



FAMILY LAW INTAKE SHEET

NAME: _____

ADDRESS: _____

TEL: _____

EMAIL: _____

SOCIAL SECURITY NUMBER: _____

OK TO CALL/EMAIL: Y N

EMPLOYER: _____

DATE/LOCATION OF MARRIAGE: _____

TYPE OF CEREMONY: CIVIL? RELIGIOUS?

SPOUSE NAME: _____

SPOUSE SSN: _____

ADDRESS IF DIFFERENT: _____

SPOUSE EMPLOYER/ADDRESS: _____

HEALTH INSURANCE: _____

CHILDREN: _____

PRENUPTIALS: _____

