

DELANEY, MCCARTHY & COLTON, P.C.

DOMESTIC RELATIONS INTAKE FORM

DATE: _____

HOME PHONE: () _____

WORK PHONE: () _____

HUSBAND:

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: _____

WIFE:

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?

HUSBAND'S EMPLOYER: _____

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.)

WIFE'S EMPLOYER: _____

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

HUSBAND: YES ___ NO ___
 VALUE: \$ _____
 NAME OF BANK/FUND: _____
 WIFE: YES ___ NO ___
 VALUE: \$ _____
 NAME OF BANK/FUND: _____

PENSIONS

HUSBAND

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

WIFE

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

INHERITANCE

HUSBAND: YES ___ NO ___
 FROM WHOM? _____
 DATE: _____ VALUE: \$ _____
 DESCRIPTION IF NOT CASH: _____

 WHERE IS IT NOW? _____

WIFE: 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 & 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: \$ _____
IS IT WHOLE LIFE ___ OR TERM ___ ?

