Date:	File No (do not fill in/office use only):		
Last Name	First Name	Middle Init	tial
Mailing Address:			
	Street Number & Name	e, City, State, Zip	
Home Phone:	Work Phone:	Cell Phone: _	
How long in NJ / PA (circle one	e):		
Physical Address (if different):			
Email Address:			
Employer (Name & Address): Employer Phone Number:			
Date of Birth:			
Date of Marriage:	Date of Sep	paration:	
Location of Marriage:			
Who may we contact if we cannot	ot contact you?		
Phone Number:	Relationsh	First Name nip:	
Reason for Consultation:			
Opposing Party's Information:			
Last Name Mailing Address:	First Name	Mi	iddle Initial
Home Phone:	Street Number & Name Work Phone:		
Physical Address (if different):			

Name of Employe DOB:	er:			
Is the opposing par	rty represented by	counsel? If so	, who:	
Has the opposing p	party filed a Petition	n?	If so when? _	
REASON FOR SE REFERRED BY: INTERNET:		IRM:	YELLO	OW PAGES
CHILDREN INFOR				
How many childre	n from this relati	onship?		
Name:		_ DOB:	Male / Female	
Name:		_ DOB:	Male / Fema	ale
Name:		_ DOB:	Male / Fema	ale
Name:		_ DOB:	Male / Female	
Name:		DOB: Male / Female		nale
Where is/are the cl	hild(ren) residing?_			
List all addresses v	where your child(re	n) has/have liv	ed for the past the	hree years:
Dates	With Whom the C	children Lived		Address (street, city, state)
	1			

Do you want your spouse to have joint legal custody? (Understand that pursuant to NJ / PA law, the Court may be inclined to allow each party to have Joint Custody unless one party is unfit or has abused or abandoned the child):
YesNo
Do you want your spouse to have visitation: Yes No If no, do you want your spouse to have supervised visitation? Please briefly state why? (Please
understand that bad parenting that you disagree with is different than dangerous parenting)
Please specify what visitation or joint custody agreement you believe appropriate and, briefly, give you reasons why and the specific times you wish to have visitation/custody
(i.e. birthdays):
Please list your children's present:
Religion (if any):
Doctor (name and address):
Dentist (name and address):

Other Medical (name and address):	
School(s) (name and address):	
Child Care Provider(s) (names and address	sses):
Child's Recreational Activities:	
ho carries medical/dental insurance on child(rer	n)?
Monthly expense:	
Are there childcare expenses?	
f so, how much? Who pa	nys:
OTHER ISSUES:	
Wife's maiden name:	Return to maiden name: Y N
Gross Monthly Income (Her): G	Gross monthly income (Him):
Are you seeking spousal support? Y N	

RETIREMENT:

Please list any and all retirement, 401(k), savings plan, & accounts.

Name	Approx. Value	Whose Name

EXPENSES:

List monthly expenses and approximately how much each month:

Expense:	Monthly Payment
House/Rent	
Car Payment(s)	
Utilities	
Insurance	
Groceries	
Gas	
Other Expenses:	

DEBTS:		
ist debts, amount owed, and who will take over the deb	t.	
Debt	Value	Who keeps
<u>ISSETS:</u>		
lease list your assets, their fair market value, and who	will keep the asset.	
Asset	Value	Who Keeps
Home - (address)		
Vehicle one (make & model)		
Vehicle two (make & model)		

The legal process relating to Divorce, Child Custody/Timeshare, Violence may be is confusing. Misunderstandings and miscommunica firm and clients could occur (i.e., who is going to do what), especially order to make sure that everything is clear, please be advised that our commence until we receive a signed Domestic Relations Fee Agreement	tions between at the beginn representation	members of this ing of a case. In of you does not
DO NOT FILL ANYTHING OUT BELOW THIS LINE	- THANK YOU	J
(Office Use Only)		
FEE ARRANGEMENT		
\$Retainer		
\$ <u>250.00</u> Hourly		
Petition/Response: Motion for Interim Relief:	_	
Interim Spousal support: Interim Custody:	_	
Interim Child Support: Community Residence:		
Debt Relief:		