

ALTERNATIVE LEGAL SOLUTIONS

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DIVORCE INTAKE FORM

Date: _____

Full Legal Name _____ Mailing Address _____

Physical Address _____

Social Security No. _____

Employer and Occupation: _____

Employer Address: _____

Date of Birth: _____ E-Mail _____ Fax No. _____

Home Phone # _____ Work # _____ Message Ph # _____

Do you want messages left on your home phone? _____

How long have you lived in Douglas ? _____ years _____ months

Spouse's Legal Name _____ Mailing Address _____

Physical Address: _____

Social Security No. _____ Birthdate _____

Spouse's Employer and Occupation _____

Employer's Address _____

Home Phone _____ Work Phone _____ E-Mail _____ Fax No. _____

Date of Marriage _____ Place of Marriage _____ Date separated _____

Do you have any minor children from this marriage? _____

Children's Names: _____

Children's age and Birthdates: _____

Does wife wish to resume her maiden name? _____ If so, give full maiden name _____