

MOULTON LAW
Family Law Intake Form

Full Name: _____ Maiden Name: _____

Date: _____ Source: Internet Walk In Referred by: _____

Type of Matter:

- | | | |
|--|---|---|
| <input type="checkbox"/> Child Custody | <input type="checkbox"/> Divorce | <input type="checkbox"/> Guardianship |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Parental Rights | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Gestational Agreement | <input type="checkbox"/> Premarital Agreement | <input type="checkbox"/> Paternity |
| <input type="checkbox"/> Annulment | <input type="checkbox"/> Name Change | <input type="checkbox"/> Legal Separation |

Date of Birth: _____ SSN: _____ DL/State _____

Address: _____

Billing Address (if different): _____

How long have you lived in Clark County, Nevada?: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Preferred Method of Contact:

- Telephone Call Text Message Email Address Other: _____

Place of Employment: _____ Job Title: _____

Employment Address: _____

Dates of Employment: _____ Gross Monthly Income: \$ _____

Highest Level of Education Achieved?: _____

Place of Marriage: _____ Date of Marriage: _____

Are you and your spouse currently separated? If yes, since when?: _____

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Spouse's Information

Full Name: _____ Maiden Name: _____

Date of Birth: _____ SSN: _____ DL/State _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Place of Employment: _____ Job Title: _____

Employment Address: _____

Dates of Employment: _____ Gross Monthly Income: \$ _____

Highest Level of Education Achieved?: _____

Children's Information

Full Name: _____ Date of Birth: _____

SSN: _____ Place of Birth _____

Full Name: _____ Date of Birth: _____

SSN: _____ Place of Birth _____

Full Name: _____ Date of Birth: _____

SSN: _____ Place of Birth _____

Full Name: _____ Date of Birth: _____

SSN: _____ Place of Birth _____

Full Name: _____ Date of Birth: _____

SSN: _____ Place of Birth _____

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Who do the children currently live with?: _____

Who acts as the primary caregiver for the children?: _____

Who provides health insurance for the children, and what is the cost?: _____

Do any of your children have a disability? If so, what kind?: _____

Are there any expenses for daycare/child care? If so, how much?: _____

Are there any expenses for school tuition? If so, how much?: _____

Are there any expenses for extracurricular activities? If so, yes, please name the activity, cost, and child associated with the expense: _____

Miscellaneous

Have you and the other party been divorced previously? If so, please provide the following:

Date of Divorce: _____ Place of Divorce: _____

Case Number: _____ Court: _____

Community Assets

Do you and your spouse own any real property? If so, please provide the following information:

Real Property 1:

Address: _____

Purchase date: _____ Purchase price: _____

Name on title: _____ Lender: _____

Real Property 2:

Address: _____

Purchase date: _____ Purchase price: _____

Name on title: _____ Lender: _____

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Do you and your spouse own any automobiles? If so, please provide the following information:

Car 1:

Make/Model: _____ Year: _____

Leased/Owned: _____ Name on title: _____

How much is owed?: _____ Who drives this car: _____

Car 2:

Make/Model: _____ Year: _____

Leased/Owned: _____ Name on title: _____

How much is owed?: _____ Who drives this car: _____

Car 3:

Make/Model: _____ Year: _____

Leased/Owned: _____ Name on title: _____

How much is owed?: _____ Who drives this car: _____

Do you and your spouse own any bank/investment accounts? If so, please provide the following:

Bank/Investment 1:

Location: _____ Type of Account: _____

Names on the account: _____ Current Value: _____

Bank/Investment 2:

Location: _____ Type of Account: _____

Names on the account: _____ Current Value: _____

Bank/Investment Account 3:

Location: _____ Type of Account: _____

Names on the account: _____ Current Value: _____

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Do you or your spouse own any life insurance policies? If so, please provide the following:

Life Insurance Policy 1:

Name of policy holder: _____ Value of Policy: _____

Name of company: _____ Policy Number: _____

Name(s) of beneficiaries: _____

Life Insurance Policy 2:

Name of policy holder: _____ Value of Policy: _____

Name of company: _____ Policy Number: _____

Name(s) of beneficiaries: _____

Do you or your spouse own any retirement accounts (401k, IRA, pensions, etc.)? If so, please provide the following information:

Retirement Account 1:

Location: _____ Type of Account: _____

Names on the account: _____ Current Value: _____

Retirement Account 2:

Location: _____ Type of Account: _____

Names on the account: _____ Current Value: _____

Do you or your spouse own any other property with a value of over \$1,000.00? If so, please list below:

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Community Debts:

Do you and your spouse possess any credit card debt? If so, please provide the following:

Credit Card 1:

Location: _____ Type of Account: _____

Names on the account: _____ Current Debt: _____

Credit Card 2:

Location: _____ Type of Account: _____

Names on the account: _____ Current Debt: _____

Credit Card 3:

Location: _____ Type of Account: _____

Names on the account: _____ Current Debt: _____

Do you and your spouse have any other debts? If so, please list them below:
