



# THE TOMCZAK LAW GROUP

*EXPERIENCE & RESULTS Matter and so should YOUR case!*

## FAMILY LAW INTAKE FORM

Please fill out this intake sheet as completely as possible. All information provided will remain confidential. If you do not understand a section, skip over it at the present time and we will review it later. Some sections may not apply to your situation. You may simply leave those sections blank. **Note: we rely on the truthfulness of your responses.**

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

### Your Information:

**Name:** (first): \_\_\_\_\_ (middle): \_\_\_\_\_ (last): \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Telephone Number:** (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

(Cell): \_\_\_\_\_ (Email): \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Years in Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Length of Employment:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Net Salary (monthly take home): \_\_\_\_\_

**List Voluntary Deductions from Pay:** \_\_\_\_\_

**List Bonus/Commission/Overtime:** \_\_\_\_\_

**Last Year Your Total Gross Earnings Were:** \_\_\_\_\_

**Other Sources of Income:** \_\_\_\_\_

**Present Health:** \_\_\_\_\_ **Doctor:** \_\_\_\_\_

**Treating for:** \_\_\_\_\_



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## FAMILY LAW INTAKE FORM

**Length of Residence in Illinois:** \_\_\_\_\_

**Date of Marriage:** \_\_\_\_\_ **Place of Marriage (include county):** \_\_\_\_\_

**Prior Marriages of Yourself:**

Date of Marriage: \_\_\_\_\_ Date Terminated: \_\_\_\_\_ How Terminated (Death/Divorce): \_\_\_\_\_ County Terminated: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date Terminated: \_\_\_\_\_ How Terminated (Death/Divorce): \_\_\_\_\_ County Terminated: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date Terminated: \_\_\_\_\_ How Terminated (Death/Divorce): \_\_\_\_\_ County Terminated: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date Terminated: \_\_\_\_\_ How Terminated (Death/Divorce): \_\_\_\_\_ County Terminated: \_\_\_\_\_

**Money Paid or Received as a Result of Previous Marriage:**

Maintenance: \_\_\_\_\_ Child Support: \_\_\_\_\_

Maintenance: \_\_\_\_\_ Child Support: \_\_\_\_\_

Maintenance: \_\_\_\_\_ Child Support: \_\_\_\_\_

Maintenance: \_\_\_\_\_ Child Support: \_\_\_\_\_

**Spouse Information:**

**Your Spouse:** (first): \_\_\_\_\_ (middle): \_\_\_\_\_ (last): \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Telephone Number:** (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

(Cell): \_\_\_\_\_ (Email): \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Years in Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Length of Employment:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Net Salary (monthly take home): \_\_\_\_\_



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## FAMILY LAW INTAKE FORM

List Voluntary Deductions from Pay: \_\_\_\_\_

\_\_\_\_\_

List Bonus/Commission/Overtime: \_\_\_\_\_

\_\_\_\_\_

Last Year Your Total Gross Earnings Were: \_\_\_\_\_

Other Sources of Income: \_\_\_\_\_

\_\_\_\_\_

Present Health: \_\_\_\_\_ Doctor: \_\_\_\_\_

Treating for: \_\_\_\_\_

Length of Residence in Illinois: \_\_\_\_\_

### Prior Marriages of Spouse:

Date of Marriage: \_\_\_\_\_ Date Terminated: \_\_\_\_\_ How Terminated (Death/Divorce): \_\_\_\_\_ County Terminated: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date Terminated: \_\_\_\_\_ How Terminated (Death/Divorce): \_\_\_\_\_ County Terminated: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date Terminated: \_\_\_\_\_ How Terminated (Death/Divorce): \_\_\_\_\_ County Terminated: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date Terminated: \_\_\_\_\_ How Terminated (Death/Divorce): \_\_\_\_\_ County Terminated: \_\_\_\_\_

### Money Paid or Received as a Result of Previous Marriage:

Maintenance: \_\_\_\_\_ Child Support: \_\_\_\_\_

Maintenance: \_\_\_\_\_ Child Support: \_\_\_\_\_

Maintenance: \_\_\_\_\_ Child Support: \_\_\_\_\_

Maintenance: \_\_\_\_\_ Child Support: \_\_\_\_\_

### Children of this Marriage:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_



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### Children NOT of this Marriage:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Who Has Possession of Children Now: \_\_\_\_\_

Special Health or Educational Needs: \_\_\_\_\_

### Real Estate:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Who Holds Title: \_\_\_\_\_ Occupied by: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Down Payment: \_\_\_\_\_ Source: \_\_\_\_\_

