

CLIENT INTAKE FORM – DIVORCE WITH CHILDREN

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*** **

Date: _____ File No. (do not fill in/office use only): _____

Please fill in all spaces in as much detail as possible. Once completed, click "Save As" and name the document "Completed Intake Form." Then, kindly attach to the email and send it back. In the alternative, please print out and fax, or scan and email, to the Law Office of Michael A. Mastracci, LLC.

REASON FOR CONSULTATION

Type of Legal Issue: _____ Urgency Level: _____ Immediate

Related issues: _____ _____ Very soon

_____ _____ Checking into things

Referred by: _____

Reason for your interest in this firm:

PERSONAL INFORMATION

Your Full Name: _____

Age: _____ Date of Birth: _____

Last 4 Digits of Social Security Number (for conflicts check): _____

Primary Email Address: _____

Alternate Email: _____

Primary Phone Number: _____

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Alternate Number: _____

Mailing Address: _____

Physical Address (if different): _____

Your Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

Work Schedule: _____

Job Duties: _____

Gross annual salary: _____

How would you like to be contacted? (include best days/times, what is the latest time you want to receive calls, as we are not a (9-5 law firm):

Who may we contact if we cannot reach you?

Name: _____

Phone Number: _____

Relationship to you: _____

- *Please let this person know about us.*

OTHER PARTY'S INFORMATION

Full Name of Other Party: _____

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Age: _____ Date of Birth: _____

Other Party's Contact Information: (The other party will not be contacted without your prior approval.)

Other Party's Phone Number: _____

Other Party's Email Address: _____

Mailing Address: _____

Physical Address (if different): _____

Other Party's Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

Work Schedule: _____

Job Duties: _____

Gross Annual Salary: _____

.....
Date of Marriage: _____ **Date of separation?** _____

Religious or civil ceremony? _____

Location of marriage: _____
(city/county/state)

Wife's Maiden Name: _____

Return to Maiden Name?

Yes _____ No _____ Undecided _____

Other Party's Lawyer (if applicable): _____

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Has the **other party** filed any court papers? Yes _____ No _____ Not sure _____

If yes, when, and what? _____

Do you have a copy for us to look at, or attach? _____

Is there a signed written agreement or a court order? Yes _____ No _____

Have you been served court papers? Yes _____ No _____ If yes, when: _____

Have **you** filed any court papers regarding this matter? Yes _____ No _____

If yes, what, and when? _____

Do you have a copy for us to look at, or attach? _____

CHILDREN'S INFORMATION:

How many children from this relationship?

Name: _____ DOB: _____ Male ___ Female _____

Name: _____ DOB: _____ Male ___ Female _____

Name: _____ DOB: _____ Male ___ Female _____

Name: _____ DOB: _____ Male ___ Female _____

Name: _____ DOB: _____ Male ___ Female _____

Are there any child sexual identity / transitioning issues: Yes _____ No _____

Explain: _____

Where is/are the child(ren) currently residing?

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List all the addresses where your child(ren) has/have lived for the past 3 years:

<u>Dates</u>	<u>With Whom each Child or all Children Lived</u>	<u>Address (street, city, state)</u>

What is the current child access schedule (who has the children when and how often) whether by court order, written agreement, or otherwise?

Do you believe you understand the terms joint legal and point physical custody?

Yes _____ No _____ I would like more information _____

Do you want your spouse to have joint legal custody?

Yes _____ No _____ Unsure _____

Do you want your spouse to have joint legal physical access?

Yes _____ No _____ Unsure _____

Concerns: _____

Do you want your spouse to have visitation? Yes _____ No _____

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If no, do you want your spouse to have supervised visitation? Please briefly state why. (Please understand that bad parenting that you disagree with is different from dangerous parenting.)

Please specify what visitation or joint custody agreement you believe appropriate and, briefly, give your reasons why, including the specific times you wish to have visitation/custody (i.e., birthdays, holidays, vacations):

Please list your children’s present:

a. Religion (if any): _____

b. Doctor (name & address): _____

c. Dentist (name & address): _____

d. Other Medical (name & address): _____

e. School(s) (name & address): _____

f. Child Care Providers (names & addresses): _____

g. Child’s Recreational Activities: _____

Who carries medical/dental insurance on the child(ren)? _____

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Monthly expense: _____

Is there a child support court order in place? Yes _____ No _____

If not by Court order, is there any direct (from one parent to the other) voluntary child support being paid.

