

Note: You are not required to fill out this form before coming to the office for your free consultation. However, if you fill it out before coming to the office it will save you time when you get here and the attorney will be able to give you better legal advice. The divorce process goes more quickly if you bring copies of the following documents: marriage license and birth certificates for you and your children.

## **Divorce or Separation Intake Sheet**

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

**Full Name:** \_\_\_\_\_

SS #: \_\_\_\_\_ Race: \_\_\_\_\_ D.O.B: \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Spouse's/Other Party's Name** (ex. child's mother/father, victim, witness, etc.) (if applicable):

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

SS #: \_\_\_\_\_ Race: \_\_\_\_\_ D.O.B: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1. Husband's full name: \_\_\_\_\_
2. Wife's full **BIRTH** given name: \_\_\_\_\_
3. Wife's full name immediately prior to marriage: \_\_\_\_\_
4. Does Wife want to go back to her maiden name? \_\_\_\_\_
5. Husband's number of marriages: \_\_\_\_\_ Wife's number of marriages: \_\_\_\_\_
6. Husband's Place of Birth: \_\_\_\_\_
7. Husband's Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_
8. Husband's Driver Licenses \_\_\_\_\_ State \_\_\_\_\_
9. Wife's Place of Birth \_\_\_\_\_
10. Wife's Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_
11. Wife's Driver Licenses \_\_\_\_\_ State \_\_\_\_\_
12. Husband's highest grade completed: \_\_\_\_\_ Wife's highest grade completed: \_\_\_\_\_

13. How long have you resided in Virginia? \_\_\_\_\_ Is Wife Pregnant? \_\_\_\_\_
14. How long has your spouse resided in Virginia? \_\_\_\_\_
15. Are you active duty/ retired military? Yes / No (If Yes, Which Branch?) \_\_\_\_\_  
a. Date of enlistment: \_\_\_\_\_
16. Is your spouse active duty/ retired military? Yes / No (If Yes, Which Branch?) \_\_\_\_\_  
a. Date of enlistment: \_\_\_\_\_
17. Date Married: \_\_\_\_\_ City / State Married: \_\_\_\_\_
18. Children born or adopted during this marriage. **Full Name, SSN and Birth Date.**
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
19. Do you want Custody awarded to mother or father? \_\_\_\_\_
20. Is there a child support or custody order in place? \_\_\_\_\_
21. Are you seeking child and/or spousal support? \_\_\_\_\_
22. Date separated with intent to stay separated: \_\_\_\_\_
23. Address where parties last lived together: \_\_\_\_\_
24. What is the reason for separation: \_\_\_\_\_
25. Husband's employer and address: \_\_\_\_\_
26. Wife's employer and address: \_\_\_\_\_
27. Who has Health Care coverage? \_\_\_\_\_
28. Do either you or your spouse own a home? \_\_\_\_\_
29. Is there any marital debt? \_\_\_\_\_
30. Do you or your spouse have any financial assets? \_\_\_\_\_
31. Have you and your spouse signed a separation agreement? \_\_\_\_\_
32. Is your spouse willing to sign off on divorce or separation papers? \_\_\_\_\_

***Attorney Use Only:***

Venue: \_\_\_\_\_ When to File: \_\_\_\_\_ Name Change: \_\_\_\_\_  
Sep. Agmt. Date: \_\_\_\_\_ Service: AOSW / Sheriff / Order of Pub.