### List Address of All Other Real Estate Owned:

1. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Estimated Current Value: \_\_\_\_\_ Present Mortgage Balance: \_\_\_\_\_ Estimated Equity: \_\_\_\_\_

Mortgage Holder: (First Mortgage): \_\_\_\_\_

(Second Mortgage): \_\_\_\_\_

(Home Equity): \_\_\_\_\_

Monthly Payments: \_\_\_\_\_ Taxes: \_\_\_\_\_



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## FAMILY LAW INTAKE FORM

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Estimated Current Value: \_\_\_\_\_ Present Mortgage Balance: \_\_\_\_\_ Estimated Equity: \_\_\_\_\_

Mortgage Holder: (First Mortgage): \_\_\_\_\_

(Second Mortgage): \_\_\_\_\_

(Home Equity): \_\_\_\_\_

Monthly Payments: \_\_\_\_\_ Taxes: \_\_\_\_\_

3. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Estimated Current Value: \_\_\_\_\_ Present Mortgage Balance: \_\_\_\_\_ Estimated Equity: \_\_\_\_\_

Mortgage Holder: (First Mortgage): \_\_\_\_\_

(Second Mortgage): \_\_\_\_\_

(Home Equity): \_\_\_\_\_

Monthly Payments: \_\_\_\_\_ Taxes: \_\_\_\_\_

### Joint Bank Accounts:

1. Bank Name: \_\_\_\_\_ Checking or Savings: \_\_\_\_\_

Balance: \_\_\_\_\_ Source: \_\_\_\_\_ Is there a safe deposit box? (Y or N): \_\_\_\_\_

2. Bank Name: \_\_\_\_\_ Checking or Savings: \_\_\_\_\_

Balance: \_\_\_\_\_ Source: \_\_\_\_\_ Is there a safe deposit box? (Y or N): \_\_\_\_\_

3. Bank Name: \_\_\_\_\_ Checking or Savings: \_\_\_\_\_

Balance: \_\_\_\_\_ Source: \_\_\_\_\_ Is there a safe deposit box? (Y or N): \_\_\_\_\_



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## FAMILY LAW INTAKE FORM

### Individual Bank Accounts In Your Name: (include credit union)

1. Bank Name: \_\_\_\_\_ Checking or Savings: \_\_\_\_\_  
Balance: \_\_\_\_\_ Source: \_\_\_\_\_ Is there a safe deposit box? (Y or N): \_\_\_\_\_
2. Bank Name: \_\_\_\_\_ Checking or Savings: \_\_\_\_\_  
Balance: \_\_\_\_\_ Source: \_\_\_\_\_ Is there a safe deposit box? (Y or N): \_\_\_\_\_
3. Bank Name: \_\_\_\_\_ Checking or Savings: \_\_\_\_\_  
Balance: \_\_\_\_\_ Source: \_\_\_\_\_ Is there a safe deposit box? (Y or N): \_\_\_\_\_

### Bank Accounts In Your Spouse's Name: (include credit union)

1. Bank Name: \_\_\_\_\_ Checking or Savings: \_\_\_\_\_  
Balance: \_\_\_\_\_ Source: \_\_\_\_\_ Is there a safe deposit box? (Y or N): \_\_\_\_\_
2. Bank Name: \_\_\_\_\_ Checking or Savings: \_\_\_\_\_  
Balance: \_\_\_\_\_ Source: \_\_\_\_\_ Is there a safe deposit box? (Y or N): \_\_\_\_\_
3. Bank Name: \_\_\_\_\_ Checking or Savings: \_\_\_\_\_  
Balance: \_\_\_\_\_ Source: \_\_\_\_\_ Is there a safe deposit box? (Y or N): \_\_\_\_\_

### Non-Marital Property: (acquired by gift, inheritance, or before marriage)

1. Property: \_\_\_\_\_  
How Acquired: \_\_\_\_\_ Value: \_\_\_\_\_
2. Property: \_\_\_\_\_  
How Acquired: \_\_\_\_\_ Value: \_\_\_\_\_
3. Property: \_\_\_\_\_  
How Acquired: \_\_\_\_\_ Value: \_\_\_\_\_



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**Deferred Benefits:** (Deferred benefits are pension, profit sharing, 401k plan, IRA accounts, employee stock ownership plan (ESOP))

**List your deferred benefits:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**List your spouse's deferred benefits:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Stocks or Bonds:

