (date & cause)

If separated, has situation improved? General description of recent problems.

Specific factors involved: (explain if applicable)

Lack of loving relationship:

Lack of concern for you:

Lack of concern for children:

Emotional/health problems:

Physical/verbal abuse:

Relationship with other persons:

Financial/employment difficulties:

Other:

Name of witness to misconduct of spouse:

Description of misconduct, if any, committed by you:

Documentary evidence of misconduct (letters, photographs, etc.)

Sexual relation:

Frequency:

Ceased:

### **RECONCILIATION POSSIBILITIES**

Counseling (name, dates, participants)

Clergy:

Marriage counselor:

Psychologist:

Psychiatrist:

Your present feelings toward spouse:

Spouse's present feelings toward you:

Spouse interested in another person:

Who:

Address:

When started:

Extent of relationship:

Marital status of other person:

Remarriage contemplated:

Are you interested in another person:

Who:

Address:

When started:

Extent of relationship:

Marital status of other person:

Remarriage contemplated:

Is termination of marriage best solution?

Why:

Spouse's attitude toward termination.

## **DISSOLUTION (DIVORCE) PROCEEDINGS**

Possible lawyer for spouse:

Financial arrangements needed immediately:

Long-range financial and property settlement (discuss probability):

Custody of children (anticipations):

Child visitation provisions (anticipations):

Wife wants return to maiden name:

**GENERAL**

Husband's annual income:

Wife's annual income:

Total family assets:

Wills or trusts in existence:

Mail (special instructions for sending):

Objective(s) in this marriage:

    Preserving marriage/reconciliation:

    Divorce:

    Financial goals:

    Timing:

Accountant:

Lawyer(s) with whom you or spouse have had prior professional relationship:

Who referred you to this firm?

Date: \_\_\_\_\_

Client \_\_\_\_\_