

DISSOLUTION OF MARRIAGE INTAKE SHEET

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Please complete the following intake sheet & return to Ashley M. Myers, P.A. prior to scheduling an appointment. Please be advised that until an appointment has been scheduled and a retainer agreement executed, Ashley M. Myers, Esq. and Autumn L. Warner, Esq., do not represent your interest as a client. In the event you wish to bring a third party as moral support, they will be asked to wait outside of the conference room so as not to compromise your attorney-client confidentiality.

Date of scheduled consult:	
Date you are completing this form:	
Potential Client is Husband or Wife:	

PERSONAL INFORMATION

Wife's name:	
Maiden name:	
Restoration of Maiden Name?	
Wife's address:	
Home phone:	
Work/alternative:	
Cell:	
Email:	

Husband's name:	
Husband's address:	
Home phone:	
Work/alternative:	
Cell:	

Email:	
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Wife's Social Security Number:	
Wife's DOB:	
Husband's Social Security Number:	
Husband's DOB:	

REFERRED BY

Who may we thank for your business?	
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BACKGROUND

Date of Marriage:	
County of Marriage:	
Date of Separation:	
Who is in the Marital Home?:	
Marital Home Address?:	
Any other real estate?:	

EMPLOYMENT INFORMATION

Is anyone disabled? If so, who?:	
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Wife's Occupation:	
Wife's Employer, Name and Address:	
How long has Wife been employed with this employer?	
Wife's approximate income?	

Husband's Occupation:	
Husband's Employer, Name and Address:	
How long has Husband been employed with this employer?	

Husband's approximate income?	
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PARTIES HEALTH:

Is the Husband in good health? If not, list physical and or psychological problems:	
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Is the Wife in good health? If not, list physical and or psychological problems:	
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WITNESSES:

This does not need to be done prior to initial consultation; however, you should be thinking about who can assist you in presenting your case to the Judge.

Name, address and telephone number of Witness:	Area of Testimony:
Name, address and telephone number of Witness:	Area of Testimony:
Name, address and telephone number of Witness:	Area of Testimony:
Name, address and telephone number of Witness:	Area of Testimony:
Name, address and telephone number of Witness:	Area of Testimony:

CHILDREN

This form provides for 5 children, if you have more, please add additional children's information.

How many children were born as a result of the parties' relationship?	
Were you married to each other when all the children were born?	
Were there any children that were prior to the marriage to the parent?	

Children of this relationship:

Name of Child	Date of Birth	Place of Birth	Male or Female	Social Security #
Name of Child	Date of Birth	Place of Birth	Male or Female	Social Security #
Name of Child	Date of Birth	Place of Birth	Male or Female	Social Security #
Name of Child	Date of Birth	Place of Birth	Male or Female	Social Security #

Children of Other Relationships:

Name of Child	Date of Birth	Place of Birth	Male or Female	Social Security #
Name of Child	Date of Birth	Place of Birth	Male or Female	Social Security #
Name of Child	Date of Birth	Place of Birth	Male or Female	Social Security #

Is custody an issue?	
Who are the Children living with now?	

Where and with whom have they resided in the last five years? If different for different children, please let me know.

Address:	
Dates of Residence:	
With Whom at each address:	

Address:	
Dates of Residence:	
With Whom at each address:	

Address:	
Dates of Residence:	
With Whom at each address:	

Is anyone paying child support? Who?	
Is so, how much?	
Who, if anyone, is providing insurance?	
What kind? Health, Dental, Life? How much are the monthly premiums for the child? (Generally you may obtain an estimate by subtracting the cost of coverage for yourself from the cost of coverage for the entire family, if family coverage)	
Is child doing well in school?	
Where does the child go to school?	

Any health problems?	
Who is child's pediatrician?	

Any behavioral issues?	
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Is child seeing a psychologist? If so, who?	
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Children from any other relationships?	
If so, names, ages and where they reside?	

ABUSE ISSUES

If so, who has or is making the allegation of abuse?	
Who did the aggressor allegedly abuse?	
Describe the abuse:	

EQUITABLE DISTRIBUTION

Assets generally:

1. Real estate:	
2. Stocks:	
3. Bonds:	
4. Pension, 401K:	
5. Bank accounts, joint and separate:	
6. Vehicles:	

Wife drives:	
Husband drives:	

7. Boats:	
8. Businesses:	
9. Household furnishings:	
10. Cash surrender value life insurance:	

Liabilities generally:

1. Credit cards:	
2. Mortgages:	
3. Car loans:	
4. Student loans:	
5. Judgments:	
6. Promissory notes:	
7. Leases:	
8. Debts to insiders/relatives:	

ALIMONY

Does either side want alimony?	
What kind of lifestyle was enjoyed during the marriage? IE, Vacations, country Clubs, Memberships, Services (pool, lawn, maid)	
Wife's highest education level?	
Husband's highest education level?	
Did both parties work outside the home?	
Who was the primary caretaker of the children during the marriage?	
Did anyone sacrifice career to support spouse's career, education, etc.?	

Does one party need financial assistance and if so, does the other party have the ability to pay?	
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WHAT ARE YOUR TOP 5 PRIORITIES IN TERMS OF A "WISH LIST."

1. _____

2. _____

3. _____

4. _____

5. _____

PROPOSED SETTLEMENT OFFER?: DO YOU HAVE AN AGREEMENT OR A PROPOSAL YOU THINK WILL BE TAKEN? If so, what is it?

**NOTIFICATION OF POTENTIAL CONFLICT OF INTEREST IN LIMITED CIRCUMSTANCES
PRESENTLY UNKNOWN:**

If a business valuation was or is being performed by S. Mark Hand & Associates, P.A. by the opposing party, then Ashley Myers, P.A. is unable to represent you. If no business valuation has been performed as of the date of retention of Ashley Myers, P.A., please be advised that should the opposing party retain S. Mark Hand & Associates, P.A. at any time during your case, Ashley Myers, P.A. will be forced to withdraw from your representation.

To prevent any potential conflict from arising, once it is public record that Ashley Myers represents you in this matter, then Ashley Myers shall notify S. Mark Hand and Associates of the representation of you, so that S. Mark Hand and Associates, P.A. will not accept an engagement by the opposing party. The client acknowledges Ashley Myers, P.A. will disclose the representation of the client to S. Mark Hand and Associates, P.A. to prevent a potential conflict and allowing the continued maintenance of the attorney client relationship.