

COMPREHENSIVE INTAKE FORM

(You may use the back of each sheet for additional information)

Date _____ Date of Birth _____

Your Name _____ E-mail address _____

Maiden Name _____ Do you want it Restored yes _____ no _____

Address _____

(Street)
(Zip)

(City)

(State)

Home Phone _____ Work Phone _____

Your Soc. Sec. No. _____ Age _____ Place Born _____

Occupation _____ How Long _____

Your Employer _____ How Long _____

Address: _____

Net Salary (take-home) Monthly _____

List Voluntary Deductions from Pay _____

Bonus/Commission/Overtime _____

Last Year Your Total Gross Earnings Were _____

Other Sources of Income _____

Present Health _____ Doctor _____

Treating For _____

Length of Residence in Illinois _____

Date of Marriage _____

Place of Marriage (include County) _____

NOTE: WE RELY ON THE TRUTHFULNESS OF YOUR RESPONSES

Prior Marriages of Yourself

Date of Marriage _____

Date Terminated _____

How Terminated (Death/Divorce) _____

County Terminated _____

Money Paid or Received as a Result of Previous Marriage

Maintenance _____

Child Support _____

YOUR SPOUSE / OPPOSING PARTY

Spouse's Name _____ Date of Birth _____

Maiden Name _____ Do you want it Restored yes _____ No _____

Address _____

(Street)

(City)

(State)

(Zip)

Home Phone _____ Work Phone _____

Soc. Sec. No. _____ Age _____ Place Born _____

Occupation _____ How Long _____

Employer _____ How Long _____

Address _____

Net Salary (take-home) Monthly _____

List Voluntary Deductions from Pay _____

Bonus/Commission/Overtime _____

Last Year My Spouse's Total Gross Earnings Were _____

Other Sources of Income _____

Present Health _____ Doctor _____

Treating For _____

Length of Residence in Illinois _____

Prior Marriages of Your Spouse

Date of Marriage _____

Date Terminated _____

How Terminated (Death/Divorce) _____

County Terminated _____

Money Paid or Received as a Result of Previous Marriage

Maintenance _____

Child Support _____

CHILDREN OF THIS MARRIAGE

Client Desires Custody _____

Name

Age

Date of Birth

Who Has Possession of Children Now? _____

Special Health or Educational Needs _____

CHILDREN NOT OF THIS MARRIAGE

Name

Age

Date of Birth

Who Has Possession of Children Now? _____

Special Health or Educational Needs _____

REQUESTED VISITATION

REAL ESTATE

Marital Home Address _____

Title in name of _____

Occupied by _____

Purchase Price _____ Date of Purchase _____

Down payment _____ Source _____

Mortgage held by _____ Payments current _____

Payments made by _____ Mortgage Payments _____

Approximate present value _____ Mortgage Balance _____

Other Mortgages

List Address of All Other Real Estate Owned

(a) _____

(b) _____

(c) _____

Estimated Current Value (a) _____ (b) _____ (c) _____

Present Mortgage Balance (a) _____ (b) _____ (c) _____

Estimated Equity (a) _____ (b) _____ (c) _____

Mortgage Holder (First Mortgage) (a) _____ (b) _____ (c) _____

(Second Mortgage) (a) _____ (b) _____ (c) _____

(Home Equity) (a) _____ (b) _____ (c) _____

Monthly Payments (a) _____ (b) _____ (c) _____

Taxes (a) _____ (b) _____ (c) _____

JOINT BANK ACCOUNTS

| <u>Bank</u> | <u>Checking or Saving</u> | <u>Balance</u> | <u>Source</u> |
|-------------|---------------------------|----------------|---------------|
|-------------|---------------------------|----------------|---------------|

| | | | |
|-------|--|--|--|
| _____ | | | |
| _____ | | | |

Is there a safe deposit box? Yes ____ No ____

NON-MARITAL PROPERTY (acquired by gift, inheritance, or before marriage)

USE back side of this sheet for additional information.

| <u>Property</u> | <u>How Acquired</u> | <u>Value</u> |
|-----------------|---------------------|--------------|
|-----------------|---------------------|--------------|

| | | |
|-------|--|--|
| _____ | | |
| _____ | | |

INDIVIDUAL BANK ACCOUNTS IN YOUR NAME (include credit union)

| <u>Bank</u> | <u>Checking or Saving</u> | <u>Balance</u> | <u>Source</u> |
|-------------|---------------------------|----------------|---------------|
|-------------|---------------------------|----------------|---------------|

| | | | |
|-------|--|--|--|
| _____ | | | |
| _____ | | | |

BANK ACCOUNTS IN YOUR SPOUSES NAME

| <u>Bank</u> | <u>Checking or Saving</u> | <u>Balance</u> | <u>Source</u> |
|-------------|---------------------------|----------------|---------------|
|-------------|---------------------------|----------------|---------------|

| | | | |
|-------|--|--|--|
| _____ | | | |
| _____ | | | |

Do you want a divorce? Yes ____ No ____

Does your spouse want a divorce? Yes ____ No ____

Who knows more about family finance matters? Me ____ My Spouse ____

If you and your spouse live in separate households, what is the date of the separation? _____

Do you have an injury for which a claim has been or might be made? Yes ____ No ____

Does your spouse have an injury for which a claim has been or might be made? Yes ____ No ____

DEFERRED BENEFITS: (Deferred benefits are pension, profit sharing, 401k plan, IRA accounts, employee stock ownership plan (ESOP))

List your deferred benefits _____

List your spouse's deferred benefits _____

STOCKS OR BONDS

| <u>Institution</u> | <u>How Held</u> | <u>No. of Shares</u> | <u>Value</u> | <u>Source</u> |
|--------------------|-----------------|----------------------|--------------|---------------|
|--------------------|-----------------|----------------------|--------------|---------------|

BUSINESS INTERESTS

Type of Business

How Held _____ Acquisition Date _____

What are the debts of the business? _____

What are the assets of the business? _____

Annual Net Income _____ Business Value _____
(Your Opinion)

CARS

Driven By You: Year _____ Make _____ Model _____

Title in Name of _____

Lien holder _____

Balance Owed _____ Monthly Payment _____

Driven By Spouse: Year _____ Make _____ Model _____

Title in Name of _____

Lien holder _____

Balance Owed _____ Monthly Payment _____

List all other vehicles _____

LIFE INSURANCE

| <u>Company</u> | <u>Who Insured</u> | <u>Beneficiary</u> | <u>Face Value</u> | <u>Type</u> | <u>Cash Value</u> |
|----------------|--------------------|--------------------|-------------------|-------------|-------------------|
|----------------|--------------------|--------------------|-------------------|-------------|-------------------|

HEALTH INSURANCE

Provided By _____

Persons Covered _____ Coverage Type (HMO, 80-20, etc.) _____

DEBTS

| <u>Creditor Debt</u> | <u>Current Balance</u> | <u>Monthly Payment</u> | <u>Nature of Debt</u> |
|----------------------|------------------------|------------------------|-----------------------|
|----------------------|------------------------|------------------------|-----------------------|

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STATISTICAL INFORMATION

You:

Spouse:

Race _____

Race _____

State of Birth _____

State of Birth _____

Date of Birth _____

Date of Birth _____

No. of this Marriage _____

No. of this Marriage _____

Education Completed _____

Education Completed _____

Special Trade _____

Special Trade _____

Goals of Client:

Miscellaneous Notes: