



King Paralegal Services, LLC

UNCONTESTED DIVORCE CLIENT INTAKE FORM

Please fill out ALL the information requested in these forms. If a question or section does NOT apply to you, write "N/A" in the space. (N/A means "not applicable.") The more information you provide in these forms, the faster your divorce papers can be prepared. There will be a delay if we need to verify or obtain more information concerning the answers provided, so please provide as much detail as you can and fill in ALL the information requested on these forms.

Thank you for taking the time to be thorough and complete, resulting in a faster turnaround.

Name, First _____ Middle(spell out) _____ Last _____

Social Security Number _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

County of Residence _____

Home Phone _____ Other phone _____

Fax Number _____ E-Mail _____

YOUR SPOUSE'S INFORMATION:

Name, First _____ Middle(spell out) _____ Last _____

Social Security Number _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

County of Residence _____

Home Phone _____ Other phone _____

Fax Number _____ E-Mail _____

How did you hear about us? Yellow Pages Internet Website
 Friend, Name of Friend _____

MARRIAGE INFORMATION:

Are you in the Military Yes No
Is your spouse in the Military? Yes No
Will your spouse sign for the papers? Yes No
Is Sheriff's service required? Yes No
Do you know where to locate your spouse? Yes No
If you are seeking Alimony, State the Amount \$ _____

Date of Marriage: _____

What city and state were you married? _____

Date of Separation: _____

If Petitioner is Wife, do you want your former/maiden name restored? If so, provide former/maiden name. _____

If Wife, are you pregnant? Yes No

If yes, name of father: _____ Expected due date _____

Have you and your spouse agreed to the Divorce? Yes No

Do you believe your spouse will attend the Final Hearing? Yes No

FINANCIAL INFORMATION:

SECTION I.

YOUR INCOME

Your Occupation: _____

Employer's Name: _____

Employer's Address: _____

Monthly Gross Income: _____

Monthly bonuses, Commission, etc. _____

Monthly Disability/SSI: _____

Monthly Worker's Compensation: _____

Monthly Unemployment: _____
Monthly Pension/Retirement _____
Monthly Social Security: _____
Monthly Alimony: _____
Monthly Interest and Dividend: _____
Monthly Rental Income: _____
Monthly Royalties, Trusts and Estates: _____
Monthly Reimbursed Expenses: _____
Monthly Gains from Dealing in Property: _____
Monthly "Other Income": _____

SECTION II. YOUR DEDUCTIONS

Monthly State and Federal Withholdings: _____
What is your filing status? _____
Number of Co-Dependents claimed: _____
Monthly FICA and Self-employment Taxes: _____
Monthly Medicare: _____
Monthly Mandatory Union Dues: _____
Monthly Mandatory Retirement Dues: _____
Monthly Health & Dental Insurance: _____
Monthly Court Ordered Child Support: _____
Monthly Court Ordered Alimony: _____

SECTION III. YOUR MONTHLY EXPENSES

Mortgage or Rent: _____
property taxes _____
Utilities: _____
telephone(basic service) _____
Food (grocery): _____
meals outside the home: _____
maintenance/repairs: _____
Other: _____

Auto Gas: _____
Auto Repairs _____
Auto insurance: _____
Child Day Care: _____
Child lunch money: _____
Child Grooming(haircuts, etc.): _____
Child Clothing: _____
Child Holiday Gifts: _____
Child Medical/Dental (Uninsured): _____
Other: _____

Medical/Dental Insurance (Uninsured): _____
 Life insurance (not from job): _____
 Your monthly clothing: _____
 Your monthly grooming: _____
 Your monthly entertainment: _____
 Your monthly Gifts: _____
 Religious Organizations: _____
 Other: _____

