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FAMILY LAW INTAKE FORM

Please fill out this intake sheet as completely as possible. All information provided will remain confidential. If you do not understand a section, skip over it at the present time and we will review it later. Some sections may not apply to your situation. You may simply leave those sections blank. **Note: we rely on the truthfulness of your responses.**

Date: _____

Your Information:

Name: (first): _____ (middle): _____ (last): _____

Maiden Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (Home): _____ (Work): _____

(Cell): _____ (Email): _____

Social Security Number: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Occupation: _____ Years in Occupation: _____

Employer: _____ Length of Employment: _____

City: _____ State: _____ Zip Code: _____

Net Salary (monthly take home): _____

List Voluntary Deductions from Pay: _____

List Bonus/Commission/Overtime: _____

Last Year Your Total Gross Earnings Were: _____

Other Sources of Income: _____

Present Health: _____ Doctor: _____

Treating for: _____

Length of Residence in Illinois: _____

Date of Marriage: _____ Place of Marriage (include county): _____

Prior Marriages of Yourself:

Date of Marriage: _____ Date Terminated: _____ How Terminated (Death/Divorce): _____ County Terminated: _____

Date of Marriage: _____ Date Terminated: _____ How Terminated (Death/Divorce): _____ County Terminated: _____

Date of Marriage: _____ Date Terminated: _____ How Terminated (Death/Divorce): _____ County Terminated: _____

Date of Marriage: _____ Date Terminated: _____ How Terminated (Death/Divorce): _____ County Terminated: _____

Money Paid or Received as a Result of Previous Marriage:

Maintenance: _____ Child Support: _____

Maintenance: _____ Child Support: _____

Maintenance: _____ Child Support: _____

Maintenance: _____ Child Support: _____

Spouse Information:

Your Spouse: (first): _____ (middle): _____ (last): _____

Maiden Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (Home): _____ (Work): _____
(Cell): _____ (Email): _____

Social Security Number: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Occupation: _____ Years in Occupation: _____

Employer: _____ Length of Employment: _____

City: _____ State: _____ Zip Code: _____

Net Salary (monthly take home): _____

List Voluntary Deductions from Pay: _____

List Bonus/Commission/Overtime: _____

Last Year Your Total Gross Earnings Were: _____

Other Sources of Income: _____

Present Health: _____ Doctor: _____

Treating for: _____

Length of Residence in Illinois: _____

Date of Marriage: _____ Place of Marriage (include county): _____

Prior Marriages of Yourself:

Date of Marriage: _____ Date Terminated: _____ How Terminated (Death/Divorce): _____ County Terminated: _____

Date of Marriage: _____ Date Terminated: _____ How Terminated (Death/Divorce): _____ County Terminated: _____

Date of Marriage: _____ Date Terminated: _____ How Terminated (Death/Divorce): _____ County Terminated: _____

Date of Marriage: _____ Date Terminated: _____ How Terminated (Death/Divorce): _____ County Terminated: _____

Money Paid or Received as a Result of Previous Marriage:

Maintenance: _____	Child Support: _____
Maintenance: _____	Child Support: _____
Maintenance: _____	Child Support: _____
Maintenance: _____	Child Support: _____

Children of this Marriage:

Name: _____	Age: _____	Date of Birth: _____
Name: _____	Age: _____	Date of Birth: _____
Name: _____	Age: _____	Date of Birth: _____
Name: _____	Age: _____	Date of Birth: _____

Children NOT of this Marriage:

Name: _____	Age: _____	Date of Birth: _____
Name: _____	Age: _____	Date of Birth: _____
Name: _____	Age: _____	Date of Birth: _____
Name: _____	Age: _____	Date of Birth: _____

Who Has Possession of Children Now: _____

Special Health or Educational Needs: _____

Real Estate:

Marital Home Address: _____

City: _____ State: _____ Zip Code: _____

Who Holds Title: _____ Occupied by: _____

Date of Purchase: _____ Purchase Price: _____

Down Payment: _____ Source: _____

List Address of All Other Real Estate Owned:

1. Address: _____
City: _____ State: _____ Zip Code: _____
Estimated Current Value: _____ Present Mortgage Balance: _____ Estimated Equity: _____
Mortgage Holder: (First Mortgage): _____
(Second Mortgage): _____
(Home Equity): _____
Monthly Payments: _____ Taxes: _____

2. Address: _____
City: _____ State: _____ Zip Code: _____
Estimated Current Value: _____ Present Mortgage Balance: _____ Estimated Equity: _____
Mortgage Holder: (First Mortgage): _____
(Second Mortgage): _____
(Home Equity): _____
Monthly Payments: _____ Taxes: _____

3. Address: _____
City: _____ State: _____ Zip Code: _____
Estimated Current Value: _____ Present Mortgage Balance: _____ Estimated Equity: _____
Mortgage Holder: (First Mortgage): _____
(Second Mortgage): _____
(Home Equity): _____
Monthly Payments: _____ Taxes: _____

Joint Bank Accounts:

