

FAMILY LAW INTAKE

Today's date: _____

(include middle names)

MOTHER/WIFE:

Full Name: _____

Maiden Name: _____

Name immediately Prior to this marriage: _____

Does mother/wife wish to have a prior name restored: yes no

Which name: _____

Date of Birth: ___/___/_____ Place of birth: _____

If applicable: Number of this marriage: _____

Social Security Number: ____ - ____ - ____

Driver's license number: _____

Residence address: _____

Street Address

City, State, ZIP

Mailing address: (if different): _____

Home telephone number: (____) _____

Work telephone number: (____) _____

Message telephone number: (____) _____ Whose number: _____

Physical description:

Eye color: _____ Hair color: _____ Height: _____

Weight: _____ Race: _____ Scars/tattoos: _____

FATHER/HUSBAND:

Full Name: _____

Name immediately Prior to this marriage: _____

Date of Birth: ___/___/_____ Place of birth: _____

If applicable: Number of this marriage: _____

Social Security Number: ____ - ____ - ____

Driver's license number: _____

Residence address: _____

Street Address

City, State, ZIP

Mailing address: (if different): _____

Home telephone number: (____) _____

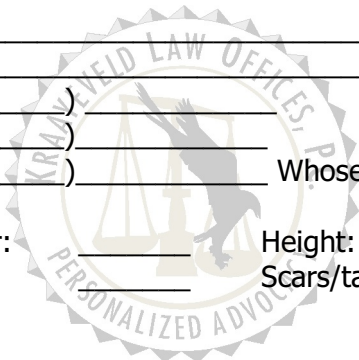
Work telephone number: (____) _____

Message telephone number: (____) _____ Whose number: _____

Physical description:

Eye color: _____ Hair color: _____ Height: _____

Weight: _____ Race: _____ Scars/tattoos: _____



MARRIAGE

For Paternity cases, skip to Domestic Violence

Date of marriage: _____ Place of marriage: _____

Who married you: _____

Have you lived in Michigan for the past six months: yes no

Have you lived for more than 10 days in Kent Ottawa Allegan
 Ionia Montcalm

Are you and your spouse living separately? yes no Date of separation _____

Have you or your spouse previously filed for divorce or other support action? yes no

If yes, when and where: _____

Have you ever divorced and remarried this spouse? yes no

Is there a prenuptial/antenuptial agreement? yes no; please provide copy

Do you require or wish to request spousal support? yes no

If yes, what is your basis _____

Do you anticipate your spouse requiring spousal support yes no

Will you agree or contest the support _____

DOMESTIC VIOLENCE

Do you need a court order to prevent abuse? Yes no

Have you obtained a PPO/Personal Protection Order/ Restraining order: yes no

Has someone else filed a PPO/Personal Protection Order/ Restraining order against you: yes no

If yes to either of 2 previous questions
from which court was it issued: _____

What date was it issued: _____

Case no. _____

Judge: _____

Describe the incident of abuse (include dates)

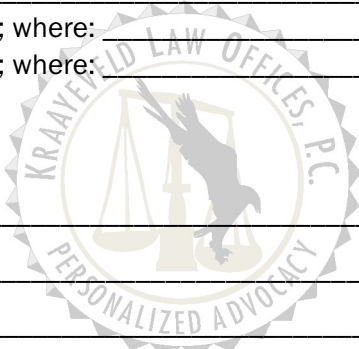
Does abuser or you have prior arrests or convictions of physical nature? yes no

List dates and charges/convictions _____

Are there police reports: yes no; where: _____

Are there medical records: yes no; where: _____

NOTES:



MEDIATION

1. Do you wish to participate in mediation? Yes No
If no: reason: _____
2. Have you participated in mediation in the past? yes No
If so, who was the mediator: _____
3. Do you want to return to this mediator? Yes No
Reason: _____
4. If the court orders mediation, will you agree to split the costs? Yes No
If you answered no, please state reason: _____
5. Is your case inappropriate to be mediated due to domestic violence, aggression or other reasons? yes no.
If yes, please provide details: _____
6. Do you wish to have the Friend of the Court mediate your case due your financial inability to pay.
 Yes No
If yes, please provide details: _____
7. Which issues must be mediated:

<input type="checkbox"/> Custody	<input type="checkbox"/> Payment of bills
<input type="checkbox"/> Parenting time	<input type="checkbox"/> Spousal Support
<input type="checkbox"/> Child Support	<input type="checkbox"/> Property Division
<input type="checkbox"/> Exclusive Use of the marital residence	<input type="checkbox"/> Real Property
	<input type="checkbox"/> Retirement
	<input type="checkbox"/> Personal Property

 Other: _____

NOTES:



CHILDREN

If no children born during marriage, skip to 'income' on page 7.

