

CLIENT INTAKE FORM – DIVORCE WITH CHILDREN

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

Your Full Legal Name: \_\_\_\_\_

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**

Nickname/Name you would like to be called: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

**CLIENT INTAKE FORM – DIVORCE WITH CHILDREN**

**Primary Phone Number:** \_\_\_\_\_

Alternate Number: \_\_\_\_\_

**Primary Email Address:** \_\_\_\_\_

Alternate Email: \_\_\_\_\_

**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.*

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**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: \_\_\_\_\_

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**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 \_\_\_\_\_

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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? \_\_\_\_\_

**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 joint 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 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: \_\_\_\_\_  
\_\_\_\_\_

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

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?

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

**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?

## CLIENT INTAKE FORM – DIVORCE WITH CHILDREN

### 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).

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

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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](mailto: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.

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**CLIENT INTAKE FORM – DIVORCE WITH CHILDREN**

Attorney Notes After Consultation (CONFIDENTIAL)

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