

DONNE L. COLTON, P.C.
DOMESTIC RELATIONS INTAKE FORM

DATE: _____

HOME PHONE: () _____

WORK PHONE: () _____

CLIENT:

GENERAL

Full Name: _____

Social Security Number: _____

Driver's License Number : _____ State: _____

Place of Birth (city/state/country): _____

Date of Birth: _____

EDUCATION

Highest Grade Completed: _____

College (1-4 or 5+): _____

NUMBER OF THIS MARRIAGE: _____

NUMBER OF PREVIOUS MARRIAGES ENDING IN:

Death? _____

Divorce or Annulment? _____

USUAL RESIDENCE ADDRESS:

Street: _____

City/County/State/Zip: _____

LENGTH OF TIME AT THIS ADDRESS: _____ IN VIRGINIA: _____

SPOUSE:

GENERAL

Full Name: _____

Former / Maiden Name: _____

Social Security Number: _____

Driver's License Number: _____ State: _____

Place of Birth (city/state/country): _____

Date of Birth: _____

EDUCATION

Highest Grade Completed: _____

College (1-4 or 5+): _____

NUMBER OF THIS MARRIAGE: _____

NUMBER OF PREVIOUS MARRIAGES ENDING IN:

Death? _____

Divorce or Annulment? _____

USUAL RESIDENCE ADDRESS:

Street: _____

City/County/State/Zip: _____

LENGTH OF TIME AT THIS ADDRESS: _____ IN VIRGINIA: _____

MARRIAGE:

DATE: _____

PLACE (city/county/state/country) _____
HAVE YOU SEPARATED FROM YOUR SPOUSE? _____
Date of Separation: _____
Where did you last cohabit w/your spouse? (Address) _____

CHILDREN BORN OF MARRIAGE OR LEGALLY ADOPTED:

<u>Name</u>	<u>Date of Birth</u>	<u>Soc. Sec. No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WHERE DO YOUR MINOR CHILDREN NOW RESIDE? _____

WHERE HAVE THEY RESIDED FOR THE LAST 5 YEARS? (if applicable)

HAVE THERE BEEN ANY PREVIOUS CUSTODY PROCEEDINGS?

CLIENT'S EMPLOYER: _____

OCCUPATION/TITLE: _____
DATE PRESENT EMPLOYMENT COMMENCED: _____
PREVIOUS EMPLOYER: _____
GROSS ANNUAL INCOME: \$ _____
IF RETIRED MILITARY, BRANCH AND DATES OF SERVICE: _____

OTHER INCOME (trusts, rental, partnerships, business, dividends, interest, etc.)

SPOUSE'S EMPLOYER: _____

OCCUPATION/TITLE: _____
DATE PRESENT EMPLOYMENT COMMENCED: _____
PREVIOUS EMPLOYER: _____
GROSS ANNUAL INCOME: \$ _____
IF RETIRED MILITARY, BRANCH AND DATES OF SERVICE: _____

OTHER INCOME (trusts, rental, partnerships, business, dividends, interest, etc.):

ASSETS:

MARITAL RESIDENCE (Address): _____
County / City of: _____
Monthly Rent, if not owned: _____
(If not owned, skip next 2 sections)
Date of Purchase: Month _____ Year _____
Purchase Price: \$ _____
Estimated Current Value: \$ _____

Mortgage or Trust Payment: \$ _____ Balance: \$ _____
2nd Mortgage or Trust? \$ _____ Balance: \$ _____

PREVIOUS RESIDENCE OWNED PRIOR TO MARITAL HOME:

Date of Purchase: Month _____ Year _____
Price Paid: _____
Date Sold: _____ Sales Price: _____

OTHER REAL ESTATE OWNED (Address): _____

County / City of: _____
Date of Purchase: Month _____ Year _____
Purchase Price: \$ _____
Estimated Current Value: \$ _____
Rental Income: \$ _____
Mortgage or Trust Payment: \$ _____ Balance: \$ _____
2nd Mortgage or Trust? \$ _____ Balance: \$ _____

CHECKING ACCOUNTS:

Bank or S&L: _____
Account Type: _____
Account Balance: _____
Account Owner(s): _____

Bank or S&L: _____
Account Type: _____
Account Balance: _____
Account Owner(s): _____

SAVINGS ACCOUNTS:

Bank or S&L: _____
Account Type: _____
Account Balance: _____
Account Owner(s): _____

Bank or S&L: _____
Account Type: _____
Account Balance: _____
Account Owner(s): _____

ASSETS (continued):

MONEY MARKET FUNDS:

Name of Funds: _____
Amount: _____
In whose name? _____

CERTIFICATES OF DEPOSIT:

Account: _____
 Amount: _____
 In whose name? _____

STOCKS/BONDS/MUTUAL FUNDS:

Name of Security: _____
 No. of Shares _____ Date Purchased _____
 In whose name? _____
 Current Value \$ _____

Name of Security: _____
 No. of Shares _____ Date Purchased _____
 In whose name? _____
 Current Value \$ _____
 (use another of this page if necessary)

IRAs:

Client: Yes ___ No ___
 Name of Bank / Fund: _____
 Value \$ _____
 Spouse Yes ___ No ___
 Name of Bank / Fund: _____
 Value \$ _____

PENSIONS:

Client:
 Name of Plan: _____
 Type of Plan:(military, 401K, etc.) _____
 Value \$ _____
 Dates of Participation: From _____ To _____
 Plan Administrator: _____

Spouse:
 Name of Plan: _____
 Type of Plan:(military, 401K, etc.) _____
 Value \$ _____
 Dates of Participation: From _____ To _____
 Plan Administrator: _____

INHERITANCE:

Client: Yes ___ No ___
 From Whom? _____
 Date: _____ Value: \$ _____
 Description if not cash: _____

 Where is it now? _____

Spouse: Yes ___ No ___
 From Whom? _____
 Date: _____ Value: \$ _____
 Description if not cash: _____

 Where is it now? _____

SAFE DEPOSIT BOX:

Location: _____
 Box No.: _____
 Persons on Access Card: _____
 Contents: _____

MOTOR VEHICLES, BOATS, CYCLES, AIRPLANES, ETC.

Year _____ Model _____
 How Titled: _____
 Driver(s) : _____
 Value: \$ _____ Amount Owed \$ _____
 Monthly Payment: \$ _____

Year _____ Model _____
 How Titled: _____
 Driver(s) : _____
 Value: \$ _____ Amount Owed \$ _____
 Monthly Payment: \$ _____

Year _____ Model _____
 How Titled: _____
 Driver(s) : _____
 Value: \$ _____ Amount Owed \$ _____
 Monthly Payment: \$ _____

HOUSEHOLD FURNISHINGS & EFFECTS:

Estimated Value: \$ _____
 Estimated Value of Possessions you brought into the marriage \$ _____
 Have household furnishings or personal effects been divided? ___ Yes ___ No

OTHER ASSETS:

For any interest which you or your spouse may have in any other asset with value in excess of \$500, please list:

<u>Asset</u>	<u>Date Acquired</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____

PARTNERSHIPS:

Are you in any partnership(s)? Yes ___ No ___

Name of Partnership: _____

General Partner _____ OR Limited Partner _____ ?

Nature of the Partnership or what is owns: _____

Estimated value of your interest \$ _____

Is your spouse in any partnerships(s)? Yes _____ No _____

Name of Partnership: _____

General Partner _____ OR Limited Partner _____ ?

Nature of the Partnership or what is owns: _____

Estimated value of your interest \$ _____

LIFE INSURANCE (for you or your spouse):

Insurance Company: _____

Name of Insured: _____

Name of Beneficiary: _____

Face Amount: \$ _____

Whole Life _____ OR Term _____ ?

Insurance Company: _____

Name of Insured: _____

Name of Beneficiary: _____

Face Amount: \$ _____

Whole Life _____ OR Term _____ ?

MEDICAL INSURANCE:

Client:

Company: _____

Persons Covered: _____

Spouse:

Company: _____

Persons Covered: _____

TRUSTS:

Are you the Beneficiary of a Trust? Yes ___ No ___

Name of the Trust? _____

Name of Trustee: _____

What Income Rights do you have? _____

What Rights to Principal do you have? _____

Is your spouse the Beneficiary of a Trust? Yes ___ No ___

Name of the Trust? _____

Name of Trustee: _____