A. GENERAL INFORMATION

FULL NAME	BIRTH DATE	AGE	SOCIAL SEC. #	CURRENT ADDRESS
-----	-----	---	-----	-----
-----	-----	---	-----	-----
-----	-----	---	-----	-----
-----	-----	---	-----	-----
-----	-----	---	-----	-----
-----	-----	---	-----	-----

Use back of form for additional children

Where and with whom have the children lived for the past 5 years:

DATES	ADDRESS	WITH WHOM
-----	-----	-----
-----	-----	-----
-----	-----	-----

Use back of form for additional addresses

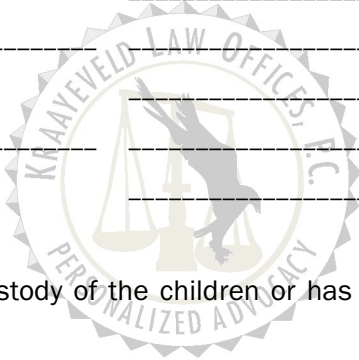
OTHER CHILDREN OF EITHER FATHER OR MOTHER NOT INVOLVED IN THIS CASE:

FULL NAME	BIRTH DATE	WHOSE CHILD	IS THERE A SUPPORT ORDER HOW MUCH/WHICH COURT WHO PAYS/RECEIVES	LIVING WITH WHOM/WHERE
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

Use back of form for additional children

Does anyone other than a parent have custody of the children or has had custody of the children in the past?

- yes
- no



If so, please provides name(s), address(es), date(s) and explain why the child is not/ was not living with a parent

Is mother pregnant now? yes no

Due date: _____ Who is the father: _____

IF THE CHILD WAS NOT BORN DURING A MARRIAGE:

has an 'Affidavit of Parentage' been filed with the state? yes no

is father on birth certificate? yes no

has blood testing been performed? yes no

approximately when was the child conceived? _____

where (city and state) was the child conceived? _____

is there a possibility that someone else (than above listed) is the father yes no

where was the child born (hospital name, city and state) _____

B. CUSTODY

Regarding physical custody, do you want shared sole

Regarding legal custody, do you want shared sole

Do you want an alternate arrangement? yes no

Please describe your wishes for custody:

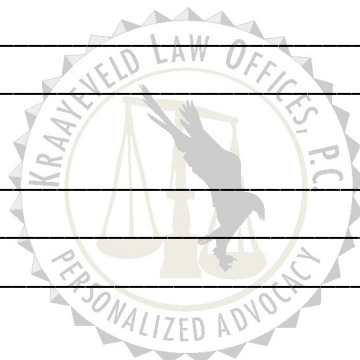
Have you and other parent agreed upon the above arrangement? yes no

C. PARENTING TIME/VISITATION:

Can you and the other parent agree on a parenting time schedule? yes no

What parenting time schedule have you been using:

and what do you want it to be:



If the court orders 'reasonable visitation' what problems, if any, do you foresee:

D. SUPPORT

Have you agreed upon a support amount? no yes; how much? _____

Is there a certain amount that you think you should be receiving/ paying? yes no

If so, how much? _____ your basis for such an amount? _____

Is there a court order for you to pay or receive support for other children?

How much per week: \$ _____; how many children? _____

are you actually paying/receiving this amount or are arrearages accruing? _____

Please provide copies of other support orders.

E. CHILD CARE

Is child care used on behalf of child(ren)? yes no

If yes, please provide name & address of child care provider: _____

Which days and hours are children in child care? _____

Cost of child care per week: \$ _____ during school year for _____ child(ren)

\$ _____ during vacations for _____ child(ren)

Do you receive government help to pay for child care? yes no; how much? \$ _____

Please provide statement from provider such as invoice, canceled checks or letter.

