



Intake Form for Never Married·Separation·Divorce·Post-Divorce Issues

Personal Information

Your Complete
Legal Name: _____

Address: _____
Street Address/PO Box

_____ *City* _____ *State* _____ *ZIP Code*

Date of Birth: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Employer: _____

Position: _____
If Part-time,

Number Hrs/Week _____ Salary/Income: _____

How Long Employed: _____

Spouse's or Partner's
Legal Name _____

Address: _____
Street Address/PO Box

_____ *City* _____ *State* _____ *ZIP Code*

Date of Birth: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Employer: _____

Position: _____

How Long Employed: _____ Salary/Income: _____

If Married,
Place of Marriage: _____ Date of Marriage: _____

If Physically Separated,
Date Last Lived Together: _____ Date of divorce
if Post-Divorce Issue: _____

Children From This Relationship/Marriage

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

If you are not living together and your children are not adults, what is the current parenting schedule?

Your Children From Other Relationships/Marriages

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Attorney Information

Name of Attorney: _____

Address: _____

Address

City

State

ZIP Code

Office Phone: _____ Cell Phone: _____

E-mail Address: _____

Relationship With
Attorney

Retainer Consulting only at this time

How did you hear about Diane Cherry? _____

Area of greatest concern for mediation: