

DIVORCE INTAKE FORM

Instructions: Fill out this form in its entirety. Upon completion, you may fax the form with a cover sheet with my name on it to (804) 796-6775, you may email the form to my attention at attorneymatzen1@gmail.com. This is the form that I would complete at an initial consultation with you. Due to everyone's complex schedules these days, I offer this to make the process as easy as possible for you. You are hereby advised, that the filling out of this form does not automatically mean that I will represent you in your matter. Before taking on a case, I will review this form and contact you personally to discuss the divorce process and any special matters that may need to be dealt with in your particular case. Upon offering my services, you must sign a contract for such services prior to my commencing the work.

I. Information About You:

First Name: _____

Middle Name: _____

Last Name: _____

Home Address:

Street w/ Number: _____

City: _____

State, Zip: _____

What county is your residence in? _____

Work Number w/ Extention: _____

Home Number: _____

Cell Number: _____

Email address: _____

How long have you continuously resided in VA? _____

Full name at birth: _____

All former names from previous marriages, etc.: _____

Date of birth: _____

Place of birth: _____

Age: _____

Social Security Number: _____

Occupation: _____

Employer: _____

Race: _____

Have you ever been a member of the U.S. Armed Forces? _____

If so, give branch and dates of service and current status. _____

Enter the last grade of school COMPLETED _____

Enter the last year of college COMPLETED _____

II. INFORMATION ABOUT YOUR SPOUSE:

First Name: _____

Middle Name: _____

Last Name: _____

Home Address:

Street w/ Number: _____

City: _____

State, Zip: _____

What county is your residence in? _____

Work Number w/ Extention: _____

Home Number: _____

Cell Number: _____

Email address: _____

How long have you continuously resided in VA? _____

Full name at birth: _____

All former names from previous marriages, etc.: _____

Date of birth: _____

Place of birth: _____

Age: _____

Social Security Number: _____

Occupation: _____

Employer: _____

Race: _____

Have you ever been a member of the U.S. Armed Forces? _____

If so, give branch and dates of service and current status. _____

Enter the last grade of school COMPLETED _____

Enter the last year of college COMPLETED _____

III. Information About Children Born to or Adopted by both you and Spouse

First Child:

First Name

Middle Name

Last Name

Age

Date of Birth

Who does the child currently reside with

Second Child:

First Name

Middle Name

Last Name

Age

Date of Birth

Who does the child currently reside with

Additional children: (fill in same info. as above.)

IV. Information About the Marriage:

Date of Marriage: _____

Location of Marriage: _____

Number of this marriage for you _____ for spouse _____

Do you and the spouse currently live together? _____

If not, date of separation. _____

Who moved out at that time? _____

Have you or the spouse ever tried to divorce each other before now? Give details.

Do you have any written agreements with the spouse? _____

If so, please provide copy.

Do either you or your spouse desire reconciliation? _____

What is the last address where you and your spouse lived together at?

What is the reason for the breakup? _____

What particular concerns do you have if any to discuss with me? _____

How did you hear about me? _____

If referral, please state who. _____

If phone book, please state which one. _____

Please specify what number to reach you at between the hours of 8:30 a.m. and 5:00 p.m. _____