List Payments to Creditors:

| <u>Name</u> | <u>Amount Paid Per month</u> | <u>Amount Owed</u> |
|-------------|------------------------------|--------------------|
| 1. _____ | \$ _____ | \$ _____ |
| 2. _____ | \$ _____ | \$ _____ |
| 3. _____ | \$ _____ | \$ _____ |
| 4. _____ | \$ _____ | \$ _____ |
| 5. _____ | \$ _____ | \$ _____ |
| 6. _____ | \$ _____ | \$ _____ |
| 7. _____ | \$ _____ | \$ _____ |

SECTION IV. ASSETS AND LIABILITIES:

Cash in Banks and/or Credit Unions \$ _____
 Stocks, Bonds, Notes (value) \$ _____
 Real Estate (Home and/or Land value) \$ _____
 Automobiles (value) \$ _____

Automobile #1: Year _____, Make: _____ Model: _____
 VIN#: _____

Automobile#2: Year: _____, Make: _____, Model: _____
 VIN#: _____

Other personal property (furniture, etc) \$ _____
 Retirement Plans(value) \$ _____
 Mortgage on Real Estate (Amount owed) \$ _____
 2nd Mortgage on Home (Amount owed) \$ _____
 Auto Loans(Amount owed) \$ _____

Information Related to minor Child(ren), If any

| Name | Date of Birth | City & State of Birth | Social Security Number |
|---------|---------------|-----------------------|------------------------|
| 1 _____ | _____ | _____ | _____ |
| 2 _____ | _____ | _____ | _____ |
| 3 _____ | _____ | _____ | _____ |
| 4 _____ | _____ | _____ | _____ |
| 5 _____ | _____ | _____ | _____ |

NOTE: IF YOU HAVE A HOUSE/MORTGAGE PLEASE ATTACH A COPY OF THE FULL LEGAL DESCRIPTION OF THE PROPERTY.

List the addresses, the year(s), county, and who the child(ren) resided with in the last 5 years.

Child No.: _____

| Year(s) | Address(es) | County | Child Resided with..... |
|---------------|-------------|--------|-------------------------|
| _____/present | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Child No.: _____

| Year(s) | Address(es) | County | Child Resided with..... |
|---------------|-------------|--------|-------------------------|
| _____/present | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Child No.: _____

| Year(s) | Address(es) | County | Child Resided with..... |
|---------------|-------------|--------|-------------------------|
| _____/present | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Child No.: _____

| Year(s) | Address(es) | County | Child Resided with..... |
|---------------|-------------|--------|-------------------------|
| _____/present | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Has there been any previous court action concerning the children? If so, list the State and County and the Docket or Case Filing Number. State what happened in the litigation. Yes No

If you are seeking child support, State the Amount agreed upon: _____

Does anyone currently have court ordered custody or visitation rights to the child(ren)?

- Yes No

Is it currently a Child Support Court Order enforced at this time?

- Yes No

PROPERTY SETTLEMENT AGREEMENT:

Husband transfers to the Wife the following property and or assets:

| | |
|------------------|--|
| <u>Property:</u> | (What you believe your <u>Value:</u> Property is worth) |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Wife transfers to the Husband the following property and or assets:

| | |
|------------------|--|
| <u>Property:</u> | (What you believe your <u>Value:</u> Property is worth) |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Husband shall be responsible for paying the following debts:

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

Wife shall be responsible for paying the following debts:

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

Who will have primary Custody of the minor Child(ren)? _____

What days will the minor child(ren) be with whom and at what times will the sessions begin and end?

Who will have custody or visitation of what holidays?

Who will be responsible for providing the following insurance coverage for the minor child(ren)?

H (Husband), W (Wife), or B (Both)

_____ Medical Insurance
_____ Health Insurance
_____ Dental Insurance
_____ Life Insurance

OTHER RELIEF REQUESTED:

By signing below, I/We state that all the information provided in the pages of the Divorce Intake Form is true and correct to the best of my/our knowledge.

Signature

Signature

Reply to:

KING PARALEGAL SERVICES, LLC

P. O. Box 28876

Jacksonville, FL 32226

(904)/696-8648

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