

**CLIENT INTAKE FORM
DIVORCE – NO MINOR CHILDREN**

*** *** *** *** *** *** *** *** *** *** *** *** ***

LAW OFFICE OF MICHAEL A. MASTRACCI, LLC
MikeTheLawyer.com
mike@mikethelawyer.com

Office: (410) 869-3400

Fax: (443) 371-4298

*** *** *** *** *** *** *** *** *** *** *** *** ***

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 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.

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 : _____

**CLIENT INTAKE FORM
DIVORCE – NO MINOR CHILDREN**

Primary Phone Number: _____

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.*

**CLIENT INTAKE FORM
DIVORCE – NO MINOR CHILDREN**

OTHER PARTY’S INFORMATION

Full Name of Other Party: _____

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)

**CLIENT INTAKE FORM
DIVORCE – NO MINOR CHILDREN**

Wife's Maiden Name: _____ Return to Maiden Name?
Yes _____ No _____ Undecided _____

Other Party's Lawyer (if applicable): _____

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? _____

Have either of you presented the other with either a verbal or written offer of settlement to some or all outstanding issues? Yes _____ No _____

If yes, please explain: _____

List all the addresses where you have lived for the past 3 years:

<u>Dates</u>	<u>With Whom</u>	<u>Address (street, city, state)</u>

**CLIENT INTAKE FORM
DIVORCE – NO MINOR CHILDREN**

List all the addresses where the other party has lived for the past 3 years:

<u>Dates</u>	<u>With Whom</u>	<u>Address (street, city, state)</u>

Who carries medical/dental insurance? _____

Insurance Company and Policy Number: _____

Cost? _____

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

**CLIENT INTAKE FORM
DIVORCE – NO MINOR CHILDREN**

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

**CLIENT INTAKE FORM
DIVORCE – NO MINOR CHILDREN**

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 _____

**CLIENT INTAKE FORM
DIVORCE – NO MINOR CHILDREN**

e. Jointly Titled Assets Other Than the Marital Home: Yes _____ No _____

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)?

**CLIENT INTAKE FORM
DIVORCE – NO MINOR CHILDREN**

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

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

Any prior police involvement 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 _____

**CLIENT INTAKE FORM
DIVORCE – NO MINOR CHILDREN**

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 (the 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).

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

**CLIENT INTAKE FORM
DIVORCE – NO MINOR CHILDREN**

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.
