

# MARK B. ARTHUR

— ATTORNEY AT LAW —

## FAMILY INTAKE FORM

Date Form Completed \_\_\_\_\_

### Client Questionnaire

#### **Domestic Relations - Child Custody, Support, Visitation**

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

Nicknames/Aliases: \_\_\_\_\_

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

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

Length of time at this address? \_\_\_\_\_

With whom do you live at this address? Provide name and relationship of each individual. \_\_\_\_\_

Previous Addresses (from latest to earliest):

*Address*

*From (date)*

*To (date)*

Highest Level of Education Completed: \_\_\_\_\_ Name of School: \_\_\_\_\_

Are you currently enrolled as a student in any school? Check one.  Yes  No

If student: \_\_\_\_\_

Name of School

City

State

Grade Level

Have you ever been a member of the armed forces? Check one.  Yes  No If yes:

Branch of Service    Date of Discharge    Type of Discharge    Highest Rank    Honors  
Job: \_\_\_\_\_

Kind of work

Employer's Name

Employer's Address: \_\_\_\_\_

Length of time with this employer? \_\_\_\_\_

Amount presently earned per month? \_\_\_\_\_

Previous Jobs (from latest to earliest):

*Job/Employer*

*From (date)*

*To (date)*

*Monthly Salary*

If unemployed: Since when unemployed? \_\_\_\_\_

Receiving unemployment compensation? Check one.  Yes  No

Amount per month? \_\_\_\_\_

Do you have any other source of income than your job? Check one.  Yes  No

If yes, what is the source and how much do you receive per month? \_\_\_\_\_

Have you ever been convicted of a felony or crime involving moral turpitude? Check one.  Yes

No. If so, provide additional details. \_\_\_\_\_

Information on Other Parent (or other opposing party)

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

Nicknames/Aliases: \_\_\_\_\_

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

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

Length of time at this address? \_\_\_\_\_

With whom does the other parent or opposing party live at this address? Provide name and relationship of each individual. \_\_\_\_\_

Previous Addresses (from latest to earliest):

<i>Address</i>	<i>From (date)</i>	<i>To (date)</i>
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Highest Level of Education Completed: \_\_\_\_ Name of School: \_\_\_\_\_

Is the other parent or opposing party currently enrolled as a student? Check one.  Yes  No

If student: \_\_\_\_\_

<i>Name of School</i>	<i>City</i>	<i>State</i>	<i>Grade Level</i>
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Job: \_\_\_\_\_

<i>Kind of work</i>	<i>Employer's Name</i>
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Employer's Address: \_\_\_\_\_

Length of time with this employer? \_\_\_\_\_

Amount presently earned per month? \_\_\_\_\_

Previous Jobs (from latest to earliest):

<i>Job/Employer</i>	<i>From (date)</i>	<i>To (date)</i>	<i>Monthly Salary</i>
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If unemployed: Since when unemployed? \_\_\_\_\_

Receiving unemployment compensation? Check one.  Yes  No

Amount per month? \_\_\_\_\_

Does the other parent or opposing party have any other source of income than this job? Check one.  Yes  No If yes, what is the source and how much does he/she receive per month?

Has the other parent or opposing party ever been convicted of a felony or crime involving moral turpitude? Check one.  Yes  No. If so, provide additional details. \_\_\_\_\_

Children's Information

Children of this Marriage/Relationship: Please list.

Name	Date of Birth	School/Day Care
_____	_____	_____
_____	_____	_____
_____	_____	_____

Children of Previous Marriage/Relationship: Please list (indicate if adopted by spouse).

Name	Date of Birth	School/Day Care	Other Parent
_____	_____	_____	_____
_____	_____	_____	_____

Do any of the above children have extraordinary medical or dental needs? Check one.  Yes  
 No. If yes, describe fully. \_\_\_\_\_

Are there any questions about the paternity of any of the above children? Check one.  Yes  
 No. If yes, provide details. \_\_\_\_\_

Are any legal proceedings pending regarding any of the above children, either in Virginia or elsewhere? Check one.  Yes  No. If yes, provide details. \_\_\_\_\_

Does anyone besides the other parent claim to have custody or visitation rights with respect to the child? Check one.  Yes  No. If yes, explain fully.  
\_\_\_\_\_  
\_\_\_\_\_

Other Information:

Place of Marriage (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Do you and the other parent currently live together? Check one.  Yes  No.

If no, date of separation: \_\_\_\_\_ Who Left? \_\_\_\_\_

Place of Last Residence Together: \_\_\_\_\_

How long have you and the other parent resided in Virginia? \_\_\_\_\_

Have you or the other parent previously filed a divorce suit, suit for annulment or suit for support or child custody? Check one.  Yes  No. If yes, who filed? \_\_\_\_\_

What type of lawsuit? \_\_\_\_\_ When filed? \_\_\_\_\_

Where filed? \_\_\_\_\_

How did the suit end? \_\_\_\_\_

Your previous attorney? \_\_\_\_\_

The other parent's previous attorney? \_\_\_\_\_

Have you or the other parent participated in any type of counseling concerning the children, either individually or jointly? Check one.  Yes  No. If yes, describe. \_\_\_\_\_

Have you reached any written agreement with the other parent or party concerning custody, visitation, child support, spousal support, or property issues? Check one.  Yes  No. If yes, please provide a copy.

Do either you or the other parent or party have any significant medical problems? Check one.  
 Yes  No. If yes, provide details.

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Potential Witnesses (including event witnesses and character witnesses):

<i>Name</i>	<i>Address (physical and mailing)</i>	<i>Phone Number</i>	<i>Facts Known</i>
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Note: Use additional space below for any incomplete answers above.