

CAPE COD UNCONTESTED DIVORCE AND MEDIATION CLIENT INTAKE FORM

SPOUSE 1 INFORMATION

| | | |
|----------------------------------|-------------------|--------------------------|
| Name: | | |
| Previous Names: | | |
| Do You Wish to Change Your Name? | | Full Name After Divorce: |
| Date of birth: | SSN: | Phone: |
| Current address: | | |
| City: | State: | ZIP Code: |
| Health Insurance Provider: | Policy # : | Cost: |
| Employer Name: | | |
| Work Address: | | |
| Phone: | Email: | Fax: |
| Position: | Hourly or Salary: | Annual Income |
| Base Pay | Bonuses | Benefits: |

SPOUSE 2 INFORMATION

| | | |
|----------------------------------|-------------------|-------------------------|
| Name: | | |
| Previous Names: | | |
| Do You Wish to Change Your Name? | | Full Name After Divorce |
| Date of birth: | SSN: | Phone: |
| Current address: | | |
| City: | State: | ZIP Code: |
| Health Insurance Provider: | Policy # : | Cost: |
| Employer Name: | | |
| Employer Address: | | |
| Phone: | Email: | Fax: |
| Position: | Hourly or Salary: | Annual Income |
| Base Pay | Bonuses | Benefits: |

INFORMATION ABOUT YOUR MARRIAGE

| | | |
|---|--|------------------------|
| Date and Place of Marriage: | # Marriage for Spouse 1 (ie 1 st , 2 nd): | Spouse 2: |
| Date and Place Last Lived Together: | | |
| Date Marriage Irretrievably Broke Down: | | |
| Is There a Prenuptial Agreement? | Date: | (Please attach a copy) |
| Names, Dates of Birth and Ages of Children of the Marriage: (include deceased children and date of death) | | |
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| Are You or Your Spouse Currently Pregnant? | | |
| Where Do You Plan to Live After Divorce? Spouse 1: | | Spouse 2: |
| Do You Plan to Share Legal Custody: | | |
| Do You Plan to Share Physical Custody or Will Children Live Primarily With Parent 1? Or Parent 2? | | |
| Tentative Parenting Schedule? | | |
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| SPOUSE 1 EDUCATION AND EMPLOYMENT HISTORY | | | | |
|---|------------|--|----------------------|-------------------|
| Are you presently employed? | Full time? | Part time? | Seasonal? | # Hours Per Week: |
| Reason if not employed: | | | | |
| Length of Employment? | | | | |
| Prior Employment: | | | | |
| Employer-sponsored Health Insurance? | | Insurance Company: | | |
| Employee Cost for Coverage for Individual: | | Employee plus one: | | Family: |
| Dental/Vision Coverage? | Cost? | Is Spouse Eligible for Coverage After Divorce? | | |
| Highest Level of Education: | | Degrees or Certificates: | | |
| SPOUSE 2 EDUCATION AND EMPLOYMENT HISTORY | | | | |
| Are you presently employed? | Full time? | Part time? | Seasonal? | # Hours Per Week: |
| Reason if not employed: | | | | |
| Length of Employment? | | | | |
| Prior Employment: | | | | |
| Employer-sponsored Health Insurance? | | Insurance Company: | | |
| Employee Cost for Coverage for Individual: | | Employee plus one: | | Family: |
| Dental/Vision Coverage? | Cost? | Is Spouse Eligible for Coverage After Divorce? | | |
| Highest Level of Education: | | Degrees or Certificates: | | |
| REAL ESTATE INFORMATION | | | | |
| Marital Home Address: | | | | |
| Title Held By: | | Date of Purchase: | Purchase Price: | |
| Amount and Source of Down Payment: | | | | |
| 1 st Mortgage Held By: | | Principal Balance: | Monthly Payment: | |
| 2 nd Mortgage Held By: | | Principal Balance: | Monthly Payment: | |
| Current Fair Market Value: | | Plans for this Property After Divorce: | | |
| | | | | |
| Vacation Home Address: | | | | |
| Amount and Source of Down Payment: | | | | |
| Title Held By: | | Date of Purchase: | Purchase Price: | |
| Amount and Source of Down Payment: | | | | |
| 1 st Mortgage Held By: | | Principal Balance: | Monthly Payment: | |
| 2 nd Mortgage Held By: | | Principal Balance: | Monthly Payment: | |
| Current Fair Market Value: | | Plans for this Property After Divorce: | | |
| | | | | |
| Rental Property Address (attach sep. sheet if more than 1): | | | | |
| Amount and Source of Down Payment: | | | | |
| Title Held By: | | Date of Purchase: | Purchase Price: | |
| Mortgage Held By: | | Principal Balance: | Monthly Payment: | |
| Monthly Rental Income: | | Monthly Expenses: | Monthly Profit/Loss: | |
| Current Fair Market Value: | | Plans for this Property After Divorce: | | |
| RETIREMENT ASSETS SPOUSE 1 | | | | |
| Plan Name: | Type: | Value: | Beneficiary: | |
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| RETIREMENT ASSETS SPOUSE 2 | | | |
|--|-----------------|--------------------|-----------------|
| Plan Name: | Type: | Value: | Beneficiary: |
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| BANK AND INVESTMENT ACCOUNTS SPOUSE 1 | | | |
| Institution: | Account no.: | Balance: | Beneficiary: |
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| BANK AND INVESTMENT ACCOUNTS SPOUSE 2 | | | |
| Institution: | Account no.: | Balance: | Beneficiary: |
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| CREDIT CARD AND OTHER DEBTS SPOUSE 1 | | | |
| Institution: | Account no.: | Balance: | Nature of Debt: |
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| CREDIT CARD AND OTHER DEBT SPOUSE 2 | | | |
| Institution: | Account no.: | Balance: | Nature of Debt: |
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| AUTOMOBILES (CARS, BOATS, MOTORCYCLES, RV, ETC.) | | | |
| Year/Make/Model: | Purchase Price: | Fair Market Value: | Loan Balance: |
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| TERM LIFE INSURANCE | | | |
| Institution and Term Length: | Insured: | Death Benefit: | Beneficiary |
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| WHOLE LIFE INSURANCE | | | |
| Institution: | Insured: | Death Benefit: | Cash Value: |
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| OTHER ASSETS | | | |
| Estimated Value of Furniture/Household Goods: | | | |
| Antiques/Art/Collectibles: | | | |
| Contents of Safe Deposit Box: | | | |
| Guns: | | | |
| Tools and Equipment: | | | |
| Other Personal Property: | | | |

