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DIVORCE INTAKE FORM

Please ensure that you have completed each question. If you do not know the answer, please try to find out. If you cannot, please write "I don't know." If a question is not applicable to you, please write "N/A" or "none." Where "YES" and "NO" are listed, please circle the appropriate response.

CLIENT INFORMATION

Full Legal Name: _____ Nickname: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Future (new) address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Are you and your spouse currently residing in same home: YES NO

E-mail: _____

S.S. #: _____ D.O.B.: _____ Age: _____

Employer's Name: _____

Employer's Address: _____

Average Work Schedule: _____

Telephone Numbers:

Office: _____ Ext: _____ Office Fax: _____

Home: _____ Best Time to Call: _____

Cell: _____ Other Numbers: _____

Referred By: _____

Place of Birth: _____ Length of time a resident of Illinois: _____

Education completed: _____

Religion/Ethnicity: _____

Closest relative - Name and relationship: _____

Closest relative - Address: _____

Your health: _____ Physician's Name: _____

Under treatment for: _____

Do you want your former name restored? YES NO If yes, name: _____

Emergency Contact Name/Number/Relationship: _____

SPOUSE'S INFORMATION

Full Legal Name: _____ Nickname: _____

Does your spouse want her former name restored? YES NO If yes, name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Future (new) address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Email: _____

S.S. #: _____ D.O.B.: _____ Age: _____

Employer's Name: _____

Employer's Address: _____

Average Work Schedule: _____

Telephone Numbers:

Office: _____ Ext: _____ Office Fax: _____

Home: _____ Best Time to Call: _____

Cell: _____ Other Numbers: _____

Place of Birth: _____ Length of time a resident of Illinois: _____

Education completed: _____

Religion/Ethnicity: _____

Name of Spouse's Mother: _____ Name of Spouse's Father: _____

Spouse's health: _____ Physician's Name: _____

Under treatment for: _____

MARRIAGE INFORMATION

Marriage Date: _____ (You MUST find out your marriage date!)

Marriage City: _____ Marriage County: _____ Marriage State: _____

Were you previously married? YES NO If yes, how many times? _____

How many terminated by: Divorce? _____ Death? _____

When and where divorced: _____

Are you receiving or paying any sums for the support of children of a former marriage? YES NO

If yes, number of children: _____ Amount: \$ _____

Are you receiving or paying alimony/maintenance? YES NO

If yes, what is the amount and how often is it paid: _____

Do you owe any arrearage on child support and/or maintenance? YES NO

If yes, for which and what is the amount due? _____

Was your spouse previously married: YES NO If yes, how many times?: _____

How many terminated by: Divorce? _____ Death? _____

When and where divorced: _____

Is your spouse receiving or paying any money for the support of children of a former marriage?

YES NO If yes, number of children: _____ Amount: \$ _____

Is your spouse receiving or paying alimony? YES NO

If yes, what is the amount and how often is it paid: _____

Does your spouse owe any arrearage on child support and/or maintenance? YES NO

If yes, for which and what is the amount due? _____

SERVICE OF PROCESS

Give an accurate physical description of your spouse (age, ethnicity, height, weight, hair color, eye color, distinctive physical characteristics, tattoos, scars, nicknames, etc.) _____

Give make, model, year, color and license plate number of car your spouse is driving:

When and where should dissolution papers be served upon your spouse?

CHILDREN

CHILDREN OF THIS MARRIAGE:

| <u>Full Name</u> | <u>Date of Birth</u> | <u>Age</u> | <u>Social Security Number</u> |
|------------------|----------------------|------------|-------------------------------|
|------------------|----------------------|------------|-------------------------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

With Whom Does Each Child Live? _____

Addresses for Each Child: _____

Physical or emotional disabilities of child(ren): _____

What Schools are the Children Attending, if any? _____

What is the Name, Address and Phone Number of the Daycare Provider(s), if any? _____

Are any of the Children seeing a Therapist/Counselor/Psychologist/Psychiatrist? YES NO

If so, Please List the Name and Phone Number: _____

Please list the addresses that the children have resided in, with whom, and the dates the children resided at each location for the previous five (5) years:

| <u>Address</u> | <u>With</u> | <u>When</u> |
|----------------|-------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Do you believe there will be a dispute as to the custody of your minor children: YES NO

If yes, why: _____

CHILDREN OF PRIOR RELATIONSHIPS:

| <u>Full Name</u> | <u>Date of Birth</u> | <u>Age</u> | <u>Whose Child?</u> |
|------------------|----------------------|------------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

With Whom Does Each Child Live? _____

Addresses for Each Child: _____

Who has legal custody of each child from a prior relationship? _____

Do any of these children have income: YES NO

BASIS OF SEPARATION AND GROUNDS FOR DIVORCE

Are you (or your wife) pregnant or could you (or your wife) be pregnant: YES NO

Date of last sexual intercourse with spouse: _____

Are you and your spouse residing in same home: YES NO

If yes, when were you separated? _____

Have there been any prior separations? YES NO

If yes, when and how long did each last: _____

Have you or your spouse previously filed any actions in court? YES NO

Date filed, attorney utilized and case number: _____

What makes you feel you must institute this action? _____

How do you feel your spouse has contributed to the marital problems? _____

If your spouse is seeking a divorce, what makes him/her feel that he/she must commence this action?

