



**Family Law Initial Intake Form**

How did you hear about CBJ? \_\_\_\_\_

**(Personal Information)**

Client Name: \_\_\_\_\_  
                                    First                                    Middle                                    Last                                    Maiden

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_  
                                    Street Address                                    City                                    County                                    Zip Code

Birthday: \_\_\_\_\_

Employer: \_\_\_\_\_  
                                    Name                                    Address                                    Years                                    Salary

Education Completed: \_\_\_\_\_

**(Other Party Information)**

Name of Opposing Party: \_\_\_\_\_  
                                    First                                    Middle                                    Last                                    Maiden                                    Relationship??

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Present Address: \_\_\_\_\_  
                                    Street Address                                    City                                    County                                    Zip Code                                    lives with??

Employer: \_\_\_\_\_  
                                    Name                                    Address                                    Years Employed                                    Salary (if known)

Potential Witnesses + Contact Info \_\_\_\_\_  
(at least 2 witnesses) \_\_\_\_\_

**(Family Information)**

Names of Children: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
                                    \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
                                    \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
                                    \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Are Children Legitimated?    YES                      NO                      NOT SURE

Biological Father's Name: \_\_\_\_\_

Current Spouse's Name: \_\_\_\_\_

Current Child Support Ordered: \_\_\_\_\_

For which child?      How much?      Who is obligated to pay?

Health Insurance for Children: \_\_\_\_\_

Children's addresses the past 5 years: \_\_\_\_\_

Children Extracurricular and School Activities: \_\_\_\_\_

Special Details (disorders, attendance at counseling/therapy, conditions, etc.): \_\_\_\_\_

***List all prior court cases involving you OR the children***

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

Have DFACS ever investigated you or your children?      YES      NO      NOT SURE

Reason for Consultation: \_\_\_\_\_

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

***I am seeking a consultation on the following topics (circle all that apply)***

Child Custody and Visitation

Contempt of Court Order

Custody or Visitation Modification

Child Support

Legitimation

Child Support Modification

Paternity

Alimony Modification

Grandparent or Other Relative Rights

Adoption

Juvenile Court

Settlement Agreement

Dependency

Family Violence

Allegations of Sexual Abuse

Allegations of Child Neglect or Abuse

Allegations of Drug Use

Relocation

Other \_\_\_\_\_

**ATTORNEY-CLIENT PRIVILEGED NOTES**

**FEE QUOTE:** \_\_\_\_\_