

BOSTON UNCONTESTED DIVORCE CLIENT INTAKE FORM

SPOUSE 1 INFORMATION

Name:		
Previous Names:		
Do You Wish to Change Your Name?		Full Name After Divorce:
Date of birth:	SSN:	Cell Phone:
Email:		Home Phone:
Current address:		
City:	State:	ZIP Code:
Health Insurance Provider:	Policy # :	Cost:
Employer Name:		
Work Address:		
Phone:	Email:	Fax:
Position:	Hourly or Salary:	Annual Income
Base Pay	Bonuses	Benefits:

SPOUSE 2 INFORMATION

Name:		
Previous Names:		
Do You Wish to Change Your Name?		Full Name After Divorce
Date of birth:	SSN:	Cell Phone:
Email:		Home Phone:
Current address:		
City:	State:	ZIP Code:
Health Insurance Provider:	Policy # :	Cost:
Employer Name:		
Employer Address:		
Phone:	Email:	Fax:
Position:	Hourly or Salary:	Annual Income
Base Pay	Bonuses	Benefits:

INFORMATION ABOUT YOUR MARRIAGE

Date and Place of Marriage:	# Marriage for Spouse 1 (ie 1 st , 2 nd):	Spouse 2:
Date and Place Last Lived Together:		
Date Marriage Irretrievably Broke Down:		
Is There a Prenuptial Agreement?	Date:	(Please attach a copy)
Names, Dates of Birth and Ages of Children of the Marriage: (include deceased children and date of death)		
Are You or Your Spouse Currently Pregnant?		
Where Do You Plan to Live After Divorce? Spouse 1:		Spouse 2:
Do You Plan to Share Legal Custody:		
Do You Plan to Share Physical Custody or Will Children Live Primarily With Parent 1? Or Parent 2?		

Tentative Parenting Schedule?				
SPOUSE 1 EDUCATION AND EMPLOYMENT HISTORY				
Are you presently employed?	Full time?	Part time?	Seasonal?	# Hours Per Week:
Reason if not employed:				
Length of Employment?				
Prior Employment:				
Employer-sponsored Health Insurance?		Insurance Company:		
Employee Cost for Coverage for Individual:		Employee plus one:	Family:	
Dental/Vision Coverage?	Cost?	Is Spouse Eligible for Coverage After Divorce?		
Highest Level of Education:		Degrees or Certificates:		
SPOUSE 2 EDUCATION AND EMPLOYMENT HISTORY				
Are you presently employed?	Full time?	Part time?	Seasonal?	# Hours Per Week:
Reason if not employed:				
Length of Employment?				
Prior Employment:				
Employer-sponsored Health Insurance?		Insurance Company:		
Employee Cost for Coverage for Individual:		Employee plus one:	Family:	
Dental/Vision Coverage?	Cost?	Is Spouse Eligible for Coverage After Divorce?		
Highest Level of Education:		Degrees or Certificates:		
REAL ESTATE INFORMATION				
Marital Home Address:				
Title Held By:		Date of Purchase:	Purchase Price:	
Amount and Source of Down Payment:				
1 st Mortgage Held By:		Principal Balance:	Monthly Payment:	
2 nd Mortgage Held By:		Principal Balance:	Monthly Payment:	
Current Fair Market Value:		Plans for this Property After Divorce:		
Vacation Home Address:				
Amount and Source of Down Payment:				
Title Held By:		Date of Purchase:	Purchase Price:	
Amount and Source of Down Payment:				
1 st Mortgage Held By:		Principal Balance:	Monthly Payment:	
2 nd Mortgage Held By:		Principal Balance:	Monthly Payment:	
Current Fair Market Value:		Plans for this Property After Divorce:		
Rental Property Address (attach sep. sheet if more than 1):				
Amount and Source of Down Payment:				
Title Held By:		Date of Purchase:	Purchase Price:	
Mortgage Held By:		Principal Balance:	Monthly Payment:	
Monthly Rental Income:		Monthly Expenses:	Monthly Profit/Loss:	
Current Fair Market Value:		Plans for this Property After Divorce:		

RETIREMENT ASSETS SPOUSE 1			
Plan Name:	Type:	Value:	Beneficiary:
RETIREMENT ASSETS SPOUSE 2			
Plan Name:	Type:	Value:	Beneficiary:
BANK AND INVESTMENT ACCOUNTS SPOUSE 1			
Institution:	Account no.:	Balance:	Beneficiary:
BANK AND INVESTMENT ACCOUNTS SPOUSE 2			
Institution:	Account no.:	Balance:	Beneficiary:
CREDIT CARD AND OTHER DEBTS SPOUSE 1			
Institution:	Account no.:	Balance:	Nature of Debt:
CREDIT CARD AND OTHER DEBT SPOUSE 2			
Institution:	Account no.:	Balance:	Nature of Debt:
AUTOMOBILES (CARS, BOATS, MOTORCYCLES, RV, ETC.)			
Year/Make/Model:	Purchase Price:	Fair Market Value:	Loan Balance:
TERM LIFE INSURANCE			
Institution and Term Length:	Insured:	Death Benefit:	Beneficiary
WHOLE LIFE INSURANCE			
Institution:	Insured:	Death Benefit:	Cash Value:

OTHER ASSETS
Estimated Value of Furniture/Household Goods:
Antiques/Art/Collectibles:
Contents of Safe Deposit Box:
Guns:
Tools and Equipment:
Other Personal Property: