THE LAW OFFICES OF J.B. THOMAS & ASSOCIATES

CLIENT INTAKE SHEET – DIVORCE

How were you referred to this office? _____

Traine (1 115t, Wildare, East, Warden)		
Address (Street, City, State, Zip)		
Phone Number (Home)	(Work)	(Cell)
Email Address	SSN	
Date of Birth(mm/dd/yyyy)	Place of Birth (City, State) _	
Highest level of education complete	ed?	
Have you lived in Virginia for the last 6 months? (Yes/No)		Number of Times Married
Are you active duty military? (Yes/		
If Yes: Branch	Duty Station	Pay Grade
Is your spouse active duty military?		
If Yes: Branch	Duty Station	Pay Grade
Would you like to resume your mai	den name? (Yes/No)	
SPO	OUSE INFORMATION (RESPON	DENT)
Name (First, Middle, Last, Maiden)		
Address (Street, City, State, Zip)		
	(Work)	(Cell)
Phone Number (Home)	(Work)	(Cell)
Phone Number (Home)Email Address	(Work)	

MARRIAGE AND SEPARATION INFORMATION

Date of Marriage (mm/dd/yyyy)	Where were you married? (City, State)
Do you have your marriage certificate?	(Yes/No)
Date of Separation (mm/dd/yyyy)	Do you have a separation agreement? (Yes/No)
In what city and state did you last live b	efore separating?
Husband's place of employment:	
Address of employer (Street, City, State	, Zip)
Phone number	Current Annual Salary
Wife's place of employment:	
Address of employer (Street, City, State	, Zip)
Phone number	Current Annual Salary
Children:	
Name:	Date of Birth (mm/dd/yyyy)
Who will have custody? (Husband/Wife	e/Joint)
Is there a court order for child support?	' (Yes/No)
Is there a court order for visitation? (Ye	es/No)