



809 W. 1ST STREET, SUITE B, CEDAR FALLS, IA 50613 • PHONE: 319.260.2096

WEB: WWW.SAILERLAW.COM

DIVORCE INTAKE – WITH CHILDREN

DATE OF CONSULTATION _____

HOW DID YOU HEAR ABOUT US? _____

YOUR GENERAL INFORMATION

FULL LEGAL NAME: _____

RESIDENTIAL ADDRESS: _____

MAILING ADDRESS: _____

COUNTY OF RESIDENCE: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____ STATE OF BIRTH: _____

DRIVER’S LICENSE NO.: _____

MAIDEN NAME: _____

DO YOU WANT THIS NAME RESTORED? ____YES ____NO ____N/A

EDUCATION

DID YOU RECEIVE A HIGH SCHOOL DIPLOMA? ____YES ____NO

IF SO, WHAT YEAR DID YOU GRADUATE? _____

DID YOU RECEIVE A COLLEGE DEGREE? ____YES ____NO

YEARS	SCHOOL	COURSE OF STUDY	DURING MARRIAGE?
-------	--------	-----------------	------------------

_____	_____	_____	_____
_____	_____	_____	_____

SPECIAL TRAINING (EXPLAIN): _____

YOUR EMPLOYMENT INFORMATION

NAME OF YOUR EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER PHONE: _____

PRESENT POSITION: _____ HOW LONG? _____

CURRENT GROSS SALARY OR HOURLY RATE: _____

HOW OFTEN ARE YOU PAID? ___ YEARLY ___ MONTHLY ___ BIWEEKLY ___ WEEKLY

HOURS OF EMPLOYMENT: _____

DO YOU PAY UNION DUES? ___ YES. IF YES, \$ _____ AMOUNT ___ NO

IF YOU HAVE BEEN IN YOUR CURRENT JOB FOR LESS THAN 3 YEARS, LIST PRIOR JOBS FOR PAST 3 YEARS:

YEAR	COMPANY	JOB TITLE	WAGE/SALARY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPOUSE'S GENERAL INFORMATION

FULL LEGAL NAME: _____

RESIDENTIAL ADDRESS: _____

MAILING ADDRESS: _____

COUNTY OF RESIDENCE: _____

SPOUSE'S ATTORNEY (IF KNOWN): _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NO.: _____ STATE OF BIRTH: _____

DRIVER'S LICENSE NO.: _____

MAIDEN NAME: _____

DOES YOUR SPOUSE WANT THIS NAME RESTORED? ___ YES ___ NO ___ N/A

EDUCATION

DID YOUR SPOUSE RECEIVE A HIGH SCHOOL DIPLOMA? ____YES ____NO

IF SO, WHAT YEAR? _____

DID YOUR SPOUSE RECEIVE A COLLEGE DEGREE? ____YES ____NO

YEARS SCHOOL COURSE OF STUDY DURING MARRIAGE?

SPECIAL TRAINING (EXPLAIN): _____

WILL YOUR SPOUSE COME IN TO PICK UP PAPERS? ____YES ____NO

IF NO, WHERE CAN WE SERVE PAPERS TO HIM/HER? _____

SPOUSE'S EMPLOYMENT INFORMATION

NAME OF EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER PHONE: _____

SPOUSE'S PRESENT POSITION: _____ HOW LONG? _____

CURRENT GROSS SALARY OR HOURLY RATE: _____

HOW OFTEN PAID? ____ YEARLY ____ MONTHLY ____ BIWEEKLY ____ WEEKLY

HOURS OF EMPLOYMENT: _____

DOES YOUR SPOUSE PAY UNION DUES? YES____ NO____ AMOUNT_____

IF YOUR SPOUSE HAS BEEN IN HIS/HER CURRENT JOB FOR LESS THAN 3 YEARS, LIST PRIOR JOBS FOR PAST 3 YEARS:

YEAR	COMPANY	JOB TITLE	WAGE/SALARY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MARRIAGE INFORMATION

PLACE OF MARRIAGE (CITY AND STATE): _____

DATE OF MARRIAGE: _____

WAS A PRENUPTIAL AGREEMENT PRIOR TO MARRIAGE: ___ YES ___ NO

NUMBER OF THIS MARRIAGE FOR YOU: 1ST ___ 2ND ___ 3RD ___

NUMBER OF THIS MARRIAGE FOR YOUR SPOUSE: 1ST ___ 2ND ___ 3RD ___

HAVE YOU AND YOUR SPOUSE BEEN RESIDENTS OF IOWA FOR AT LEAST ONE YEAR?