How do you feel you have contributed to the marital problems? _____

What grounds do you want to use when filing this case? _____

Do you consider your marital problems irreconcilable: YES NO

Have you had marriage counseling: YES NO

If yes, when: _____

Name of Counselor: _____ Phone: _____

Address: _____

Do you feel that further counseling, either to preserve the marriage or to aid in adjustment to a divorce, would be helpful? YES NO

Does your spouse have a girl/boyfriend? YES NO

If yes, give names, age, and address: _____

Do you have a girl/boyfriend? YES NO

If yes, give names, age, and address: _____

Will spouse stipulate to grounds of "No Fault"? YES NO

INCOME INFORMATION

CLIENT:

Occupation: _____

Employed by: _____

Gross salary: \$ _____ per: _____ Net salary (take home): \$ _____ per: _____

Bonus: \$ _____ per: _____

Number of exemptions claimed for withholding purposes: _____

Commission: _____ Expense Account: _____

Profit Sharing: _____ Stock Interest: _____

Savings Plan: _____ Pension Plan: _____

What other benefits are provided by the employer? _____

Do you also do any additional work? YES NO

If yes, explain: _____

Are there any child care costs incurred while working? YES NO

Your previous work history and skills, including approximate dates: _____

If you do not have a previous work history, what have you done or what are you capable of doing to help

support yourself: _____

SPOUSE:

Occupation: _____

Employed by: _____

Gross salary: \$ _____ per: _____ Net salary (take home): \$ _____ per: _____

Bonus: \$ _____ per: _____

Number of exemptions claimed for withholding purposes: _____

Commission: _____ Expense Account: _____

Profit Sharing: _____ Stock Interest: _____

Savings Plan: _____ Pension Plan: _____

What other benefits are provided by the employer? _____

Does your spouse also do any additional work? YES NO

If yes, explain: _____

Are there any child care costs incurred while working? YES NO

Your spouse's previous work history and skills, including approximate dates: _____

If your spouse does not have a previous work history, what has your spouse done or what is your spouse capable of doing to help support his/herself: _____

BUSINESS:

Are you or your spouse self-employed? YES NO

Name of Company: _____

Type of Business: _____

Address: _____

Service or product: _____

Date acquired: _____

Cost of Investment: _____

Stock interest: Number of shareholders: _____ Interest of spouse: _____

Directors/Officers: _____

Do you or your spouse receive any financial assistance from a Welfare Department, Social security, unemployment compensation, etc.? YES NO

If yes, from whom and what amount: _____

Are you, your spouse, or both of you named as parties in any existing lawsuit? YES NO

If yes, describe the circumstances: _____

REAL ESTATE ASSETS

Current Address: _____

Is this insured by Title Company? YES NO

List Permanent Tax Number: _____ Date purchased: _____

Price: _____ Whose name is it in? _____

Name and address of contract for deed holder: _____

Present Mortgage Balance: \$ _____ Payable: \$ _____ per: _____

Market value of property: \$ _____ Basis for market value: _____

Approximate Equity: \$ _____

Real Estate Taxes per Year: \$ _____ Insurance amount: \$ _____

Are your real estate taxes escrowed? YES NO Is your insurance payment escrowed? YES NO

Is your mortgage, real estate taxes or homeowners insurance in arrears? YES NO

If yes, what amount: \$ _____

State date, type, and cost of any major improvements since house was purchased:

Other Real Estate Address: _____

List Permanent Tax Number: _____ Date purchased: _____

Price: _____ Whose name is it in? _____

Name and address of contract for deed holder: _____

Approximate present value: \$ _____

Mortgage balance: \$ _____

Approximate present equity: \$ _____

Payable: \$ _____ per: _____

Real Estate Taxes per Year: \$ _____ Insurance amount: \$ _____

Are your real estate taxes escrowed? YES NO Is your insurance payment escrowed? YES NO

Is your mortgage, real estate taxes or homeowners insurance in arrears? YES NO

If yes, what amount: \$ _____

Any rental income from property? YES NO If yes, what is the amount? \$ _____ per: _____

List any additional real estate/timeshares, etc.: _____

PERSONAL PROPERTY ASSETS

GENERAL:

Do you or your spouse have any money or property held by others? YES NO

If yes, give details: _____

Was your or your spouse's money or property at the time of marriage in excess of \$1,000.00? YES NO

If yes, please explain: _____

What part, if any, of your marital estate was received by you or your spouse by inheritance, gift, damages resulting from personal injury claim (state by whom received, from whom, nature and date received): __

Are you, your spouse, or both of you beneficiaries under any estate now in probate (state which party, whose estate, and approximate amount involved): _____

