

TUCKER LAW FIRM - INITIAL INTAKE FORM

Please answer the following questions to the best of your ability. Your answers will save time and aid us in representing you. All answers are strictly confidential.

Date of Office Conference: _____

WHAT LEGAL SERVICE ARE YOU SEEKING TODAY?

____ Divorce ____ Divorce with Children ____ Guardianship ____ Custody/Child Support/Visitation

____ Adoption _____ (Indicate type-ie, infant, step-parent, non step-parent)

Other: _____

HOW DID YOU HEAR ABOUT OUR FIRM?

____ Phone Book ____ Internet Search ____ Web Page

Referred by another attorney (who): _____

Referred by someone else (who): _____

INFORMATION ABOUT YOU

Party #1:

Name: _____
Last, First, Middle, (Maiden)

DOB: _____ SS# _____

Place of Birth: _____

Wrk Phone: _____ Hm: _____

Cell: _____ Email: _____

Employer Name/Address/Phone: _____

If married, date of Marriage: _____

Current address: _____

Party #2:

Name: _____
Last, First, Middle, (Maiden)

DOB: _____ SS# _____

Place of Birth: _____

Wrk phone: _____ Hm: _____

Cell: _____ Email: _____

Employer Name/Address/Phone: _____

Place of Marriage: _____

IS THE ABOVE ADDRESS A SAFE MAILING ADDRESS FOR YOU? _____

If not, please provide an alternate address:

Street Address

City, State, Zip

Address for past five (5) years: _____

Does any party have Indian Heritage? Yes ____, No ____. Tribe name: _____

If so, which parent: _____ Enrolled: Yes ____, No ____. Card # _____

Name, SS# and DOB of all other members in household over age 17.

Name: _____ SS#: _____ DOB: _____

Name: _____ SS#: _____ DOB: _____

IF YOU ARE SEEING US TODAY ABOUT DIVORCE, what is the primary reason you want this divorce? _____

Who moved out of the marital home & when? _____

Were you ever separated or divorced from this spouse before now? _____ Yes _____ No

If so, when & why: _____

Have you ever been divorced before? ____ Yes ____ No. If so, list when, court, state, name of former spouse, and date of divorce: _____

Have you been served? _____ When were you served? _____

When is the hearing? _____

What is the Case No. on the papers served to you? (*FD-, FP-, CJ-, ...*) _____

INFORMATION ABOUT BIRTH MOTHER

Name: Last, First, Middle (Maiden if appropriate) _____ SS# and Date of Birth _____

Street Address _____ City, State, Zip _____

Indian Heritage? Tribe? Card #? _____ Home Phone _____

Employment	Work Phone
Employment Street Address	City, State, Zip
Cell Phone	E-mail Address
Work Fax	How do you know this person?
Hospital where child was born, or if not yet born, the anticipated date and place of birth: _____	
OB's name address and phone: _____	
Describe any communication with Birth Mother/Father and/or information you feel important:	

INFORMATION ABOUT **BIRTH FATHER**

Name: Last, First, Middle	SS# and Date of Birth
Street Address	City, State, Zip
Indian Heritage? Tribe? Card#?	Home, Work and Cell Phone
Employment	E-mail address
Employment Street Address	City, State and Zip

INFORMATION ABOUT THE CHILD(REN)

Complete this section only if the minor child(ren) are already born

Child # 1 - Full Name

SS# , DOB and Place of Birth

Enrolled on any Indian Tribal rolls? _____ If so, which Tribe: _____

Birth Father's Name, DOB: and Address

Birth Mother's Name, DOB: and Address

Father listed on Birth Certificate: _____, Father filed an Affidavit of Paternity? _____

Child # 2 - Full Name

SS# , DOB and Place of Birth

Enrolled on any Indian Tribal rolls? _____ If so, which Tribe: _____

Birth Father's Name, DOB: and Address

Birth Mother's Name, DOB: and Address

Father listed on Birth Certificate: _____, Father filed an Affidavit of Paternity? _____

Child # 3 - Full Name

SS# , DOB and Place of Birth

Enrolled on any Indian Tribal rolls? _____ If so, which Tribe: _____

Birth Father's Name, DOB: and Address

Birth Mother's Name, DOB: and Address

Father listed on Birth Certificate: _____, Father filed an Affidavit of Paternity? _____

(List all additional children on back of sheet)

If you are a birth parent trying to retain your parental rights please provide the following:

Child's name: _____, DOB: _____, POB: _____

Birth Mother's name on Birth Certificate: _____

Birth Father's name on Birth Certificate _____

*Thank you for completing this Initial Intake Form.
This will help us assist you in this matter more efficiently.*

For Office Use Only

Responsible Atty: _____

Atty Recommendation: _____

Referral? _____

Hourly Rate Quoted: _____

Retainer Quoted: _____

NOTES/SPECIAL INSTRUCTIONS:
