

**SIMPLE DIVORCE INTAKE FORM**

**PETITIONER:**

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

- Please give your *full* name, date and place of birth, and Social Security number.  
Full name: \_\_\_\_\_  
Maiden name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ City/State where born: \_\_\_\_\_  
Last Three Driver's license number: \_\_\_\_\_  
Last Three Social Security number: \_\_\_\_\_
- Where are you living now, and what is your phone number?  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Length of time in this county: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cellular Phone: \_\_\_\_\_ Pager: \_\_\_\_\_  
Fax number: \_\_\_\_\_ Other: \_\_\_\_\_
- E-Mail address: \_\_\_\_\_
- Mailing address: \_\_\_\_\_
- Preferred method of communication (Email/Phone/Mail)? \_\_\_\_\_
- Have you consulted or retained any other attorneys on this matter before coming to this office? \_\_\_\_\_  
Is so, please state who and when: \_\_\_\_\_  
\_\_\_\_\_
- Please complete the following information concerning your employment.  
Employer: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ May we call you at work? \_\_\_\_\_  
Gross salary per month or annually: \_\_\_\_\_  
Length of employment: \_\_\_\_\_  
Education: \_\_\_\_\_

**The Law Office of John Nwosu**

Attorney & Counselor At Law

**RESPONDENT (About your spouse or ex-spouse):**

8. Please give your spouse's or ex-spouse's *full* name, date and place of birth, and Social  
Full name: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ City/State where born: \_\_\_\_\_  
Last Three Driver's license number: \_\_\_\_\_  
Last Three Social Security number: \_\_\_\_\_
9. Where is your spouse or ex-spouse living now, and what is his or her phone number?  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_
10. Please complete the following information concerning your spouse's or ex-spouse's employment.  
Employer: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ May we call him/her at work? \_\_\_\_\_  
Gross salary per month or annually: \_\_\_\_\_  
Length of employment: \_\_\_\_\_  
Education: \_\_\_\_\_

**CHILDREN OF MARRIAGE:**

11. Please give the full name, date and place of birth, sex, and Social Security number of each child of this marriage:  
Name: \_\_\_\_\_  
Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_
- Name: \_\_\_\_\_  
Sex (M/F): \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_
- Name: \_\_\_\_\_

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Sex (M/F):\_\_\_\_\_ Date of birth:\_\_\_\_\_ Age:\_\_\_\_\_

Place of birth:\_\_\_\_\_

Social Security number: \_\_\_\_\_

Name:\_\_\_\_\_

Sex (M/F):\_\_\_\_\_ Date of birth:\_\_\_\_\_ Age:\_\_\_\_\_

Place of birth:\_\_\_\_\_

Social Security number: \_\_\_\_\_

12. Will there be a dispute over the children?\_\_\_\_\_

If *not*, with whom will custody be?\_\_\_\_\_

13. Where and with whom are the children living now?\_\_\_\_\_

\_\_\_\_\_

**ABOUT YOUR MARRIAGE AND SEPARATION:**

14. Please give the date and place of your marriage:

Date:\_\_\_\_\_ Place:\_\_\_\_\_

Are you now separated from your spouse?\_\_\_\_\_

If so, please state date of separation:\_\_\_\_\_

**CHANGE OF NAME:**

15. Please indicate whether you want to change your name: \_\_\_\_\_Y \_\_\_\_\_N

**MAIDEN NAME:** \_\_\_\_\_

**SERVICE OF CITATION:**

16. **WAIVER OF SERVICE:** \_\_\_\_\_ Y \_\_\_\_\_ N

17. Address for service:\_\_\_\_\_

**ADDITIONAL INFORMATION:**

\_\_\_\_\_

\_\_\_\_\_

**AFFIDAVIT OF TRUTHFULNESS OF INFORMATION PROVIDED**

AFFORDABLE ~ JUSTICE

**The Law Office of John Nwosu**

Attorney & Counselor At Law

I, \_\_\_\_\_, affirm that all the information that I provided on this form is true and correct. I am aware that the information provided on this form will be used to file a petition in a Court of Law and I understand that it is a criminal offense to provide false information which the person knew or have reason to know will be used in any kind of filing with the Court of law and I take full responsibility for the truthfulness of all the information provided on this form.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Print Name

**NOTICE TO CLIENT**

By completing this divorce questionnaire does not on itself establish an attorney-client relationship. You must enter into a signed contract with the attorney in order to establish an attorney-client relationship.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REMARK: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_