ACCOUNTS:

Do you or your spouse or children have any savings account and/or savings certificates? YES NO

| <u>Savings Account #</u> | <u>Institution</u> | <u>Balance</u> | <u>Date of Balance</u> | <u>Name on Account</u> |
|--------------------------|--------------------|----------------|------------------------|------------------------|
|--------------------------|--------------------|----------------|------------------------|------------------------|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Do you or your spouse or children have any checking accounts? YES NO

Checking Account # Institution Balance Date of Balance Name on Account

Do you or your spouse or children have any stocks? YES NO

Stock Company Name # of Shares Date Purchased Whose Name Value

Do you or your spouse or children have any bonds? YES NO

Type of Bond Date Purchased Whose Name Value

Do you or your spouse or children have any retirement accounts? YES NO

Type of Retirement Plan Institution Value Whose Name Date Plan Began

Do you or your spouse or children have any college savings plans? YES NO

Account # Institution Balance Date of Balance Names on Account

Do you have any other accounts of any nature that are not listed above? YES NO

If yes, please list all relevant information: _____

VEHICLES:

You drive (include year, make, and model): _____

Whose name is it in? _____ Value: _____

Lien amount: \$ _____ Institution: _____ Payable: \$ _____ per: _____

Your spouse drives (include year, make, and model): _____

Whose name is it in? _____ Value: _____

Lien amount: \$ _____ Institution: _____ Payable: \$ _____ per: _____

Extra Vehicle 1 (include year, make, and model): _____

Whose name is it in? _____ Value: _____

Lien amount: \$ _____ Institution: _____ Payable: \$ _____ per: _____

Who drives this vehicle? _____

Extra Vehicle 2 (include year, make, and model): _____

Whose name is it in? _____ Value: _____

Lien amount: \$ _____ Institution: _____ Payable: \$ _____ per: _____

Who drives this vehicle? _____

The following is for any boats, motors, trailers, motorcycles, snowmobiles, or campers, etc.

Extra Vehicle 3 (include year, make, and model): _____

Whose name is it in? _____ Value: _____

Lien amount: \$ _____ Institution: _____ Payable: \$ _____ per: _____

Who utilizes this vehicle? _____

Extra Vehicle 4 (include year, make, and model): _____

Whose name is it in? _____ Value: _____

Lien amount: \$ _____ Institution: _____ Payable: \$ _____ per: _____

Who utilizes this vehicle? _____

Extra Vehicle 5 (include year, make, and model): _____

Whose name is it in? _____ Value: _____

Lien amount: \$ _____ Institution: _____ Payable: \$ _____ per: _____

Who utilizes this vehicle? _____

PERSONAL PROPERTY:

| <u>Furniture</u> | <u>Lien Amount</u> | <u>Payable</u> | <u>Frequency of Payments</u> |
|------------------|--------------------|----------------|------------------------------|
|------------------|--------------------|----------------|------------------------------|

Yearly premium: \$ _____ Cash surrender or loan value: \$ _____

Circle One: TERM or WHOLE

Circle One: PRIVATE or EMPLOYER

Life Insurance on **Your** Life:

Policy Number: _____ With who: _____

Amount: \$ _____ Beneficiary: _____

Yearly premium: \$ _____ Cash surrender or loan value: \$ _____

Circle One: TERM or WHOLE

Circle One: PRIVATE or EMPLOYER

Life Insurance on **Your Spouse**:

Policy Number: _____ With who: _____

Amount: \$ _____ Beneficiary: _____

Yearly premium: \$ _____ Cash surrender or loan value: \$ _____

Circle One: TERM or WHOLE

Circle One: PRIVATE or EMPLOYER

Life Insurance on **Your Spouse**:

Policy Number: _____ With who: _____

Amount: \$ _____ Beneficiary: _____

Yearly premium: \$ _____ Cash surrender or loan value: \$ _____

Circle One: TERM or WHOLE

Circle One: PRIVATE or EMPLOYER

Any **additional** life insurance policy or policies: _____

Do **you** have any of the following insurance (circle all applicable):

MEDICAL HOSPITALIZATION DENTAL VISION

From whom did you obtain your insurance policy? _____

What is the cost and what is the frequency of the payments for each of your insurances?

Medical \$ _____ per _____. Hospitalization \$ _____ per _____. .

Dental \$ _____ per _____. Vision \$ _____ per _____. .

PROPERTY SETTLEMENT

What do you consider as a fair division of your property and debts?

(a) Describe the assets (property, accounts, real estate, etc.) each party should receive:

(b) Describe the items of debt each party should receive:

(c) Amount of support for you or spouse: \$ _____ per: _____

(d) Amount of support for children: \$ _____ per: _____

Fee Arrangement: _____

MISCELLANEOUS

Additional Comments/Information: _____

CLIENT VERIFICATION

The undersigned client in the above referred to matter, states that he/she has prepared the above entitled form and has reviewed the completed form and certifies that the information provided is true and correct.

CLIENT

DATE