

# Laura Daniels, Esq. PLLC

## CLIENT INTAKE FORM

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

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

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

\_\_\_\_\_

Tele # (h) \_\_\_\_\_ (c) \_\_\_\_\_

(b) \_\_\_\_\_ email: \_\_\_\_\_

Referred by: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Educational Level: \_\_\_\_\_

Employment: \_\_\_\_\_

Social Security no: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

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

\_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Educational Level: \_\_\_\_\_

Employment: \_\_\_\_\_

Social Security no: \_\_\_\_\_

Wife's Maiden Name \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Civil or Religious: \_\_\_\_\_

Children of the marriage:

- 1) \_\_\_\_\_ age: \_\_\_\_\_ d.o.b. \_\_\_\_\_
- 2) \_\_\_\_\_ age: \_\_\_\_\_ d.o.b. \_\_\_\_\_
- 3) \_\_\_\_\_ age: \_\_\_\_\_ d.o.b. \_\_\_\_\_
- 4) \_\_\_\_\_ age: \_\_\_\_\_ d.o.b. \_\_\_\_\_

Any special needs: \_\_\_\_\_  
\_\_\_\_\_

Assets:

Annual Income: Wife: \_\_\_\_\_ Husband: \_\_\_\_\_

Source: \_\_\_\_\_

Bank Accounts: 1) \_\_\_\_\_ Account holder: \_\_\_\_\_

2) \_\_\_\_\_ Account holder: \_\_\_\_\_

3) \_\_\_\_\_ Account holder: \_\_\_\_\_

Retirement Accounts: 1) \_\_\_\_\_ Account holder: \_\_\_\_\_

2) \_\_\_\_\_ Account holder: \_\_\_\_\_

Investment Accounts: 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Pension: 1) \_\_\_\_\_ Holder: \_\_\_\_\_

2) \_\_\_\_\_ Holder: \_\_\_\_\_

Own home? \_\_\_\_\_ Mortgage ? \_\_\_\_\_ How much? \_\_\_\_\_

If yes, what bank: \_\_\_\_\_

Investment Property? \_\_\_\_\_ Mortgage? \_\_\_\_\_ How much? \_\_\_\_\_

If yes, what bank: \_\_\_\_\_

Automobiles – make, model, year 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Any other property of value? \_\_\_\_\_

Liabilities: 1) Credit Cards: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

2) Tax Arrears: 1. Income taxes: \_\_\_\_\_

2. Property: \_\_\_\_\_

3) Child support payments for prior children: \_\_\_\_\_

4) Maintenance for prior marriage: \_\_\_\_\_

3) Any other debt? \_\_\_\_\_

\_\_\_\_\_

Health: 1) Yours: \_\_\_\_\_

2) Spouse: \_\_\_\_\_

3) Child 1: \_\_\_\_\_

Child 2: \_\_\_\_\_

Child 3: \_\_\_\_\_

Health Insurance: 1) Yourself: \_\_\_\_\_ ID# \_\_\_\_\_

Group # \_\_\_\_\_

2) Your spouse: \_\_\_\_\_ ID# \_\_\_\_\_

Group # \_\_\_\_\_

3) Your children: \_\_\_\_\_ ID# \_\_\_\_\_

Group # \_\_\_\_\_

Any Inheritances? 1) Yourself: \_\_\_\_\_

2) Your spouse \_\_\_\_\_