F. EDUCATION

What are your educations goals for your child(ren)? _____

Have you agreed on payment of college expenses with your spouse? yes no

If yes, describe agreement _____

G. NOTES RE: CHILDREN



INCOME

A. EMPLOYMENT

MOTHER/WIFE:

Employer's Name: _____

Address: _____

How long at this job: _____

Second job? yes no

Employer's Name: _____

Address: _____

How long at this job: _____

Occupation: _____

Occupational license: yes no What kind: _____

Total hours worked each week: _____

Work schedule: _____

Hourly rate: \$ _____

Gross income: \$ _____ per week two weeks month year

Bonuses/commissions: \$ _____

Job benefits: _____

Any payroll deductions (other than taxes): _____

Insurance? yes no

dental/medical/life	company	policy number	covered person(s)	cost (if any)
_____	_____	_____	_____	_____

Pension/Retirement Plan? yes no Details: _____

Any pension plans from previous or other jobs? yes no _____

Other income:	monthly amount	type of assistance	case no.
Public assistance	_____	_____	_____
Social Security	_____	_____	_____
SSI:	_____	_____	_____
Child Support	_____	_____	_____
Unemployment	_____	_____	_____
Worker's Comp	_____	_____	_____
Trust fund income	_____	_____	_____
Other _____	_____	_____	_____



FATHER/HUSBAND:

Employer's Name: _____

Address: _____

How long at this job: _____

Second job? yes no

Employer's Name: _____

Address: _____

How long at this job: _____

Occupation: _____

Occupational license: yes no What kind: _____

Total hours worked each week: _____

Work schedule: _____

Hourly rate: \$ _____

Gross income: \$ _____ per week two weeks month year

Bonuses/commissions: \$ _____

Job benefits: _____

Any payroll deductions (other than taxes): _____

Insurance? yes no

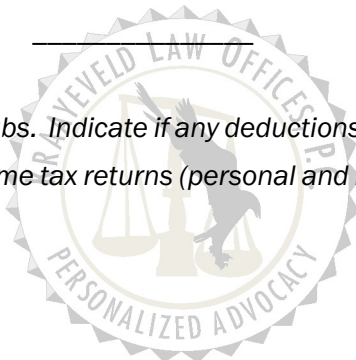
dental/medical/life	company	policy number	covered person(s)	cost (if any)
_____	_____	_____	_____	_____

Pension/Retirement Plan? yes no Details: _____

Any pension plans from previous or other jobs? yes no _____

Other income:	monthly amount	type of assistance	case no.
Public assistance	_____	_____	_____
Social Security	_____	_____	_____
SSI:	_____	_____	_____
Child Support	_____	_____	_____
Unemployment	_____	_____	_____
Worker's Comp	_____	_____	_____
Trust fund income	_____	_____	_____
Other _____	_____	_____	_____

** Please provide your last three paystubs. Indicate if any deductions are mandatory (i.e., union dues, pensions, etc. Please provide the last two income tax returns (personal and business) with their schedules, 1099s and W2s.



B. CHILDREN'S INCOME

Do any of the children receive SSI or social security benefits yes no

How much? \$_____ Which child?_____ Nature of disability: _____

C. EDUCATION

MOTHER/WIFE

Highest degree obtained _____

Date obtained *Degree*

High school/GED _____

College _____

Further education _____

Training _____

Did father/husband contribute to wife/mother's education? yes no;

Describe _____

FATHER/HUSBAND

Highest degree obtained _____

Date obtained *Degree*

High school/GED _____

College _____

Further education _____

Training _____

Did father/husband contribute to wife/mother's education? yes no;

Describe _____

NOTES:



EXPENSES

A. MONTHLY EXPENSES

To the best of your knowledge, list your monthly living expenses, in detail, including but not limited to:

	Does this expense cover another party (Spouse/children)	Paid with credit card?
Mortgage payments or rent \$ _____ <input type="checkbox"/>
Real estate taxes \$ _____ <input type="checkbox"/>
Homeowner's insurance \$ _____ <input type="checkbox"/>
Electricity \$ _____ <input type="checkbox"/>
Gas \$ _____ <input type="checkbox"/>
Loan payments \$ _____ <input type="checkbox"/>
Telephone \$ _____ <input type="checkbox"/>
Water \$ _____ <input type="checkbox"/>
Sewer \$ _____ <input type="checkbox"/>
Cable television \$ _____ <input type="checkbox"/>
Special assessments \$ _____ <input type="checkbox"/>
Household maintenance/repairs . . \$ _____ <input type="checkbox"/>
Lawn maintenance \$ _____ <input type="checkbox"/>
Security \$ _____ <input type="checkbox"/>
Snow removal \$ _____ <input type="checkbox"/>
Trash removal \$ _____ <input type="checkbox"/>
Window cleaning \$ _____ <input type="checkbox"/>
Carpet cleaning \$ _____ <input type="checkbox"/>
Decorating \$ _____ <input type="checkbox"/>
Domestic help \$ _____ <input type="checkbox"/>
Household products/supplies \$ _____ <input type="checkbox"/>
Exterminator \$ _____ <input type="checkbox"/>
Groceries \$ _____ <input type="checkbox"/>
Dining out \$ _____ <input type="checkbox"/>
Clothing \$ _____ <input type="checkbox"/>
Laundry and dry-cleaning \$ _____ <input type="checkbox"/>
Automobile payments \$ _____ <input type="checkbox"/>
Automobile insurance \$ _____ <input type="checkbox"/>
Gasoline and oil \$ _____ <input type="checkbox"/>
Automobile repairs/maintenance . \$ _____ <input type="checkbox"/>
Hair care \$ _____ <input type="checkbox"/>
Manicures \$ _____ <input type="checkbox"/>
Personal grooming \$ _____ <input type="checkbox"/>
Medical insurance \$ _____ <input type="checkbox"/>



