

**CLIENT INTAKE - FAMILY**

FILE NO.: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

TYPE OF CASE: \_\_\_\_\_ UNCONTESTED\_ CONTESTED\_ JOINT \_

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**YOUR INFORMATION**

DATE YOU MOVED TO NEVADA: \_\_\_\_\_

DATE MARRIED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CITY/STATE: \_\_\_\_\_ / \_\_\_\_\_

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ E-MAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

(Home)

(Work)

(Cellular)

SOCIAL SECURITY NO: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ SALARY: \_\_\_\_\_

(Month/Week)

NAME OF EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

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**SPOUSE OR ADVERSE PARTY INFORMATION**

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_ / \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

(Home)

(Work)

(Cellular)

SOCIAL SECURITY NO: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ SALARY: \_\_\_\_\_

(Month/Week)

NAME OF EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

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**CHILDREN OF THIS MARRIAGE (BORN AND/OR ADOPTED):**

1. FULL NAME: \_\_\_\_\_

(First)

(Middle)

(Last)

BIRTH DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ BIRTH STATE: \_\_\_\_\_ SSN: \_\_\_\_\_

2. FULL NAME: \_\_\_\_\_

(First)

(Middle)

(Last)

BIRTH DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ BIRTH STATE: \_\_\_\_\_ SSN: \_\_\_\_\_

3. FULL NAME: \_\_\_\_\_

(First)

(Middle)

(Last)

BIRTH DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ BIRTH STATE: \_\_\_\_\_ SSN: \_\_\_\_\_

**ASSETS**

1. Do you own a home? \_\_\_\_\_ If yes, what is the current balance of the mortgage? \_\_\_\_\_

2. What is the name of the mortgage company that you pay your monthly payment to?

\_\_\_\_\_

3. Year and Make of each vehicle and who owns each one:

Yours: \_\_\_\_\_

Spouse: \_\_\_\_\_

4. Do either of you owe on any vehicle? If so, how much do you owe and to whom?

5. Do you and your spouse have any checking or savings accounts? Whose name are they in?

Yours: \_\_\_\_\_

Spouse: \_\_\_\_\_

6. Do either of you have 401K, Retirement, Profit Sharing, IRA's Money Markets, Pension, or Insurance Plans? If so, who with and in whose name? What are the approximate amounts for each?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEBTS**

7. List each credit card obligation. Name of the credit card, the approximate amount of debt to each card and whose card is whose.

Yours: \_\_\_\_\_

\_\_\_\_\_

Spouse: \_\_\_\_\_

\_\_\_\_\_

8. Do you want to request spousal support? \_\_\_\_\_
9. Do you want to retain your married name or have your maiden name restored? If maiden, what is your maiden name?  
\_\_\_\_\_
9. Do you have health insurance on your child or does your spouse? \_\_\_\_\_ How much is the monthly payment? \_\_\_\_\_
10. Do you wish to claim your child on federal income tax returns? \_\_\_\_\_
11. Do either of you have a life insurance policy? If so, who and what is the face value of it?  
\_\_\_\_\_

**RE: VISITATION**

The forgoing is the standard visitation schedule. If this is not acceptable, please indicate your ideal visitation schedule: **PLEASE BE SPECIFIC. IF THE TIMES INDICATED DO NOT CONFORM WITH YOUR SCHEDULE, INDICATE WHAT WOULD WORK BEST FOR YOU!** (Note, if you feel your spouse be required to exercise “Supervised” visitation, please indicate this form as such and be sure to include your reason why “supervised” visitation should be required.)

1. That Defendant shall exercise weekly visitation with the subject minor child every Friday from 5:00 p.m. through Sunday at 5:00 p.m.
2. The Defendant shall exercise holiday visitation as follows:
  - A. Christmas Eve from 3:30 p.m. through 8:00 p.m. every odd year;
  - B. Christmas Day from 10:00 a.m. through 3:30 p.m. every odd year;
  - C. Christmas Day from 3:30 p.m. through 8:00 p.m. every odd year;
  - D. Thanksgiving Day from 10:00 through 3:30 p.m. every odd year;
  - E. Thanksgiving Day from 3:30 p.m. through 8:00 p.m. every odd year;
  - F. Easter Sunday from 9:00 am through 6:00 p.m. every odd year;
  - G. Memorial Day from 9:00 a.m. through 6:00 p.m. every even year;
  - H. Labor Day from 9:00 a.m. through 6:00 p.m. every odd year, and
  - I. One (1) week summer visitation every year upon thirty (30) days advance written notice;
3. That Defendant shall have additional visitation as mutually agreed upon by the parties.

COMMENTS: \_\_\_\_\_

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