



GARNICE LAW PLLC

FAMILY LAW INTAKE WORKSHEET

ALL CORRESPONDENCE TO CLIENT SHALL BE MAILED / EMAILED TO:

FOR OFFICE USE ONLY:

Consultation date: _____

Conflict check: _____

Attorney: _____

Retainer: \$ _____

Paid: _____

Hourly rate: \$ _____

Date Opened: _____

Other: _____

NOTICE: No Attorney-Client relationship has been established and the Firm is not representing potential Client until a Retainer is paid and a Fee Agreement is completed and signed. _____ Initials.

Matter: Dissolution Separation Paternity Custody Modification Other _____

POTENTIAL CLIENT:

Name

Address

City, State, Zip

Home Phone: _____

Work Phone: _____

Fax Number: _____

Primary Phone: _____

E-Mail: _____

Domiciled in AZ since: _____

Employer: _____

Address _____

City, State, Zip

Occupation: _____

Gross Monthly Income: \$ _____

Second Job or Overtime Only \$ _____

POTENTIAL ADVERSE PARTY:

Name

Address

City, State, Zip

Home Phone: _____

Work Phone: _____

Fax Number: _____

Primary Phone: _____

E-Mail: _____

Domiciled in AZ since: _____

Employer: _____

Address _____

City, State, Zip

Occupation: _____

Gross Monthly Income: \$ _____

Second Job or Overtime Only \$ _____

Sex ____ Race _____ Height _____
 Weight _____ Eyes _____ Hair _____
 Other _____
 DOB: _____ SSN: _____
 Driver's License: _____
 In the Military
 Date of Marriage: _____
 Place of Marriage: _____
 Date of Separation: _____
 Maiden Name: _____ Restore? Yes No
 Has either party ever received AFDC? _____

Sex ____ Race _____ Height _____
 Weight _____ Eyes _____ Hair _____
 Other _____
 DOB: _____ SSN: _____
 Driver's License: _____
 In the Military
 Photo of Adverse Party provided
 Attorney: _____
 Address: _____
 Phone: _____ Fax: _____
 DES involved in your case? _____

MINOR CHILDREN

NAME	DATE OF BIRTH	AGE	SOCIAL SECURITY NUMBER	M/F

Is Wife/Mother currently pregnant? Yes No

Expected Delivery Date: _____

ADDRESSES OF THE CHILD(REN) FOR PAST FIVE YEARS:

RESIDENTIAL ADDRESS	PERIOD: (FROM – TO)	WHICH PARENT

If there are multiple children in separate homes, provide separate information for each child on the reverse side of this page.

CUSTODY / LEGAL DECISION-MAKING

Legal Custody/Decision-Making Joint Sole Mother Father Not Sure

Physical Custody/Parenting Time Equal Primary Mother Father Not Sure

DOMESTIC VIOLENCE

Is either party/child currently a victim of any family or domestic violence? Yes No

Has either party been the plaintiff, defendant, or named in a petition for an Order of Protection? Yes No

If Yes, please identify: _____

Was the Order of Protection granted by the Maricopa County Superior Court? Yes No

If No, in what court was the Order of Protection granted? _____

Are you safe at home? Yes No

Are you in fear of domestic violence? Yes No

Would you like information on Orders of Protection? Yes No

Children's Issues Section

Are any of the children named above in any physical danger due to abuse or neglect? Yes No

Has anyone named on this sheet had any involvement with Child Protective Services in Arizona? Yes No

If Yes, please provide the CPS or Juvenile Court case number: _____

PROPOSED PARENTING PLAN: Include weekly, summer, holiday and special day (i.e., birthdays) proposals, as well as telephone access. Use back of page if necessary. _____

- Request Mediation
- Mother Father to provide expenses/arrange transportation (_____%)
- Mutual access to education and children's records
- Children not to leave Arizona without written consent of other party or order of the Court
- Parties to go to Conciliation Court before filing with the Court

