



# MORAVCIK THREADGILL

## FAMILY MATTER INTAKE

PRINCIPAL PURPOSE: The information on this form is protected by the attorney-client privilege. ROUTINE USES: Information on this form will be used to provide legal advice, to prepare legal correspondence and documents for the client. Disclosure is Voluntary. Nondisclosure, however, may preclude the desired legal assistance.

DATE: \_\_\_\_\_

### HOW DID YOU HEAR ABOUT US?

YELLOW PAGES \_\_\_\_\_ FRIEND \_\_\_\_\_ INTERNET \_\_\_\_\_ RADIO \_\_\_\_\_ OTHER(Specify) \_\_\_\_\_

### CLIENT INFORMATION

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_  
(OUR OFFICE **REQUIRES** THE USE OF ELECTRONIC MAIL FOR CORRESPONDENCE)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

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

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Annual Income: \_\_\_\_\_

Do you have: Facebook: \_\_\_\_\_ Instagram: \_\_\_\_\_ Snapchat: \_\_\_\_\_ Twitter: \_\_\_\_\_ Other(Specify): \_\_\_\_\_

### SPOUSE/OTHER PARTY INFORMATION

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Annual Income: \_\_\_\_\_

Do you have: Facebook: \_\_\_\_\_ Instagram: \_\_\_\_\_ Snapchat: \_\_\_\_\_ Twitter: \_\_\_\_\_ Other(Specify): \_\_\_\_\_

-----  
-----  
**FILL OUT ONLY IF DIVORCE IS TO BE FILED**

DATE OF MARRIAGE: \_\_\_\_\_ DATE OF SEPARATION: \_\_\_\_\_

PLACE OF MARRIAGE: \_\_\_\_\_  
(CITY) (COUNTY) (STATE)

HOW LONG HAVE YOU LIVED IN COUNTY: \_\_\_\_\_

WIFE'S MAIDEN NAME: \_\_\_\_\_ TO BE RESTORED? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

-----

CHILD(REN)'S NAME(S):	SEX:	DATE OF BIRTH:	PLACE OF BIRTH:

-----  
DO THE CHILDREN HAVE HEALTH INSURANCE COVERAGE? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**  
(IF NO, SKIP TO NEXT SECTION)

NAME OF INSURANCE CARRIER: \_\_\_\_\_

THROUGH WHOSE EMPLOYMENT DO YOU HAVE THIS INSURANCE? \_\_\_\_\_

-----  
**HAS THE ATTORNEY GENERAL EVER BEEN INVOLVED?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**  
-----

**IN THE SPACE PROVIDED, PLEASE LIST ALL PROPERTY AND DEBTS DESCRIBED:**

ANY PROPERTY **BROUGHT INTO** THE MARRIAGE, RECEIVED BY GIFT, OR INHERITANCE:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

PROPERTY ACQUIRED **DURING** THE MARRIAGE:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_
- 11) \_\_\_\_\_
- 12) \_\_\_\_\_
- 13) \_\_\_\_\_

LIFE INSURANCE, CHECKING/SAVINGS ACCOUNTS, RETIREMENT PLANS, OR 401(K) PLANS:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

DEBTS INCURRED DURING THE MARRIAGE:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

-----

PREMARITAL OR POST MARITAL AGREEMENTS?.....      \_\_\_\_\_ **YES**      \_\_\_\_\_ **NO**

BANKRUPTCY? .....      \_\_\_\_\_ **YES**      \_\_\_\_\_ **NO**

IRS AUDIT? .....      \_\_\_\_\_ **YES**      \_\_\_\_\_ **NO**

MILITARY? .....      \_\_\_\_\_ **YES**      \_\_\_\_\_ **NO**

-----  
**COMPLETE THIS SECTION IF DIVORCE/FAMILY MATTER HAS ALREADY BEEN FILED:**

CAUSE NO: \_\_\_\_\_ DATE FILED: \_\_\_\_\_

COUNTY: \_\_\_\_\_ COURT NUMBER: \_\_\_\_\_

OPPOSING ATTORNEY: \_\_\_\_\_

-----  
**OFFICE USE ONLY:**

\_\_\_\_\_ **CONFLICT CHECK**      \_\_\_\_\_ **INITIAL**      **CONFLICTED: YES** \_\_\_\_\_      **NO** \_\_\_\_\_

ACCEPTED BY: \_\_\_\_\_

**FEE ARRANGEMENT:**

**HOURLY:**      **RETAINER:** \_\_\_\_\_ **AMOUNT TO KEEP IN TRUST:** \_\_\_\_\_

**FLAT RATE:**      **TOTAL:** \_\_\_\_\_ **DOWN PAYMENT:** \_\_\_\_\_ **MONTHLY:** \_\_\_\_\_