

POST-DIVORCE INTAKE FORM

NAME: _____

SSN: _____ DATE OF BIRTH: _____

RESIDENCE: _____

TELEPHONE NUMBER: (H) _____ (W) _____

(C) _____

NAME & ADDRESS OF EMPLOYER: _____

E-MAIL: _____

NAME OF FORMER SPOUSE: _____

SSN: _____ DATE OF BIRTH: _____

RESIDENCE: _____

TELEPHONE NUMBER: (H) _____ (W) _____

(C) _____

NAME & ADDRESS OF EMPLOYER: _____

E-MAIL: _____

FORMER SPOUSE'S ATTORNEY: _____

OFFICE ADDRESS: _____

TELEPHONE NUMBER: _____

DIVORCE JUDGMENT: STATE & COUNTY: _____

INDEX NO: _____ DATE: _____

BY AGREEMENT ___ OR COURT DECISION ___

PROVIDE COPY.

CHILDREN

DO YOU HAVE ANY CHILDREN? ___ Yes ___ No

IF YES, **FOR EACH CHILD** PROVIDE:

NAME DOB SSN CHILD RESIDES WITH

POST-DIVORCE INTAKE FORM

ARE YOU PAYING/RECEIVING ANY SUPPORT? ___ Yes ___ No

IF YES, IN WHAT AMOUNT? _____

IS CUSTODY/VISITATION MODIFICATION OR ENFORCEMENT AN ISSUE?

___ Yes ___ No

IF YES, PLEASE DESCRIBE: _____

IS CHILD SUPPORT MODIFICATION OR ENFORCEMENT AN ISSUE?

___ Yes ___ No

IF YES, PLEASE DESCRIBE: _____

IS SPOUSAL SUPPORT MODIFICATION OR ENFORCEMENT AN ISSUE?

___ Yes ___ No

IF YES, PLEASE DESCRIBE: _____

IS THE PROPERTY DISTRIBUTION ENFORCEMENT AN ISSUE?

___ Yes ___ No

IF YES, PLEASE DESCRIBE: _____
