

**CARL TAYLOR LAW, LLC**  
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**FAMILY LAW/DIVORCE CLIENT INTAKE FORM**

Thank you for considering our law firm for your family law/divorce legal needs.

Please fill out the below information to the best of your knowledge, and thereafter return this form prior to or concurrent with your initial consultation. At the time of the initial consultation, please also bring all relevant documentation including, but not limited to:

- W-2 and/or business income documentation;
- State and Federal Tax Returns;
- Any prior orders or agreements between the parties; including premarital agreements if applicable;
- Asset and liability documentation;
- Any other relevant documentation.

If you are going to bring this form and the information with you to the initial consultation rather than dropping off copies in advance, then please arrive ten (10) minutes early to the consultation to allow the attorney some time to review your answers to this form and other materials.

Please remember to keep this information in a safe place should you not wish your spouse/the other party (or other individuals) to find same. If you do not wish for correspondences to be sent to a specific telephone number, email address or address, please advise our office accordingly so that we

may note that request.

If you have any issues finding the office, please call the firm at 908-237-3096. For purposes of simplicity, the word "spouse" or "ex-spouse" as stated below refers to the significant other of your specific matter, regardless of whether you were married or not.

Thank you for your cooperation in this regard and for your diligent preparation of the below materials.

**NEW CLIENT INTAKE FORM – DIVORCE**

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

**Basic Information**

1. Full Name: \_\_\_\_\_

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

3. Mailing Address (if different):  
\_\_\_\_\_  
\_\_\_\_\_

4. Home Telephone:  
\_\_\_\_\_

5. Business Telephone:  
\_\_\_\_\_

6. Lived At Present Address Since:  
\_\_\_\_\_

7. All Home Addresses For Past Two Years:

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

8. Spouses/Opposing party's Full Name:  
\_\_\_\_\_

9. Spouse's Home Address:  
\_\_\_\_\_

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10. Home Telephone:

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11. Business Telephone:

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12. Spouse's/Opposing Party's Attorney:

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13. Spouse's/Opposing Party's Address:

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14. Telephone:

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15. Marriage: Date: \_\_\_\_\_ Place: \_\_\_\_\_

16. Date Of Birth: Self: \_\_\_\_\_ Spouse/other party:

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17. Social Security No.: Self: \_\_\_\_\_ Spouse/other party:

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18. Children Of This Marriage/relationship:

19. Full Name, Date Of Birth, Grade In School, Living With

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20. Are you and your spouse living together now? \_\_\_\_\_ If not, state  
date of separation \_\_\_\_\_, and where you were living at the  
time of separation

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21. If separated and if all of your addresses since separation are not listed in  
# 1, please list other here.

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

22. Have you any interest in reconciliation? \_\_\_\_\_ Does your spouse (as far  
as you know)?

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23. Please give dates and names of any personal or marital counselors seen  
by you or your spouse, if applicable.

Date Name

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24. Do you anticipate a dispute about custody of the children?

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25. Employment: Self  
Employer:

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26. Address And

27. Telephone: \_\_\_\_\_

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28. Job Title:

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29. Employed Since

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30. Nature of Job



31. Salary:  
Base (monthly)

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Gross monthly

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Net Monthly

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32. Deductions (monthly):

FICA

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State

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Federal

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Other

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Overtime & Bonus:

Gross

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Net

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33. Previous Employment and Dates:

Self

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34. Spouse's employer, yearly salary/income from all sources, title/position  
of employment.

35. Educational Background  
Self

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36. Spouse

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37. List all prior marriages of yourself and of your present spouse. Include names of all prior spouses of each, how, when and where prior marriages terminated, and provide copies of relevant court orders and separation agreements.

Self

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Spouse

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38. List names of any children of yourself or your spouse other than those listed in # 4, state with whom such child lives, who has their legal custody and whether they have been adopted.

Self

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Spouse

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39. Please list any joint bank accounts to which you or your spouse have access.

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40. Please list credit cards and charge accounts, who can use them and who is responsible for the bill.

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41. Please indicate names and addresses of your living parents and siblings.

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42. Can you look to any of these people for financial or other assistance if necessary?

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43. Who referred you to us?

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**44. Assets (of you and your spouse)**

Estimate the value of each of the following items of property. If any item is located outside of New Jersey, indicate where such item is located and, if necessary, give details on a separate sheet. Indicate how much of each asset was contributed by husband (H) and how much wife (W) or, where noted, joint (J).

**45. Bank Account In Whose name, %, Contributed Present Location  
(savings & Name by Each Value of Article  
checking)**

**Item H W (H- Husband, W – Wife)**

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**46. Stock & Bonds In Whose name, %, Contributed Present Location  
(include number, name and value of shares)**

**Item H W**

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**47. Miscellaneous Property: patents, trademarks, copyrights, royalties,  
limited partnership interests, proprietary interests and other investments.**

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**48. Significant Personal Effects: automobiles, jewelry, art, antiques, boats,  
aircraft, collections, furs and tangible personal property, etc.**

**In Whose name, % Contributed, Present Location**

**Name by Each Value of Article**

**Item H W**

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49. Real Estate:

Location, date of purchase, present Mortgage, %Owner Contributed  
H/W/J By

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50. Business Interests: including sole proprietorship, corporations,  
partnerships, etc.

Item Owned by H/W/J Value

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51. Money Owed to you or your spouse:

Reason Amount By Whom When Due

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52. Employee Benefits: pension; retirement; profit-sharing  
plans; regardless of whether presently vested or by whom contributed;  
company car; expense account; etc.

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53. Insurance:

1. Life Insurance:

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**54. Automobile/Vehicle Insurance**

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**55. Health Insurance**

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**56. Any other Insurance**

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**57. Children's Assets and Income:**

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**58. Expected gifts or inheritance (you, your spouse and children): when, by whom, from whom and in what amount (if known).**

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**59. Liabilities (of you and your spouse)**  
**A. Mortgages on Real Estate**  
**Items Owned by H/W/J Present Amount When Due**

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60. Notes or Loans Owed to Banks and Others  
Item Owned by H/W/J Present Amount When Due

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61. Other Debts: i.e., car and tuition loans, consumer credit or alimony  
obligations  
Item Owned by H/W/J Present Amount When Due

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62. Special Medical and Educational Needs:  
Item Owned by H/W/J Present Amount When Due

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63. If any of your children has special educational needs, please explain on  
a separate sheet.

64. If you or your spouse or your children are permanently receiving  
medical (including psychological or psychiatric) care, please provide full  
details on a separate sheet, including names and addresses of doctors' term,  
frequency and cost.

65. Premarital, inherited property, gifted property, personal injury awards to  
you:

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66. Premarital, inherited property, gifted property, personal injury awards to your spouse/other party.

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

By: \_\_\_\_\_