



HAEFNER LAW OFFICE, LLC

Confidential Client Intake Form

This information is required for the forms that are needed to file your case. Please fill out all applicable portions completely so that we can draft all documents should you retain our firm.

Date: _____ Type of legal matter: _____

Full Legal Name: _____ Maiden Name: _____

How did you hear about us? (Please be specific) _____

CONTACT INFORMATION – Do NOT list a number or email address that is accessible to the other party or anyone you do not want receiving communications from our firm. We strongly suggest you create a new, secure email account with a new password for any communication with our firm.

Contact Phone 1: _____ Please circle one: Home / Cell / Work

Contact Phone 2: _____ Please circle one: Home / Cell / Work

Email: _____

Can we send you text message reminders for appointments? Please circle one. YES or NO

CONFIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip code)

Home Address: : _____
(Street) (City) (State) (Zip code)

County of Home Address: _____ Years at this address: _____

Race: _____ Date of Birth: ____/____/____ State of Birth: _____

Social Security Number: _____ - _____ - _____ Driver's License No.: _____

Number of marriages? _____ Highest level of education completed? _____

INFORMATION ABOUT OPPOSING PARTY

Full Legal Name: _____ Maiden Name: _____

Home Address: : _____
(Street) (City) (State) (Zip code)

County of Home Address: _____ Years at this address: _____

Race: _____ Date of Birth: ____/____/____ State of Birth: _____

Social Security Number: _____ - _____ - _____ Driver's License No.: _____

Number of marriages? _____ Highest level of education completed? _____

MARRIAGE HISTORY, if applicable

Date of marriage: ____/____/____ Date of divorce: ____/____/____ Last court modification: _____

Where is marriage/divorce registered (City and County)? _____

Are you and the opposing party living together now? YES or NO Date of Separation: ____/____/____

INFORMATION ABOUT YOUR CHILDREN, if applicable

Name	Date of Birth	Living With	Social Security Number
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____

List each address where your children have resided over the previous five (5) years with dates lived at each address.

Date: From _____ To _____ Address: _____
Date: From _____ To _____ Address: _____

INFORMATION ABOUT YOUR EMPLOYEMENT

Name of Employer: _____ Job Title: _____
Address of Employer: _____ State salary or hourly rate: _____
Employed since: _____ If unemployed, last job: _____
Gross Annual Wages (as reported on your most recent tax return): _____

INFORMATION ABOUT SPOUSE/OPPOSING PARTY'S EMPLOYMENT

Name of Employer: _____ Job Title: _____
Address of Employer: _____ State salary or hourly rate: _____
Employed since: _____ If unemployed, last job: _____
Gross Annual Wages (as reported on your most recent tax return): _____

OTHER

Has the opposing party consulted an attorney regarding this matter? YES or NO
Name and address of attorney, if known: _____
Have you signed anything which may affect this case, including a prenuptial or postnuptial agreement(s), or other documents presented by the opposing party? YES or NO
If yes, please describe the document: _____
Are there any existing Court/Administrative Orders with the opposing party? YES or NO
Are there any potential/pending personal injury/worker compensation claims? YES or NO
Are you or the opposing party on active duty in the U.S. Armed Force? YES or NO
Do you or the opposing party have an Instagram, Facebook, or Twitter account? YES or NO
Are there currently any pending court dates? YES or NO
If yes, please state type of court setting, case number, date, and location
Details: _____

What are your biggest concerns?

FOR OFFICE USE ONLY

Relief sought in petition

Dissolution _____

Maintenance _____

Division of Property _____

Custody _____

Visitation _____

Child support _____

Temporary Orders (Specify) _____

Restoration of Maiden Name _____

Attorney Fees & Court Costs _____

Weekday and Weekend Exchange Schedule

	Day of Week	Exchanges for Day
Week One	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
Week Two	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	

Holiday Exchange Schedule

Holiday	Even Numbered Years	Odd Numbered Years	Physical Custody	
			From	To
	<i>FATHER or MOTHER</i>	<i>FATHER or MOTHER</i>	<i>Time</i>	<i>Time</i>
New Year's Eve				
New Year's Day				
MLK Day				
President's Day				
Memorial Day				
Independence Day				
Labor Day				
Thanksgiving				
Christmas Eve				
Christmas Day				
Easter				
Other Holidays (Specify)				
Special Occasions (Specify)				
Halloween				
Mother's Day				
Father's Day				
Mother's Birthday				
Father's Birthday				
Child's Birthday				