VISITATION / PARENTING TIME

Maricopa Guidelines Liberal Reasonable Restricted Stipulated Supervised

RESTRICTIONS TO VISITATION: For the following reasons (use back of this page to describe any and all allegations)

- | | | |
|---|--|--|
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Spousal Abuse | <input type="checkbox"/> Child Abuse |
| <input type="checkbox"/> Alcohol Use/Abuse | <input type="checkbox"/> Drug Use/Abuse | <input type="checkbox"/> Cigarette Smoking |
| <input type="checkbox"/> Criminal convictions against | <input type="checkbox"/> Husband <input type="checkbox"/> Wife | |

OTHER NATURAL/ADOPTED CHILDREN:

Client:
 Number living at home: _____
 Amount of ordered child support: \$ _____
 Amount actually receiving: \$ _____

Adverse Party:
 Number living at home: _____
 Amount of ordered child support: \$ _____
 Amount actually receiving: \$ _____

CHILD SUPPORT

Current Child Support Order: Father - \$_____ Mother - \$_____

Child Support to be paid by: Father Mother

Monthly Child Care Expenses: \$_____ Summer Care Expenses: \$_____
Paid by: Father Mother

Adjustments: Special education costs, extraordinary child costs, etc.

Reasons and amounts: _____

Mother to have Father to have Parties to equitably apportion the tax exemptions (specify children byname if the exemptions are split between the parents). Arrangements: _____

DEVIATION: For 2nd household(s) For Special Arrangements: _____

MEDICAL/HEALTH INSURANCE: Medical Medical and Dental (COST FOR CHILDREN ONLY)

Currently provided by Mother Father Amount per month: \$_____ Company: _____

Mother Father to provide Amount per month: \$_____ Company: _____

Other (use back of page to describe)

Unreimbursed/uncovered medical expenses: Paid Pro Rata _____% to Mother, _____% to Father

Parents to cooperate with providing documents and forms as may be needed to utilize health insurance for benefit of the children.

Financial Issues Section

SPOUSAL MAINTENANCE

Client / adverse party requires/qualifies because:

Lacks sufficient property, including property apportioned to him/her, to provide for his/her reasonable needs.

Is unable to support self through appropriate employment, or is the custodian of a child whose age or condition is such that the custodian should not be required to seek employment outside of the home, or lacks earning ability in the labor market adequate to support self.

Has contributed to the educational opportunities of spouse.

Marriage of long duration and client is of an age which may preclude the possibility of gaining employment adequate to support self.

Has significantly reduced that spouse's income or career opportunities for the benefit of the other spouse.

ASSETS

Family Home: Address _____

Year built: _____ Year purchased: _____ Monthly Payment: \$_____

Purchase price: \$_____ Amount owing: \$_____

Down payment: \$_____ Source: _____

Fair Market Value: \$_____ Assessed Value: \$_____

Appraisal value: Appraiser: _____ Amount: \$_____ Date: _____

DEBTS

1. Creditor Name 2. Account # 3. Purpose of Debt	Unpaid Balance	Minimum Monthly Payment	Date of Last Payment	Debt incurred by Husband or Wife	Payment to be made by Husband or Wife
1. 2. 3.					
1. 2. 3.					
1. 2. 3.					
1. 2. 3.					
1. 2. 3.					
1. 2. 3.					
1. 2. 3.					

- Each party to pay any/all debts separately incurred since date of separation.
- Each party to be relieved from paying any/all debts made by other party unknown to him or her.

ATTORNEYS' FEES

- Each party to be responsible for his/her own attorneys' fees and costs.
- Client Adverse Party to be responsible for _____% of attorneys' fees and costs for Client Adverse Party
- Client will pay own attorneys' fees, unless action is contested, then request adverse party to pay.

SERVICE

- Process Server Acceptance of Service Publication or other alternative service method