| WEEKLY EXPENSES - SPOUSE 1 | | | |
|----------------------------|---------|-----------|--------------|
| EXPENSE | CURRENT | PROJECTED | WHO WILL PAY |
| Mortgage or Rent | | | |
| Real Estate Taxes | | | |
| Condo Fee | | | |
| Homeowners Insurance | | | |
| Rent | | | |
| Renters' Insurance | | | |
| Water/Sewer | | | |
| Electric | | | |
| Gas | | | |
| Oil/Heat Other: | | | |
| Cable/Satellite | | | |
| Alarm | | | |
| Internet | | | |
| Phone - House | | | |
| Phone - Cell | | | |
| Home Maintenance/Repair | | | |
| Trash Removal | | | |
| Landscaping/Plowing | | | |
| Groceries - Food | | | |
| House Supplies | | | |
| Toiletries | | | |
| Pet Food/Grooming/Vet | | | |
| Meals Out | | | |
| Entertainment | | | |
| Uninsured Medical | | | |
| Uninsured Dental | | | |
| Vision Expenses | | | |
| Haircuts/Nails etc. | | | |
| Vacation | | | |
| Allowance | | | |
| School Tuition | | | |
| School Lunch | | | |
| School Fees | | | |
| Uniforms/Books | | | |
| Child Care | | | |
| Clothing - Self | | | |

| WEEKLY EXPENSES - SPOUSE 2 | | | |
|----------------------------|----------------|------------------|---------------------|
| <u>EXPENSE</u> | <u>CURRENT</u> | <u>PROJECTED</u> | <u>WHO WILL PAY</u> |
| Mortgage or Rent | | | |
| Real Estate Taxes | | | |
| Condo Fee | | | |
| Homeowners Insurance | | | |
| Rent | | | |
| Renters' Insurance | | | |
| Water/Sewer | | | |
| Electric | | | |
| Gas | | | |
| Oil/Heat Other | | | |
| Cable/Satellite | | | |
| Alarm | | | |
| Internet | | | |
| Phone - House | | | |
| Phone - Cell | | | |
| Home Maintenance/Repair | | | |
| Trash Removal | | | |
| Landscaping/Plowing | | | |
| Groceries - Food | | | |
| House Supplies | | | |
| Toiletries | | | |
| Pet Food/Grooming/Vet | | | |
| Meals Out | | | |
| Entertainment | | | |
| Uninsured Medical | | | |
| Uninsured Dental | | | |
| Vision Expenses | | | |
| Haircuts/Nails etc. | | | |
| Vacation | | | |
| Allowance | | | |
| School Tuition | | | |
| School Lunch | | | |
| School Fees | | | |
| Uniforms/Books | | | |
| Child Care | | | |
| Clothing - Self | | | |

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