

**DELANEY, McCARTHY & COLTON, P.C.**

**DOMESTIC RELATIONS INTAKE FORM**

DATE: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_

WORK PHONE: ( ) \_\_\_\_\_

CLIENT:

FULL NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

PLACE OF BIRTH (city/state/country): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EDUCATION

HIGHEST GRADE COMPLETED (0-12): \_\_\_\_\_

COLLEGE (1-4 or 5+): \_\_\_\_\_

NUMBER OF THIS MARRIAGE: \_\_\_\_\_

FOR PREVIOUS MARRIAGE(S), HOW MANY ENDED BY:

DEATH? \_\_\_\_\_

DIVORCE OR ANNULMENT? \_\_\_\_\_

USUAL RESIDENCE ADDRESS:

STREET: \_\_\_\_\_

CITY/COUNTY/STATE/ZIP: \_\_\_\_\_

LENGTH OF TIME AT THIS ADDRESS: \_\_\_\_\_ IN VIRGINIA: \_\_\_\_\_

SPOUSE:

FULL NAME: \_\_\_\_\_

FORMER/MAIDEN NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

PLACE OF BIRTH (city/state/country): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EDUCATION

HIGHEST GRADE COMPLETED (0-12): \_\_\_\_\_

COLLEGE (1-4 or 5+): \_\_\_\_\_

NUMBER OF THIS MARRIAGE: \_\_\_\_\_

FOR PREVIOUS MARRIAGE(S), HOW MANY ENDED BY:

DEATH? \_\_\_\_\_

DIVORCE OR ANNULMENT? \_\_\_\_\_

USUAL RESIDENCE ADDRESS:

STREET: \_\_\_\_\_

CITY/COUNTY/STATE/ZIP: \_\_\_\_\_

LENGTH OF TIME AT THIS ADDRESS: \_\_\_\_\_ IN VIRGINIA: \_\_\_\_\_

MARRIAGE:

DATE: \_\_\_\_\_  
PLACE (city/county/state/country) \_\_\_\_\_  
HAVE YOU SEPARATED FROM YOUR SPOUSE? \_\_\_\_\_  
DATE OF SEPARATION: \_\_\_\_\_  
WHERE DID YOU LAST COHABIT WITH YOUR SPOUSE? (Address)  
\_\_\_\_\_

CHILDREN BORN OF MARRIAGE OR LEGALLY ADOPTED:

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SOC. SEC. NO.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WHERE DO YOUR MINOR CHILDREN NOW RESIDE? \_\_\_\_\_

WHERE HAVE THEY RESIDED FOR THE LAST 5 YEARS? (if applicable)  
\_\_\_\_\_

HAVE THERE BEEN ANY PREVIOUS CUSTODY PROCEEDINGS?  
\_\_\_\_\_

CLIENT'S EMPLOYER:

NAME: \_\_\_\_\_  
OCCUPATION/TITLE: \_\_\_\_\_  
DATE PRESENT EMPLOYMENT COMMENCED: \_\_\_\_\_  
PREVIOUS EMPLOYER: \_\_\_\_\_  
GROSS ANNUAL INCOME: \$ \_\_\_\_\_  
IF RETIRED MILITARY, BRANCH AND DATES OF SERVICE: \_\_\_\_\_  
OTHER INCOME (trusts, rental, partnerships, business, dividends, interest, etc.)  
\_\_\_\_\_

SPOUSE'S EMPLOYER:

NAME: \_\_\_\_\_  
OCCUPATION/TITLE: \_\_\_\_\_  
DATE PRESENT EMPLOYMENT COMMENCED: \_\_\_\_\_  
PREVIOUS EMPLOYER: \_\_\_\_\_  
GROSS ANNUAL INCOME: \$ \_\_\_\_\_  
IF RETIRED MILITARY, BRANCH AND DATES OF SERVICE: \_\_\_\_\_  
OTHER INCOME (trusts, rental, partnerships, business, dividends, interest, etc.)  
\_\_\_\_\_

## ASSETS:

MARITAL RESIDENCE (Address): \_\_\_\_\_  
 COUNTY/CITY OF: \_\_\_\_\_  
 MONTHLY RENT IF NOT OWNED: \_\_\_\_\_  
 (If not owned skip next 2 sections)  
 DATE OF PURCHASE: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_  
 PURCHASE PRICE: \$ \_\_\_\_\_  
 ESTIMATED CURRENT VALUE: \$ \_\_\_\_\_  
 MORTGAGE OR TRUST PAYMENT: \$ \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_  
 2ND MORTGAGE OR TRUST? \$ \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_

## PREVIOUS RESIDENCE OWNED PRIOR TO MARITAL HOME:

DATE OF PURCHASE: \_\_\_\_\_ PRICE PAID: \_\_\_\_\_  
 DATE SOLD: \_\_\_\_\_ SALES PRICE: \_\_\_\_\_

## OTHER REAL ESTATE OWNED (Address): \_\_\_\_\_

COUNTY/CITY OF: \_\_\_\_\_  
 DATE OF PURCHASE: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_  
 PURCHASE PRICE: \$ \_\_\_\_\_  
 ESTIMATED VALUE: \$ \_\_\_\_\_  
 RENTAL INCOME: \$ \_\_\_\_\_  
 MORTGAGE OR TRUST PAYMENT: \$ \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_  
 2ND MORTGAGE OR TRUST? \$ \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_

## CHECKING ACCOUNTS:

BANK OR S&L: \_\_\_\_\_  
 ACCOUNT TYPE: \_\_\_\_\_  
 ACCOUNT BALANCE: \_\_\_\_\_  
 ACCOUNT OWNER(S): \_\_\_\_\_

BANK OR S&L: \_\_\_\_\_  
 ACCOUNT TYPE: \_\_\_\_\_  
 ACCOUNT BALANCE: \_\_\_\_\_  
 ACCOUNT OWNER(S): \_\_\_\_\_

## SAVINGS ACCOUNTS:

BANK OR S&L: \_\_\_\_\_  
 ACCOUNT TYPE: \_\_\_\_\_  
 ACCOUNT BALANCE: \_\_\_\_\_  
 ACCOUNT OWNER(S): \_\_\_\_\_

BANK OR S&L: \_\_\_\_\_  
 ACCOUNT TYPE: \_\_\_\_\_  
 ACCOUNT BALANCE: \_\_\_\_\_  
 ACCOUNT OWNER(S): \_\_\_\_\_

## ASSETS (continued):

MONEY MARKET FUNDS: \_\_\_\_\_  
 AMOUNT: \_\_\_\_\_  
 IN WHOSE NAME? \_\_\_\_\_

CERTIFICATES OF DEPOSIT: \_\_\_\_\_  
 AMOUNT: \_\_\_\_\_  
 IN WHOSE NAME? \_\_\_\_\_

## STOCKS/BONDS/MUTUAL FUNDS

NAME OF SECURITY: \_\_\_\_\_  
 NO. OF SHARES \_\_\_\_\_ DATE PURCHASED \_\_\_\_\_  
 IN WHOSE NAME? \_\_\_\_\_  
 CURRENT VALUE: \$ \_\_\_\_\_

NAME OF SECURITY: \_\_\_\_\_  
 NO. OF SHARES \_\_\_\_\_ DATE PURCHASED \_\_\_\_\_  
 IN WHOSE NAME? \_\_\_\_\_  
 CURRENT VALUE: \$ \_\_\_\_\_  
 (use back of this page if necessary)

## IRAs:

CLIENT: YES \_\_\_ NO \_\_\_  
 VALUE: \$ \_\_\_\_\_  
 NAME OF BANK/FUND: \_\_\_\_\_  
 SPOUSE: YES \_\_\_ NO \_\_\_  
 VALUE: \$ \_\_\_\_\_  
 NAME OF BANK/FUND: \_\_\_\_\_

## PENSIONS:

CLIENT:  
 NAME OF PLAN: \_\_\_\_\_  
 TYPE OF PLAN:(military, 401K, etc.) \_\_\_\_\_  
 DATES OF PARTICIPATION: FROM \_\_\_\_\_ TO \_\_\_\_\_  
 PLAN ADMINISTRATOR: \_\_\_\_\_

SPOUSE:  
 NAME OF PLAN: \_\_\_\_\_  
 TYPE OF PLAN:(military, 401K, etc.) \_\_\_\_\_  
 DATES OF PARTICIPATION: FROM \_\_\_\_\_ TO \_\_\_\_\_  
 PLAN ADMINISTRATOR: \_\_\_\_\_

INHERITANCE:

CLIENT: YES \_\_\_ NO \_\_\_  
FROM WHOM? \_\_\_\_\_  
DATE: \_\_\_\_\_ VALUE: \$ \_\_\_\_\_  
DESCRIPTION IF NOT CASH: \_\_\_\_\_  
\_\_\_\_\_  
WHERE IS IT NOW? \_\_\_\_\_

SPOUSE: YES \_\_\_ NO \_\_\_  
FROM WHOM? \_\_\_\_\_  
DATE: \_\_\_\_\_ VALUE: \$ \_\_\_\_\_  
DESCRIPTION IF NOT CASH: \_\_\_\_\_  
\_\_\_\_\_  
WHERE IS IT NOW? \_\_\_\_\_

SAFE DEPOSIT BOX:

LOCATION: \_\_\_\_\_  
BOX NO.: \_\_\_\_\_  
PERSONS ON ACCESS CARD: \_\_\_\_\_  
CONTENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MOTOR VEHICLES, BOATS, CYCLES, AIRPLANES, ETC.:

YEAR \_\_\_ MODEL \_\_\_\_\_  
HOW TITLED: \_\_\_\_\_  
DRIVERS: \_\_\_\_\_  
VALUE: \$ \_\_\_\_\_ AMOUNT OWED \$ \_\_\_\_\_  
MONTHLY PAYMENT: \$ \_\_\_\_\_

YEAR \_\_\_ MODEL \_\_\_\_\_  
HOW TITLED: \_\_\_\_\_  
DRIVERS: \_\_\_\_\_  
VALUE: \$ \_\_\_\_\_ AMOUNT OWED \$ \_\_\_\_\_  
MONTHLY PAYMENT: \$ \_\_\_\_\_

YEAR \_\_\_ MODEL \_\_\_\_\_  
HOW TITLED: \_\_\_\_\_  
DRIVERS: \_\_\_\_\_  
VALUE: \$ \_\_\_\_\_ AMOUNT OWED \$ \_\_\_\_\_  
MONTHLY PAYMENT: \$ \_\_\_\_\_

## HOUSEHOLD FURNISHINGS &amp; EFFECTS:

ESTIMATED VALUE: \$ \_\_\_\_\_  
 ESTIMATED VALUE OF POSSESSIONS YOU BROUGHT INTO THE  
 MARRIAGE: \$ \_\_\_\_\_  
 HAVE HOUSEHOLD FURNISHINGS OR PERSONAL EFFECTS BEEN  
 DIVIDED? \_\_\_ YES \_\_\_ NO

## OTHER ASSETS:

FOR ANY INTEREST WHICH YOU OR YOUR SPOUSE MAY HAVE IN ANY  
 OTHER ASSET WITH VALUE IN EXCESS OF \$500, LIST:

<u>ASSET</u>	<u>DATE ACQUIRED</u>	<u>VALUE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

## PARTNERSHIPS:

ARE YOU IN ANY PARTNERSHIP(S)? YES \_\_\_ NO \_\_\_  
 NAME OF PARTNERSHIP: \_\_\_\_\_  
 ARE YOU A GENERAL PARTNER \_\_\_ OR LIMITED PARTNER \_\_\_ ?  
 NATURE OF THE PARTNERSHIP OR WHAT IT OWNS: \_\_\_\_\_  
 \_\_\_\_\_  
 ESTIMATED VALUE OF YOUR INTEREST: \$ \_\_\_\_\_

IS YOUR SPOUSE IN ANY PARTNERSHIP(S)? YES \_\_\_ NO \_\_\_  
 NAME OF PARTNERSHIP: \_\_\_\_\_  
 ARE THEY A GENERAL PARTNER \_\_\_ OR LIMITED PARTNER \_\_\_ ?  
 NATURE OF THE PARTNERSHIP OR WHAT IT OWNS: \_\_\_\_\_  
 \_\_\_\_\_  
 ESTIMATED VALUE OF THEIR INTEREST: \$ \_\_\_\_\_

## LIFE INSURANCE (for you or your spouse):

INSURANCE COMPANY: \_\_\_\_\_  
 NAME OF INSURED: \_\_\_\_\_  
 NAME OF BENEFICIARY: \_\_\_\_\_  
 FACE AMOUNT: \$ \_\_\_\_\_  
 WHOLE LIFE \_\_\_ OR TERM \_\_\_

INSURANCE COMPANY: \_\_\_\_\_  
 NAME OF INSURED: \_\_\_\_\_  
 NAME OF BENEFICIARY: \_\_\_\_\_  
 FACE AMOUNT: \$ \_\_\_\_\_  
 WHOLE LIFE \_\_\_ OR TERM \_\_\_

