

Initial Retainer \$ _____
Representing: Husband Wife
Client Fee Contract _____
(client to initial)
Referred by: _____

CLIENT INTAKE SHEET

PHONE: _____ WORK: _____ CELL _____

EMAIL: _____ REFERRED BY: _____

MOTHER'S MAIDEN NAME:
(ONLY SOCIAL SECURITY CLIENTS)

First Party's Personal Information:

CURRENT LEGAL NAME: _____

DATE OF BIRTH: _____ AGE: _____ STATE WHERE BORN: _____

STREET ADDRESS: _____ APT# _____

CITY: _____ STATE: _____ ZIP: _____ SSN _____

LENGTH OF TIME RESIDED IN THE COMMONWEALTHY OF KENTUCKY: _____

OCCUPATION: _____ INCOME OR EARNING CAPACITY: _____

EMPLOYER: _____

Second Party's Personal Information: IF APPLICABLE

CURRENT LEGAL NAME: _____

DATE OF BIRTH: _____ AGE: _____ STATE WHERE BORN: _____

STREET ADDRESS: _____ APT# _____

CITY: _____ STATE: _____ ZIP: _____ SSN _____

LENGTH OF TIME RESIDED IN THE COMMONWEALTHY OF KENTUCKY: _____

OCCUPATION: _____ INCOME OR EARNING CAPACITY: _____

EMPLOYER: _____

CHILD'S FULL NAME

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS(ES) WHERE EACH CHILD HAS RESIDED FOR THE PAST FIVE YEARS :

STREET ADDRESS

CITY

STATE

ZIP

DATES OF RESIDENCE

Have the children lived in the Commonwealth of Kentucky for 180 days prior to the Petition being filed?
YES _____ NO _____

Is there any other custody litigation regarding the children in this or any other state? YES _____ NO _____

Can anyone other than the parties listed claim custody or have physical custody of the children? YES _____ NO _____

Does either party have any other living minor children born of a prior marriage or relationship? YES _____ NO _____
If yes, please provide names and ages:

Are there any outstanding domestic violence protective orders regarding the parties? YES _____ NO _____
If yes, please provide the case number, county and state:

| CASE NUMBER | COUNTY | STATE |
|-------------|--------|-------|
|-------------|--------|-------|