Yes _____ No _____

In what amount(s)? _____

How often? _____

Are there childcare expenses or extraordinary expenses (such as braces, therapy, special needs items) for the minor child(ren)?

Expense: _____

How much: _____

Who pays: _____

Expense: _____

How much: _____

Who pays: _____

Expense: _____

How much: _____

Who pays: _____

Expense: _____

How much: _____

Who pays: _____

Other than above, which parent pays for what child related expenses?

Have you run the Maryland Child Support guidelines to see what should be paid? Yes _____ No _____

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What current issues, concerns and/or questions do you have regarding child support?

Do any of the children have special needs or significant health issues? Yes _____ No _____

Explain: _____

What are your main issues and concerns regarding child related issues?

FINANCIAL INFORMATION

Gross Monthly Income (Wife): _____ Gross Monthly Income (Husband): _____

Are you seeking spousal support? Yes _____ No _____

Why or why not? _____

LIQUID ASSETS: Please list all financial/savings accounts, retirement, 401(k), stocks, mutual funds, and the like.

Name	Approx. Value	Whose Name

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Expenses: List monthly expenses and approximately how much each month.

Expense:	Monthly Payment
House/Rent	
Car Payment(s)	
Utilities	
Insurance	
Groceries	
Gas	
Other Expenses:	

Debts: List debts, amount owed, and whether in joint name or individual name.

Debt	Value	Whose name

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Assets (other than Liquid Assets above): Please list your assets, their fair market value and who will keep the asset.

Asset	Value	Whose name
Home - (address)		
Vehicle one (make & model)		
Vehicle two (make & model)		

Do either or both of you have the following:

- a. Retirement or Pension Accounts: Yes _____ No _____
- b. Joint Debts: Yes _____ No _____
- c. Joint Checking Account: Yes _____ No _____
- d. Jointly Titled House: Yes _____ No _____
- e. Jointly Titled Assets Other Than the Marital Home: Yes _____ No _____

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f. Joint Savings Account : Yes _____ No _____

What assets or values are likely in dispute? _____

Who is in the marital home? _____

Marital Home Issues (if applicable): _____

Estimated Value of Marital Home: _____

How much is currently owed on marital home? _____

Other issues regarding use and possession of the marital home (if applicable): _____

What property and financial issues need to be addressed (other than the marital home, if applicable)?

What are your main issues and concerns regarding property and financial issues? _____

Have there been any issues of domestic violence? (brief details)

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Any prior police calls or protective orders filed? Yes _____ No _____

Details if applicable: _____

On a scale of 1 to 5 with 1 being amicable and 5 being intolerable, how well are you and your other party currently getting along?

- 1- _____ Amicable
- 2- _____ Okay, but some things are problematic
- 3- _____ Sort of ok at times
- 4- _____ Things are bad
- 5- _____ Intolerable

Have you spoken to an attorney(s) about this matter? Yes _____ No _____

Outcome: _____

Is an attorney currently representing you in this matter? Yes _____ No _____

If Yes, why are you contacting our firm? _____

ADDITIONAL INFORMATION

If you have ever hired an attorney for this case or anything else, please provide a brief description here, including a summary of the overall Attorney-Client experience/relationship (be positive, negative etc.)

How soon would you like to retain counsel for this matter? _____

Please summarize your goals and objectives (both short term and long term).

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Tell us anything at all that you think we should know before your paid consultation and strategy session.

Now that you have completed the form, please click “Save As” and name the document “Completed Intake Form.” Then, attach to an email and send it back. In the alternative, please print out and fax, or scan and email, to the Law Office of Michael A. Mastracci, LLC.

Please include all additional information or related documents and fax, or scan and email to Mike@mikethelawyer.com when you submit your completed intake form and any attachments, please DO NOT submit pictures of documents.

Notice and Disclaimer: Any consultation is subject to attorney-client privilege and is confidential. However, completing this form and having a paid consultation does not obligate attorney to take any other action on your behalf. Representation beyond an initial consultation does not begin unless or until a signed fee agreement and the specific retainer are received.
