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NEW CLIENT INTAKE FORM

Date: _____

Full Name: _____

Full Name of Spouse: _____

Phone 1: _____ Home__ Work__ Cell__

Phone 1: _____ Home__ Work__ Cell__

Phone 2: _____ Home__ Work__ Cell__

Phone 2: _____ Home__ Work__ Cell__

Voicemail ok on Ph 1___, Ph 2___ or Both _____

Voicemail ok on Ph 1___, Ph 2___ or Both _____

Email 1: _____

Email 1: _____

Email 2: _____

Email 2: _____

Email 1 restrictions: _____

Email 1 restrictions: _____

Email 2 restrictions: _____

Email 2 restrictions: _____

Mailing Address: _____

Mailing Address: _____

Soc.Sec. No. ____-____-____ (need if have minor children)

Soc.Sec. No. ____-____-____ (need if have minor children)

Date of Birth: _____

Date of Birth: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Annual Income: _____

Annual Income: _____

What are the best days and times for you to schedule a 2 hour meeting? _____

How would you like to receive your monthly billing statement from us? Email or Mail

*(Please note that we will **always** confirm meetings with you first)*

MARRIAGE INFORMATION

The following information is needed for the preparation of legal documents when/if that time comes. Please complete the information to the best of your ability.

1. You are a resident of _____ County, Oklahoma and have resided in _____ County for 30 days. Have you lived in Oklahoma for the past 6 months? Yes _____ No _____
2. Your spouse is a resident of _____ County, Oklahoma. S/he has resided in _____ County for 30 days.
3. Has s/he lived in Oklahoma for the past 6 months? Yes _____ No _____
4. Date of Marriage: _____ in _____ County, State of _____
5. Date of Separation: _____ (If you have separated)
6. If you are the wife, you have the option of being restored to your former/maiden name.
 - a. I want to change my name _____, my former/maiden name is: _____.
 - b. I want to keep my married name _____
 - c. I am undecided at this time _____
7. Have you or your spouse, or the two of you together, filed bankruptcy? Yes _____ No _____. If so, date of filing: _____ and date of discharge: _____
8. Have you and your spouse filed taxes for last year? Yes _____ No _____
9. Is Wife now pregnant? Yes _____ No _____
10. Are there children of the marriage who are no longer minors? Yes _____ No _____
If "no", you may skip the next page.
11. Have there ever been any physical or emotional power imbalances between you and your spouse? In other words, does your spouse threaten you and make you feel like you must do what s/he says or else you will be punished? Please explain.

CHILD INFORMATION

12. MINOR CHILD INFORMATION:

a. Please state the following for each child under the age of 18:

First, Middle & Last Name	DOB	Soc. Sec. No.	Born this or previous marriage	Artificial Insemination or Adopted by you and/or Spouse?

b. List all the cities/counties that you, your spouse, and the minor children have lived for the past five (5) years. Give dates as best you can for each county in chronological order, with your last and current county first.

from _____ to _____ City _____ County _____ State _____
 from _____ to _____ City _____ County _____ State _____
 from _____ to _____ City _____ County _____ State _____

c. Has there been any type of court involvement concerning your minor children in this state or any other state? This would be adoption, artificial insemination, some juvenile court involvement, some other custody proceeding such as a previous divorce, or grandparental visitation. Yes ___ No ___ If yes, please explain:

d. Are the minor children eligible for membership in any Indian Tribe? If so, what Tribe?

e. Do you ____, or your spouse ____ carry the child(ren) on health insurance? Is this through an employer? Yes ___; No ____. Do you want this to stay the same after the divorce? Yes ___; No ___.

SERVICES NEEDED

The following are services Barbara provides. Mark which ones you are interested in.

1. ____ Collaborative

a. Have you discussed this method with your spouse? Yes ____ No ____

b. Has your spouse hired a collaborative attorney? Yes ____ No ____

c. If so, when? _____ Who? _____

2. ____ Mediation

a. Have you and your spouse discussed this option? Yes ____ No ____

b. I would like to meet with both of you at the same time. Is there any reason that would not be possible?

Yes ____ No ____ If no, explain. _____

c. Are either of you presently represented by counsel? Yes ____ No ____ If so, explain.

3. ____ Hybrid

a. Has your spouse stated that he/she is hiring counsel in the near future? Yes ____ No ____

b. Have you discussed this method with your spouse? Yes ____ No ____

4. ____ Litigation

I rarely take litigation cases, and never if there is a minor child issue involved.

a. If you wish to hire me for litigation, is there a minor child? _____

If so, how old is the child? _____ Are there any issues regarding the child?

b. Has your spouse hired counsel? Yes ____ No ____ If so, who?

c. Have you two discussed settlement? Yes ____ No ____

d. If you have discussed settlement, why are you pursuing the litigation alternative?

5. Other Information: What other information do you believe is important for us to know in helping you make this decision? _____

Asset/Debt Information

There are a few things we need to know to properly ask questions for more information. The information needed may be on our "[Information Gathering List](#)". Please do not start gathering items on that list though until instructed to do so. We may not need certain items and I don't want you to do too much work when you are already under maximum stress.

1. Do you own a house? Yes _____ No _____ (Note: we will need a copy of the deed)
 - a. What is the approximate value? _____
 - b. What is owed on the mortgage? _____

2. Do you own automobiles? (Note: we will need copies of titles if available) List:
 - a. _____
 - b. _____
 - c. _____
 - i. What are the approximate values?

 - ii. What is owed on the vehicle loans?

3. What is the approximate status of your checking/savings accounts?
 - a. Account Type, Description and Balance

 - b. Account Type, Description and Balance

 - c. Account Type, Description and Balance

4. Do you have retirement/investment accounts?
 - a. HIS
 - i. Is it through an employer? Yes _____ No _____ Value? _____
 - ii. Other retirement? _____

b. HERS

i. Is it through an employer? Yes _____ No _____ Value? _____

ii. Other retirement? _____

5. Do you have life insurance? Yes _____ No _____

a. If so, what is the value? _____

b. Who is the beneficiary? _____

6. What is your approximate credit card debt? Please obtain a credit report from www.annualcreditreport.com. If unable to obtain one by the time I meet with you, then create a list that shows credit card name, balance owed, and who can charge on that credit card. List:

a. _____

b. _____

c. _____

7. What other debt do you have? Please list name, balance owed, and whose debt it is.

a. _____

b. _____

c. _____

IF YOU HAVE A MOMENT . . .

Optional: *It is my greatest desire to provide my clients and prospective clients with as much information as possible to help them make good decisions as they go through, or contemplate going through, the difficult process of separation or divorce. Therefore, please provide the following:*

1. Where did you first learn about DontFightAboutIt.com? _____
2. How did you hear about mediation or collaboration? _____

3. If you found me on the internet, what search engine did you use? _____
4. What terms did you search? _____
5. What site did you find me on? _____
6. If you found me on a site other than DontFightAboutIt.com, was there a link that led you my web site? Yes___ No___
7. What information at DontFightAboutIt.com did you find the most useful? _____
8. What would you add to make it more helpful? _____
9. If you heard my public radio sponsor ad, what made you want to learn more? _____

OTHER COMMENTS: _____