Medical care	\$	_____	..	_____	_____	. <input type="checkbox"/>
Medications	\$	_____	..	_____	_____	. <input type="checkbox"/>
Dental care	\$	_____	..	_____	_____	. <input type="checkbox"/>
Education	\$	_____	..	_____	_____	. <input type="checkbox"/>
Life insurance	\$	_____	..	_____	_____	. <input type="checkbox"/>
Recreation and entertainment	\$	_____	..	_____	_____	. <input type="checkbox"/>
Club dues	\$	_____	..	_____	_____	. <input type="checkbox"/>
Travel	\$	_____	..	_____	_____	. <input type="checkbox"/>
Gifts	\$	_____	..	_____	_____	. <input type="checkbox"/>
Contributions	\$	_____	..	_____	_____	. <input type="checkbox"/>
Newspapers	\$	_____	..	_____	_____	. <input type="checkbox"/>
Magazines	\$	_____	..	_____	_____	. <input type="checkbox"/>
Books	\$	_____	..	_____	_____	. <input type="checkbox"/>
Floral arrangements	\$	_____	..	_____	_____	. <input type="checkbox"/>
Car washes	\$	_____	..	_____	_____	. <input type="checkbox"/>
Cellular telephone(s)	\$	_____	..	_____	_____	. <input type="checkbox"/>
Video rentals	\$	_____	..	_____	_____	. <input type="checkbox"/>
Postage and shipping	\$	_____	..	_____	_____	. <input type="checkbox"/>
Jewelry insurance	\$	_____	..	_____	_____	. <input type="checkbox"/>
Accounting fees	\$	_____	..	_____	_____	. <input type="checkbox"/>
Legal fees	\$	_____	..	_____	_____	. <input type="checkbox"/>
Other regular expenses							
_____	\$	_____	..	_____	_____	. <input type="checkbox"/>
_____	\$	_____	..	_____	_____	. <input type="checkbox"/>
_____	\$	_____	..	_____	_____	. <input type="checkbox"/>
_____	\$	_____	..	_____	_____	. <input type="checkbox"/>

B. DEBTS

Please indicate with an * which account(s) you believe are delinquent

Creditor's Name	Total Owed	Monthly payment	Debtor(s) name(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

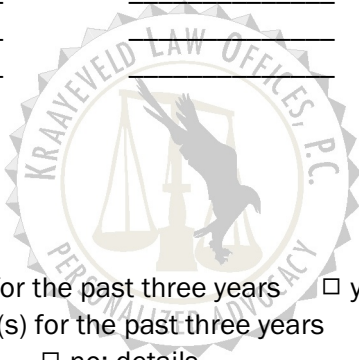
Use back of form for additional creditors

C. TAXES

Has mother/wife filed income tax return(s) for the past three years yes no

Has father/husband filed income tax return(s) for the past three years yes no

Does either owe for back taxes? yes no; details _____



D. REAL ESTATE/HOME

Do you own a home or any land? yes no
If this is not your residential home listed above, list address: _____
Date purchased: _____ Purchase price \$ _____
In whose name is the property _____

Monthly payments: \$ _____
Paid by father/husband mother/wife other _____
Mortgage balance: \$ _____ Estimated worth of the property: \$ _____
Do you have a home equity loan on property? yes no; how much? \$ _____

Are you buying this property on land contract basis? yes no
Details: _____

Amount of property taxes \$ _____; are they included in mortgage payment? yes no

Second home or land:

If this is not your residential home listed above, list address: _____
Date purchased: _____ Purchase price \$ _____
In whose name is the property _____

Monthly payments: \$ _____
Paid by father/husband mother/wife other _____
Mortgage balance: \$ _____ Estimated worth of the property: \$ _____
Do you have a home equity loan on property? yes no; how much? \$ _____