1. Institution: \_\_\_\_\_ How Held: \_\_\_\_\_  
Number of Shares: \_\_\_\_\_ Value: \_\_\_\_\_ Source: \_\_\_\_\_
2. Institution: \_\_\_\_\_ How Held: \_\_\_\_\_  
Number of Shares: \_\_\_\_\_ Value: \_\_\_\_\_ Source: \_\_\_\_\_
3. Institution: \_\_\_\_\_ How Held: \_\_\_\_\_  
Number of Shares: \_\_\_\_\_ Value: \_\_\_\_\_ Source: \_\_\_\_\_

### Business Interests:

1. Business Name: \_\_\_\_\_ Type: \_\_\_\_\_  
How Held: \_\_\_\_\_ Acquisition Date: \_\_\_\_\_  
Business Debts: \_\_\_\_\_  
Business Assets: \_\_\_\_\_  
Annual Net Income: \_\_\_\_\_ Business Value (Your Opinion): \_\_\_\_\_



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## FAMILY LAW INTAKE FORM

2. Business Name: \_\_\_\_\_ Type: \_\_\_\_\_

How Held: \_\_\_\_\_ Acquisition Date: \_\_\_\_\_

Business Debts: \_\_\_\_\_

Business Assets: \_\_\_\_\_

Annual Net Income: \_\_\_\_\_ Business Value (Your Opinion): \_\_\_\_\_

3. Business Name: \_\_\_\_\_ Type: \_\_\_\_\_

How Held: \_\_\_\_\_ Acquisition Date: \_\_\_\_\_

Business Debts: \_\_\_\_\_

Business Assets: \_\_\_\_\_

Annual Net Income: \_\_\_\_\_ Business Value (Your Opinion): \_\_\_\_\_

### Cars:

#### Driven by husband:

1. Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Title in Name of: \_\_\_\_\_

Lienholder: \_\_\_\_\_ Balance Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

2. Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Title in Name of: \_\_\_\_\_

Lienholder: \_\_\_\_\_ Balance Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

#### Driven by wife:

1. Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Title in Name of: \_\_\_\_\_

Lienholder: \_\_\_\_\_ Balance Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

2. Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Title in Name of: \_\_\_\_\_

Lienholder: \_\_\_\_\_ Balance Owed: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_





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## FAMILY LAW INTAKE FORM

### Life Insurance:

1. Company: \_\_\_\_\_ Type: \_\_\_\_\_

Person Insured: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Face Value: \_\_\_\_\_ Cash Value: \_\_\_\_\_

2. Company: \_\_\_\_\_ Type: \_\_\_\_\_

Person Insured: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Face Value: \_\_\_\_\_ Cash Value: \_\_\_\_\_

### Health Insurance:

1. Provided by: \_\_\_\_\_ Coverage Type (HMO, 80-20 etc.): \_\_\_\_\_

Persons Covered: \_\_\_\_\_

2. Provided by: \_\_\_\_\_ Coverage Type (HMO, 80-20 etc.): \_\_\_\_\_

Persons Covered: \_\_\_\_\_

### Debts:

1. Creditor: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Monthly Payments: \_\_\_\_\_ Nature of Debt: \_\_\_\_\_

2. Creditor: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Monthly Payments: \_\_\_\_\_ Nature of Debt: \_\_\_\_\_

3. Creditor: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Monthly Payments: \_\_\_\_\_ Nature of Debt: \_\_\_\_\_

4. Creditor: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Monthly Payments: \_\_\_\_\_ Nature of Debt: \_\_\_\_\_

5. Creditor: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Monthly Payments: \_\_\_\_\_ Nature of Debt: \_\_\_\_\_



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## FAMILY LAW INTAKE FORM

### Statistical Information:

#### Husband:

Race: \_\_\_\_\_

State of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

No. of this Marriage: \_\_\_\_\_

Education Completed: \_\_\_\_\_

Special Trade: \_\_\_\_\_

#### Wife:

Race: \_\_\_\_\_

State of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

No. of this Marriage: \_\_\_\_\_

Education Completed: \_\_\_\_\_

Special Trade: \_\_\_\_\_

### General Information:

Do you want a divorce? (Yes/ No): \_\_\_\_\_ Does your spouse want a divorce? (Yes/ No): \_\_\_\_\_

Who knows more about family finance matters? (Yes/ No): \_\_\_\_\_

If you and your spouse live in separate households, what is the date of the separation?: \_\_\_\_\_

Do you have an injury for which a claim has been or might be made? (Yes/ No): \_\_\_\_\_

Does your spouse have an injury for which a claim has been or might be made? (Yes/ No): \_\_\_\_\_

### Goals of Client:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Miscellaneous Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_