1. Bank Name: _____ Checking or Savings: _____
Balance: _____ Source: _____ Is there a safe deposit box: ___
2. Bank Name: _____ Checking or Savings: _____
Balance: _____ Source: _____ Is there a safe deposit box: ___
3. Bank Name: _____ Checking or Savings: _____
Balance: _____ Source: _____ Is there a safe deposit box: ___

Individual Bank Accounts In Your Name: (include credit union)

1. Bank Name: _____ Checking or Savings: _____
Balance: _____ Source: _____ Is there a safe deposit box: ___
2. Bank Name: _____ Checking or Savings: _____
Balance: _____ Source: _____ Is there a safe deposit box: ___
3. Bank Name: _____ Checking or Savings: _____
Balance: _____ Source: _____ Is there a safe deposit box: ___

Bank Accounts in Your Spouse's Name: (include credit union)

1. Bank Name: _____ Checking or Savings: _____
Balance: _____ Source: _____ Is there a safe deposit box: ___
2. Bank Name: _____ Checking or Savings: _____
Balance: _____ Source: _____ Is there a safe deposit box: ___
3. Bank Name: _____ Checking or Savings: _____
Balance: _____ Source: _____ Is there a safe deposit box: ___

Non-Marital Property: (acquired by gift, inheritance, or before marriage)

1. Property: _____
How Acquired: _____ Value: _____
2. Property: _____
How Acquired: _____ Value: _____
3. Property: _____
How Acquired: _____ Value: _____

Deferred Benefits: (Deferred benefits are pension, profit sharing, 401k plan, IRA accounts, employee stock ownership plan (ESOP))

List your deferred benefits:

1. _____
2. _____
3. _____

List your spouse's deferred benefits:

1. _____
2. _____
3. _____

Stocks and Bonds:

1. Institution: _____ How Held: _____
Number of Shares: _____ Value: _____ Source: _____
2. Institution: _____ How Held: _____
Number of Shares: _____ Value: _____ Source: _____
3. Institution: _____ How Held: _____
Number of Shares: _____ Value: _____ Source: _____

Business Interests:

1. Business Name: _____ Type: _____
How Held: _____ Acquisition Date: _____
Business Debts: _____
Business Assets: _____
Annual Net Income: _____ Business Value (Your Opinions): _____
2. Business Name: _____ Type: _____
How Held: _____ Acquisition Date: _____
Business Debts: _____
Business Assets: _____
Annual Net Income: _____ Business Value (Your Opinions): _____
3. Business Name: _____ Type: _____
How Held: _____ Acquisition Date: _____
Business Debts: _____
Business Assets: _____
Annual Net Income: _____ Business Value (Your Opinions): _____

Cars:

Driven by husband:

1. Year: _____ Make/Model: _____ Title in Name of: _____
Lienholder: _____ Balance Owed: _____ Monthly Payment: _____
2. Year: _____ Make/Model: _____ Title in Name of: _____
Lienholder: _____ Balance Owed: _____ Monthly Payment: _____

Driven by wife:

1. Year: _____ Make/Model: _____ Title in Name of: _____
Lienholder: _____ Balance Owed: _____ Monthly Payment: _____
2. Year: _____ Make/Model: _____ Title in Name of: _____
Lienholder: _____ Balance Owed: _____ Monthly Payment: _____

Life Insurance:

1. Company: _____ Type: _____
Person Insured: _____ Beneficiary: _____
Face Value: _____ Cash Value: _____
2. Company: _____ Type: _____
Person Insured: _____ Beneficiary: _____
Face Value: _____ Cash Value: _____

Health Insurance:

1. Provided by: _____ Coverage Type (HMO, 80/20 etc.): _____
Persons Covered: _____
2. Provided by: _____ Coverage Type (HMO, 80/20 etc.): _____
Persons Covered: _____

Debts:

1. Creditor: _____ Current Balance: _____
Monthly Payments: _____ Nature of Debt: _____
2. Creditor: _____ Current Balance: _____
Monthly Payments: _____ Nature of Debt: _____
3. Creditor: _____ Current Balance: _____
Monthly Payments: _____ Nature of Debt: _____
4. Creditor: _____ Current Balance: _____
Monthly Payments: _____ Nature of Debt: _____
5. Creditor: _____ Current Balance: _____
Monthly Payments: _____ Nature of Debt: _____

Statistical Information:

Husband:

Race: _____

State of Birth: _____

Date of Birth: _____

No. of this Marriage: _____

Education Completed: _____

Special Trade: _____

Wife:

Race: _____

State of Birth: _____

Date of Birth: _____

No. of this Marriage: _____

Education Completed: _____

Special Trade: _____

General Information:

Do you want a divorce (Yes/No): _____ Does your spouse want a divorce? (Yes/No): _____

Who knows more about family finance matters? _____

If you and your spouse live in separate households, what is the date of the separation? _____

Do you have an injury for which a claim has been or might be made? (Yes/No): _____

Does your spouse have an injury for which a claim has been or might be made? (Yes/No): _____

Goals of Client:

Miscellaneous Notes:
