



**COLEMAN & CHAMBERS, LLP**

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**DOMESTIC INTAKE WORKSHEET**

NOTE: WELCOME TO COLEMAN & CHAMBERS, LLP, PLEASE COMPLETE THE FOLLOWING QUESTIONS FULLY AND COMPLETELY PRIOR TO CONSULTATION. REMEMBER, THESE ARE QUESTIONS YOU WILL BE ASKED ABOUT DURING YOUR MEETING, AND IF YOU ARE NOT SURE ABOUT A CERTAIN QUESTION, PLEASE INDICATE THIS ON THIS SHEET.

Today's Date: \_\_\_\_\_

A. YOUR INFORMATION:

Full Name: (Mr. or Mrs.) \_\_\_\_\_

Maiden / Prior Name (if applicable) \_\_\_\_\_

Residence Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Annual Gross Income: \$ \_\_\_\_\_ Commission (Yes / No)

How do you get paid: Hourly \$ \_\_\_\_\_ Salary \$ \_\_\_\_\_ Weekly, Bi-weekly, other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ # of times Married: \_\_\_\_\_ Race: \_\_\_\_\_

Who referred you to our office? \_\_\_\_\_

- FAMILY MEMBER
- FRIEND

- FORMER CLIENT
- YELLOW PAGES

- INTERNET
- OTHER: \_\_\_\_\_

\*May we send a thank you letter to the person who referred you to our office? \_\_\_\_\_

Please check Reason for Consultation:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> DIVORCE<br>(CONTESTED OR UNCONTESTED) | <input type="checkbox"/> CHILD SUPPORT                                | <input type="checkbox"/> CHILD CUSTODY |
| <input type="checkbox"/> CONTEMPT                              | <input type="checkbox"/> MODIFICATION OF CUSTODY, VISITATION, SUPPORT |  |
| <input type="checkbox"/> POST DIVORCE MATTER                   | <input type="checkbox"/> OTHER: _____                                 |  |

B. OPPOSING PARTY INFORMATION:

Full Name: (Mr. or Mrs.) \_\_\_\_\_

Maiden / Prior Name (if applicable) \_\_\_\_\_

Residence Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Annual Gross Income: \$ \_\_\_\_\_ Commission (Yes / No)

How does your spouse get paid: Hourly \$ \_\_\_\_\_ Salary \$ \_\_\_\_\_ Weekly, Bi-weekly, other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ # of times Married: \_\_\_\_\_ Race: \_\_\_\_\_

Name and Address of Spouse's Attorney (if known): \_\_\_\_\_

C. GENERAL INFORMATION:

City / State / County of Marriage: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Is either party in the military (specify) \_\_\_\_\_

Which party left the family residence? \_\_\_\_\_

Are you and your spouse living together now? \_\_\_\_\_

When was the last time you had sexual relations with your spouse? \_\_\_\_\_

If Divorce: Please check reason(s) for Divorce: (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Consanguinity   | <input type="checkbox"/> Habitual Intoxication | <input type="checkbox"/> Irretrievably Broken     |
| <input type="checkbox"/> Mental Capacity | <input type="checkbox"/> Sentenced to Prison   | <input type="checkbox"/> Incurable Mental Illness |



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

F. MARITAL RESIDENCE: (At the time of separation)

The marital residence is a:

- Rental house or apartment (please check one)

Leased in the name of the:

- Wife
- Husband
- Both parties
- Other: \_\_\_\_\_

- Purchased home or condominium

Titled in the name of the:

- Wife
- Husband
- Both
- Other: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

If Purchased, which party paid the down payment and where did the down-payment funds come from? \_\_\_\_\_

How much money was used for down-payment at the time of purchase \$ \_\_\_\_\_

Other Real Estate:

Titled in the name of the:

- Wife
- Husband
- Both
- Other: \_\_\_\_\_

Address of Other Real Estate: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

G. PERSONAL AND MARITAL PROPERTY:

Please list any issues with personal and marital property division that you would like to discuss today:

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H. PERSONAL AND MARITAL DEBTS:

List all debts the WIFE is financially obligated to pay: (debts where the wife's name is the only name on the account, loan, credit card, etc.)

CREDITOR:                                      ACCOUNT #      BALANCE:                      MONTHLY PAYMENT:

CREDITOR:	ACCOUNT #	BALANCE:	MONTHLY PAYMENT:

List all debts the HUSBAND is financially obligated to pay: (debts where the husband's name is the only name on the account, loan, credit card, etc.)

CREDITOR:                                      ACCOUNT #      BALANCE:                      MONTHLY PAYMENT:

CREDITOR:	ACCOUNT #	BALANCE:	MONTHLY PAYMENT:

List all JOINT debt and specify which party (H=husband or W=wife) you believe should be financially responsible for repayment: (debts where the name of both the husband and wife are on the account, loan, credit card, etc.)

CREDITOR:                                      ACCOUNT #      BALANCE:                      MONTHLY PAYMENT:

CREDITOR:	ACCOUNT #	BALANCE:	MONTHLY PAYMENT:


I. INCOME TAXES:

How have you and your spouse filed income tax returns in the past? \_\_\_\_\_

Do either of you owe taxes:

- No
- Yes:
  - Owed by: \_\_\_\_\_ Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both
  - Georgia State Tax: Amount owed: \$\_\_\_\_\_ Monthly payment: \$\_\_\_\_\_
  - Federal Tax Amount owed: \$\_\_\_\_\_ Monthly payment: \$\_\_\_\_\_

J. BANK ACCOUNTS AND INVESTMENTS:

Please list all accounts which need to be divided and specify whose name the account is in as well as which party will be entitled to the balance in the account once the divorce is finalized (H=Husband, W=Wife, J=Joint). Accounts should include but not be limited to checking and savings accounts, money markets, IRA, 401k, Stock, Bonds, CD's and Pension plans:

Type of Acct.      Account #      Balance      Whose Acct      Transfer to

Type of Acct.	Account #	Balance	Whose Acct	Transfer to

\*Please note: If funds are being transferred by means of a Qualified Domestic Relations Order (QDRO), additional fees will be assessed.

K. MEDICAL INSURANCE:

If there is currently health insurance in effect, who carries the coverage for:

- Husband: \_\_\_\_\_
- Wife: \_\_\_\_\_
- Children: \_\_\_\_\_

L. LIFE INSURANCE

If there is currently life insurance in effect? If so, please indicate amount of policy and named beneficiary:

- Husband: \$\_\_\_\_\_ Beneficiary: \_\_\_\_\_



**OFFICE USE:**

**INTERVIEWING ATTORNEY:** \_\_\_\_\_

**RETAINER QUOTED:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

N:\Netdrive Share\Domestic\TEMPLATES\Divorce\INTAKE WORKSHEET.doc