

**BOSTON/ PLYMOUTH/ WORCESTER/ CAPE COD/SPRINGFIELD
UNCONTESTED DIVORCE
CLIENT INTAKE FORM**

Date: _____ Office Location: _____ County for Divorce Filing: _____

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: | |
|--------|--------|--|

| | | |
|-----------|-------------------|---------------|
| 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: | |
|--------|--------|--|

| | | |
|-----------|-------------------|---------------|
| Position: | Hourly or Salary: | Annual Income |
|-----------|-------------------|---------------|

| | | |
|----------|---------|-----------|
| Base Pay | Bonuses | Benefits: |
|----------|---------|-----------|

INFORMATION ABOUT YOUR MARRIAGE

Date of Marriage: _____ # Marriage for Spouse 1 (ie 1st, 2nd): _____ Spouse 2: _____

Place of Marriage:

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)

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|---|------------|--|----------------------|-------------------|
| 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: |
| | | | |
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| RETIREMENT ASSETS SPOUSE 2 | | | |
| Plan Name: | Type: | Value: | Beneficiary: |
| | | | |
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| BANK AND INVESTMENT ACCOUNTS SPOUSE 1 | | | |
| Institution: | Account no.: | Balance: | Beneficiary: |
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| BANK AND INVESTMENT ACCOUNTS SPOUSE 2 | | | |
| Institution: | Account no.: | Balance: | Beneficiary: |
| | | | |
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| CREDIT CARD AND OTHER DEBTS SPOUSE 1 | | | |
| Institution: | Account no.: | Balance: | Nature of Debt: |
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| CREDIT CARD AND OTHER DEBT SPOUSE 2 | | | |
| Institution: | Account no.: | Balance: | Nature of Debt: |
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| | | | |
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| AUTOMOBILES (CARS, BOATS, MOTORCYCLES, RV, ETC.) | | | |
| Year/Make/Model: | Purchase Price: | Fair Market Value: | Loan Balance: |
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| TERM LIFE INSURANCE | | | |
|---|----------|----------------|-------------|
| Institution and Term Length: | Insured: | Death Benefit: | Beneficiary |
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| WHOLE LIFE INSURANCE | | | |
| Institution: | Insured: | Death Benefit: | Cash Value: |
| | | | |
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| OTHER ASSETS | | | |
| Estimated Value of Furniture/Household Goods: | | | |
| Antiques/Art/Collectibles: | | | |
| Contents of Safe Deposit Box: | | | |
| Guns: | | | |
| Tools and Equipment: | | | |
| Other Personal Property: | | | |
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AGREEMENT