

## CLIENT INTAKE SHEET

### A. YOUR INFORMATION

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

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

MAILING ADDRESS (if different from home address):

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBERS:

HOME: \_\_\_\_\_ HOME FAX: \_\_\_\_\_

WORK: \_\_\_\_\_ WORK FAX: \_\_\_\_\_

CELL: \_\_\_\_\_ OTHER: \_\_\_\_\_

Which number would you like us to use as your primary contact number?

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

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

COUNTRY, STATE AND COUNTY OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

**B. MARRIAGE INFORMATION**

DATE OF MARRIAGE: \_\_\_\_\_

WERE YOU MARRIED IN A (please check one):

\_\_\_\_\_ CIVIL CEREMONY      \_\_\_\_\_ RELIGIOUS CEREMONY

COUNTRY, STATE AND COUNTY OF MARRIAGE: \_\_\_\_\_

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

IF PRIOR MARRIAGE, LIST MANNER OF TERMINATION: \_\_\_\_\_

**C. SPOUSE'S INFORMATION**

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

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

MAILING ADDRESS (if different from home address):

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBERS:

HOME: \_\_\_\_\_ HOME FAX: \_\_\_\_\_

WORK: \_\_\_\_\_ WORK FAX: \_\_\_\_\_

CELL: \_\_\_\_\_ OTHER: \_\_\_\_\_

Which number would you like us to use as your primary contact number?

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

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

COUNTRY, STATE AND COUNTY OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

#### D. CHILDREN

1) Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Any Special learning or health issues: \_\_\_\_\_

Tuition costs, if any: \_\_\_\_\_

Child care provider and cost, if any: \_\_\_\_\_

2) Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Any Special learning or health issues: \_\_\_\_\_

Tuition costs, if any: \_\_\_\_\_

Child care provider and cost, if any: \_\_\_\_\_

3) Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Any Special learning or health issues: \_\_\_\_\_

Tuition costs, if any: \_\_\_\_\_

Child care provider and cost, if any: \_\_\_\_\_

4) Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Any Special learning or health issues: \_\_\_\_\_

Tuition costs, if any: \_\_\_\_\_

Child care provider and cost, if any: \_\_\_\_\_

E. HEALTH / MEDICAL INSURANCE COVERAGE

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

ADDRESS: \_\_\_\_\_

PLAN #: \_\_\_\_\_

WHO IS THE PRIMARY BENEFICIARY?

\_\_\_\_\_

WHO ARE THE OTHER BENEFICIARIES?

\_\_\_\_\_

IS THERE OTHER HEALTH INSURANCE AVAILABLE TO YOU OR YOUR SPOUSE? IF SO, PLEASE EXPLAIN?

\_\_\_\_\_

\_\_\_\_\_

F. ASSETS ACQUIRED DURING MARRIAGE

REAL PROPERTY (list all property owned by you and / or your spouse)

(i)  
Address: \_\_\_\_\_

Type of Property: \_\_\_\_\_

Date acquired: \_\_\_\_\_

How is title held? \_\_\_\_\_

Purchase Price: \_\_\_\_\_

Down Payment Amt: \_\_\_\_\_

Approximate value now: \_\_\_\_\_

Approximate 1<sup>st</sup> mortgage balance at this time: \_\_\_\_\_

Approximate 2<sup>nd</sup> mortgage/home equity loan balance at this time: \_\_\_\_\_

Monthly mortgage expenses: \_\_\_\_\_

(ii)

Address: \_\_\_\_\_

Type of Property: \_\_\_\_\_

Date acquired: \_\_\_\_\_

How is title held? \_\_\_\_\_

Purchase Price: \_\_\_\_\_

Down Payment Amt: \_\_\_\_\_

Approximate value now: \_\_\_\_\_

Approximate 1<sup>st</sup> mortgage balance at this time: \_\_\_\_\_

Approximate 2<sup>nd</sup> mortgage/home equity loan balance at this time: \_\_\_\_\_

Monthly mortgage expenses: \_\_\_\_\_

(iii)

Address: \_\_\_\_\_

Type of Property: \_\_\_\_\_

Date acquired: \_\_\_\_\_

How is title held? \_\_\_\_\_

Purchase Price: \_\_\_\_\_

Down Payment Amt: \_\_\_\_\_

Approximate value now: \_\_\_\_\_

Approximate 1<sup>st</sup> mortgage balance at this time: \_\_\_\_\_

Approximate 2<sup>nd</sup> mortgage/home equity loan balance at this time: \_\_\_\_\_

Monthly mortgage expenses: \_\_\_\_\_

(iv)

Address: \_\_\_\_\_

Type of Property: \_\_\_\_\_

Date acquired: \_\_\_\_\_

How is title held? \_\_\_\_\_

Purchase Price: \_\_\_\_\_

Down Payment Amt: \_\_\_\_\_

Approximate value now: \_\_\_\_\_

Approximate 1<sup>st</sup> mortgage balance at this time: \_\_\_\_\_

Approximate 2<sup>nd</sup> mortgage/home equity loan balance at this time: \_\_\_\_\_

Monthly mortgage expenses: \_\_\_\_\_

ACCOUNTS (list all checking, savings, brokerage accounts held by you and / or your spouse)

(i)

Type of Account: \_\_\_\_\_

Bank name and location: \_\_\_\_\_

Title: \_\_\_\_\_

Account: \_\_\_\_\_

Balance: \_\_\_\_\_

(ii)

Type of Account: \_\_\_\_\_

Bank name and location: \_\_\_\_\_

Title: \_\_\_\_\_

Account: \_\_\_\_\_

Balance: \_\_\_\_\_

(iii)

Type of Account: \_\_\_\_\_

Bank name and location: \_\_\_\_\_

Title: \_\_\_\_\_

Account: \_\_\_\_\_

Balance: \_\_\_\_\_

**RETIREMENT BENEFITS** (list all 401K, IRA'S, Pensions, Deferred Comps, Annuities held by you and / or your spouse)

(i)

Type of Account: \_\_\_\_\_

Bank name and location: \_\_\_\_\_

Title: \_\_\_\_\_

Account: \_\_\_\_\_

Balance: \_\_\_\_\_

(ii)

Type of Account: \_\_\_\_\_

Bank name and location: \_\_\_\_\_

Title: \_\_\_\_\_

Account: \_\_\_\_\_

Balance: \_\_\_\_\_

(iii)

Type of Account: \_\_\_\_\_

Bank name and location: \_\_\_\_\_

Title: \_\_\_\_\_

Account: \_\_\_\_\_

Balance: \_\_\_\_\_

**ENHANCED EARNINGS / DEGREES**

Specify all Degrees, Licenses or Certifications obtained by either party during the Marriage:

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**G. SEPARATE PROPERTY**

List any asset acquired by gift or inheritance during marriage, or brought into the marriage by you, or your spouse:

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H. HOW YOU WERE REFERRED TO US?:

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DO NOT WRITE BELOW THIS LINE



Date \_\_\_\_\_

Atty \_\_\_\_\_

CFP Y / N

QTE \_\_\_\_\_