

**FAMILY LAW SUPPORT SERVICES
Client Intake Form**



Today's date: _____

Do you have an Order of Protection? ☐ Yes ☐ No **If yes, date served:** _____

Do you have an attorney? ☐ Yes ☐ No **Does the other party have an attorney?** ☐ Yes ☐ No ☐ Not Sure

Family Court Case Number (if applicable): _____

*Please attach a **copy** of any court documents involved in this matter received from the Court or the other party or bring to appointment.*

WHAT WOULD YOU LIKE TO DO? (Check all that apply)

- ☐ Divorce or Legal Separation ☐ with Children ☐ without Children
- ☐ Establish Child Support/medical ☐ Modify Child Support/medical ☐ Enforce Child Support/medical
- ☐ Establish Parenting-Time ☐ Modify Parenting-Time ☐ Enforce Parenting-Time
- ☐ Establish Legal Decision- Making/(Custody) ☐ Modify Legal Decision-Making/(Custody) ☐ Enforce Legal Decision-Making/(Custody)
- ☐ Modify Spousal Maintenance ☐ Enforce Spousal Maintenance
- ☐ Other: Explain _____

INFORMATION ABOUT YOU

Full Name: (first) _____ (middle) _____ (last) _____

Other names used: _____ Date of Birth: _____

Residence Address: _____ City: _____ State: _____ Zip _____

Is your address protected or need to be protected? ☐ Yes ☐ No **Has there been any domestic violence?** ☐ Yes ☐ No

SAFE contact phone number: (____) _____ ☐ Home ☐ Cell ☐ Work/**SAFE E-Mail:** _____

Occupation: _____

INFORMATION ABOUT THE OTHER PARTY

Full Name: (first) _____ (middle) _____ (last) _____

Other names used: _____ Date of Birth: _____

Residence Address: _____ City: _____ State: _____ Zip _____

Phone number: (____) _____ ☐ Home ☐ Cell ☐ Work

Occupation: _____

TURN PAGE OVER TO EXPLAIN YOUR CURRENT FAMILY LAW RELATED MATTER → → →

For Front Desk Staff Use Only	Family Law Support Staff Only:
<p>Client Number: _____</p> <p>Intake Date: _____ Time: _____</p> <p><input type="checkbox"/> Client notified of \$10 fee (cash only)</p> <p><input type="checkbox"/> Client notified of Late Arrival Policy</p> <p><input type="checkbox"/> Client notified of Cancellation Policy</p>	<p>Service Provided:</p> <p><input type="checkbox"/> Legal Information Session/Special Topic Class</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> NO FURTHER ACTION AT THIS TIME</p> <p>Assessment Scheduled:</p> <p>Date: _____ Time: _____</p> <p>CIF Provided _____</p>

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature: _____ *Date:* _____