Are you buying this property on land contract basis? yes no
Details: _____

Amount of property taxes \$ _____; are they included in mortgage payment? yes no

For additional land or home(s) please provide the same information on the back of the form

*** Please provide a copies of the deed or land contract*

Do you own a mobile home? yes no
Purchase date: _____ Purchase price \$ _____ Purchased by whom? _____
Today's approximate value \$ _____ Amount owed \$ _____
Please provide a copy of the title



E. INDIVIDUAL RETIREMENT ACCOUNTS

List all IRAs, retirement plans pensions, Keoghs, 401(k) plans, profit sharing plans, stock bonus or option plans for both father/husband and mother/wife:

(1) Employer or financial institution name _____

Name and type of plan _____

Value \$ _____ Account no. _____

In whose name _____

If known, is the plan vested? yes no

(2) Employer or financial institution name _____

Name and type of plan _____

Value \$ _____ Account no. _____

In whose name _____

If known, is the plan vested? yes no

(3) Employer or financial institution name _____

Name and type of plan _____

Value \$ _____ Account no. _____

In whose name _____

If known, is the plan vested? yes no

(4) Employer or financial institution name _____

Name and type of plan _____

Value \$ _____ Account no. _____

In whose name _____

If known, is the plan vested? yes no

Use back of form for additional plans

A. STOCKS, BONDS, NOTES, SECURITIES, BILLS, BROKERAGE ACCOUNTS

(1) Name of broker and firm holding investment(s) _____

Type of investment _____

Account no. _____ In whose name: _____

Today's approximate value: \$ _____

(2) Name of broker and firm holding investment(s) _____

Type of investment _____

Account no. _____ In whose name: _____

Today's approximate value: \$ _____

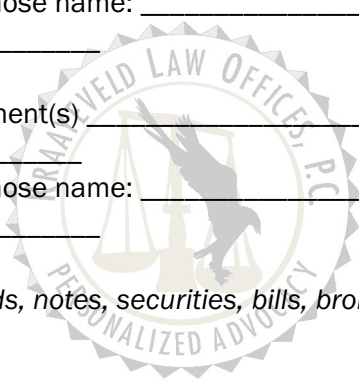
(3) Name of broker and firm holding investment(s) _____

Type of investment _____

Account no. _____ In whose name: _____

Today's approximate value: \$ _____

Use back of form for additional stocks, bonds, notes, securities, bills, brokerage accounts.



B. INVENTIONS

Does either spouse own any patents, inventions, copyrights, etc. yes no

Details _____

C. LIFE INSURANCE

WIFE

name of insurer _____

name of beneficiary _____

type of insurance whole life term

policy number _____

amount of policy \$ _____

Cash surrender value \$ _____

Loans against policy yes no

Amount \$ _____

HUSBAND

name of insurer _____

name of beneficiary _____

type of insurance whole life term

policy number _____

amount of policy \$ _____

Cash surrender value \$ _____

Loans against policy yes no

Amount \$ _____

I. BUSINESS INTERESTS

Does either husband or wife have an interest in a

- corporation,
- partnership,
- sole proprietorship
- none

If yes, who? wife husband

Details _____

J. COMMUNITY PROPERTY

Have you ever lived in state which has community property law? yes no

(Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin)

K. MISCELLANEOUS ASSETS

Jewelry Describe _____ Value \$ _____

Art work Describe _____ Value \$ _____

Antiques Describe _____ Value \$ _____

Coin & collections Describe _____ Value \$ _____

Inheritances Describe _____ Value \$ _____

Annuities Describe _____ Value \$ _____

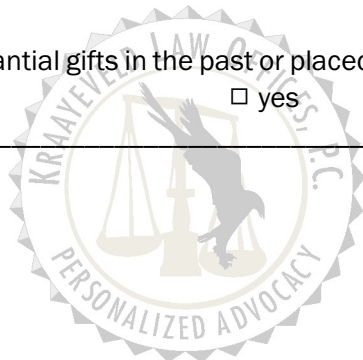
Safe deposit box Describe _____ Value \$ _____

Accounts receivables Describe _____ Value \$ _____

L. GIFTS

Has either husband or wife made any substantial gifts in the past or placed property in joint names with anyone other than the spouse? yes no

Details _____



M. TRUST BENEFICIARIES

Are either husband or wife beneficiaries under any trust?

yes

no

Details _____

Are you aware of assets being given away, sold, or hidden from you?

yes

no

Details _____

Please list all assets and their approximate/ estimated values you owned at the time of your marriage

