

**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

Family Law Support Staff will contact you via phone and email to confirm your appointment.

SAFE contact phone number with voicemail: (____) _____

SAFE E-MAIL REQUIRED: _____

INFORMATION ABOUT THE OTHER PARTY

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

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

Date of Birth: _____ 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>