ME: ___ YES ___ NO MY SPOUSE: ___ YES ___ NO

ARE YOU CURRENTLY SEPARATED FROM SPOUSE? YES ___ NO ___

IF YES, LIST DATE OF SEPARATION: _____

WHO IS LIVING IN THE MARITAL HOME: ___ ME ___ MY SPOUSE

CHILDREN

CHILDREN OF THIS MARRIAGE

FULL NAMES, BIRTH DATES AND SOCIAL SECURITY NUMBERS OF CHILDREN OF THIS MARRIAGE OR ADOPTED:

NAME	DOB	AGE	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILDREN OF PRIOR MARRIAGES OR OF DIFFERENT PARENT

FULL NAMES, BIRTH DATES AND SOCIAL SECURITY NUMBERS OF CHILDREN BORN OF PREVIOUS MARRIAGE OR ADOPTED:

NAME	DOB	AGE	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DO YOU AND YOUR SPOUSE HAVE A CURRENT PARENTING SCHEDULE? IF SO, PLEASE EXPLAIN.

WHAT WOULD YOU LIKE THE PHYSICAL CARE SCHEDULE TO LOOK LIKE?

WHAT WOULD YOU LIKE TO SEE THE HOLIDAY SCHEDULE LOOK LIKE? PLEASE INDICATE WHICH PARTY WOULD HAVE THE CHILD(REN) ON EVEN AND ODD NUMBERED YEARS.

HOLIDAY	TIME	ODD YEARS	EVEN YEARS
EASTER			
MOTHER'S DAY			
MEMORIAL DAY			
FATHER'S DAY			
JULY 4TH			
LABOR DAY			
THANKSGIVING DAY			
CHRISTMAS EVE			
CHRISTMAS			
NEW YEAR'S EVE			
NEW YEAR'S DAY			

WHO CARRIES HEALTH INSURANCE FOR THE CHILDREN? ME ____ SPOUSE ____

AMOUNT PAID PER MONTH: _____

ADDITIONAL COST PER MONTH TO CARRY CHILDREN ON PLAN: _____

FINANCIAL INFORMATION

HOME (IF OWNED)

ADDRESS: _____

MARKET VALUE (IF KNOWN): _____

MORTGAGE PAYOFF AMOUNT: \$ _____ MONTHLY PAYMENT \$ _____

SECOND MORTGAGE AMOUNT \$ _____ MONTHLY PAYMENT \$ _____

DO YOU WANT TO SELL OR KEEP YOUR HOME? _____

VEHICLES

TITLE (YOU OR SPOUSE)	YEAR	MAKE	MODEL	MILEAGE	LOAN BAL.
--------------------------	------	------	-------	---------	-----------

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

INVESTMENTS (STOCKS, BONDS, MUTUAL FUNDS, BROKERAGE ACCOUNTS)

TYPE	PLACE WHERE HELD	AMOUNT
------	------------------	--------

_____	_____	_____
_____	_____	_____
_____	_____	_____

RETIREMENT ACCOUNTS (401K, IRA, PENSION)

<u>YOURS</u> EARNED DURING THE MARRIAGE?	WHERE HELD	TYPE	BALANCE	LOAN AGAINST?
--	------------	------	---------	---------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SPOUSE

EARNED DURING THE MARRIAGE? WHERE HELD TYPE BALANCE LOAN AGAINST?

OTHER ASSETS

LIFE INSURANCE

WHERE HELD: _____ TERM OR CASH VALUE: _____

OWNER: ME SPOUSE NAMED BENEFICIARY: _____

OBTAINED DURING THE MARRIAGE? YES NO

BANK ACCOUNTS (CHECKING AND SAVING)

BANK NAME ON ACCOUNT BALANCE

OTHER PERSONAL PROPERTY

ITEM ESTIMATED VALUE

DEBTS (INCLUDES CREDIT CARDS, LOANS FROM PARENTS OR FRIENDS, ALL DEBTS EXCEPT CAR/HOUSE)

CREDITOR AMOUNT OWED IN WHOSE NAME IS THE DEBT?

ANY GAMBLING PROBLEM OR OTHER PERSONAL USE OF MONEY BY YOU OR YOUR SPOUSE DURING THE MARRIAGE? _____

OTHER INFORMATION

DOMESTIC ABUSE

HAS THERE BEEN DOMESTIC ABUSE AT ANY TIME DURING YOUR RELATIONSHIP? PHYSICAL? EMOTIONAL? BOTH? PLEASE DESCRIBE.

HEALTH INFORMATION

ARE THERE ANY EXCEPTIONAL PHYSICAL OR MENTAL HEALTH NEEDS OF ANY OF THE PARTIES? IF SO, PLEASE EXPLAIN.

SELF: _____

SPOUSE: _____

ANY EXCEPTIONAL HEALTH OR MENTAL HEALTH NEED OF ANY OF THE CHILDREN? IF SO, PLEASE EXPLAIN.
