

McFARLING LAW GROUP

2800 W. Sahara Ave., Suite 6G • Las Vegas, Nevada 89102

Phone (702) 565-4335 • Fax (702) 732-9385

www.mcfarlinglaw.com • info@mcfarlinglaw.com

Divorce (without children) - Intake Sheet

This intake form is required to be filled out to the best of your ability. Names of all parties must be filled in prior to the consultation for conflict checks.

Today's date: _____

Please State your Top 3 Litigation Goals in Order of Importance:

Examples of Good Goals: "I want joint custody of my son" I want to prevent the other parent from relocating with our child".

Examples of Bad Goals: "To expose to the World what a liar my husband/wife is"

Goal #1:

Goal #2:

Goal #3:

Personal Data – please fill in all fields

Name _____

Street Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Fax No: _____

Is it ok to contact you at the phone numbers listed above? _____

Personal Email: _____ work email _____

Do you prefer we use your personal email, work email or both? _____

All Former Names: _____

Driver's License Number: _____ Issuing State: _____ years in Nevada _____

Soc Sec #: _____ Age: _____ Birth date: _____

Separation date: _____ marriage date: _____

Do you want to keep your married last name? _____

If no, what is your maiden name: _____

Education/Training: _____

Are there any pensions (Retirement, 401k, IRA's, etc.) at issue? _____

Were/are you or your spouse in the Military? Branch/rank: _____

If military, Active Duty or Retired? _____ Dates of Service _____

Employment Information:

Job Title: _____

Employer Name _____

Address _____

City, State, Zip _____

Employer Phone _____

Salary: Gross\$ _____ Net\$ _____ Per: _____

Work Hours: _____

Date began employment: _____

Opposing Party – your husband or wife

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Email: _____ work email _____

Fax No: _____

All Former Names: _____

Driver's License Number: _____ Issuing State: _____ years in Nevada _____

Soc Sec #: _____ Age: _____ Birth date: _____

Education/Training: _____

Employer Information:

Job Title: _____

Employer Name _____

Address _____

City, State, Zip _____

Employer Phone _____

Salary: Gross\$ _____ Net\$ _____ Per: _____

Work Hours: _____

Date began employment: _____

Attorney of Record for Opposing Party (if any): _____

UNDERLYING ORDERS OR JUDGMENTS

Has any judge previously signed any ORDERS or JUDGMENTS in connection with this matter or another matter involving these same parties? YES NO

If yes, in what City, State and Year did this occur? _____

Are you aware of any ongoing proceedings surrounding this matter? YES NO

EXPLAIN (Please supply Dates, State, County and Details):

Have you retained any other attorneys on this matter prior to coming to this office? (If yes, please provide name, date retained and reason to discontinue service.) _____

DETAILS ABOUT YOUR CASE:

SPOUSAL SUPPORT:

Desired Support \$ _____ per month, for how long: _____

Special Needs (Including items such as rehabilitative training, medical problems):

WHAT ARE THE WORST THINGS THE OTHER SIDE MIGHT ALLEGE AGAINST YOU (TRUE OR NOT) AND IS THERE ANY BASIS FOR THEM?

Domestic Tort Issues:

Has there ever been a physical assault, battery, intentional infliction of emotional distress, wiretapping or other interception of communications, infliction of disease or harm to either party by the alleged negligence or fraud of the other party? If so provide details:

Property and Debt

Has either party ever filed bankruptcy? If so provide details:

Real Estate

Address/Description Name on title Who will keep Net Equity/Value

Vehicles :

Vehicle ID No.: _____ Value: _____

Make: _____ Model: _____ Year: _____

Titled jointly? If so - with who? _____

Who will keep: _____

Vehicle ID No.: _____ Value: _____

Make: _____ Model: _____ Year: _____

Titled jointly? If so - with who? _____

Who will keep: _____

Other Property (Bonds, IRAs, Bank Accounts, etc)

Description Account # Net Equity

Debt

Real Estate Debt:

Creditor	Name on Account	Balance	Monthly Payment	Acct No.
1.		\$	\$	
2.		\$	\$	
3.		\$	\$	

Credit Cards:

Creditor	Name on account	Balance	Monthly Payment	Acct No.
		\$	\$	
		\$	\$	

\$ \$

Other Creditors:

<u>Creditor</u>	<u>Name on account</u>	<u>Balance</u>	<u>Monthly Payment</u>	<u>Acct No.</u>
		\$	\$	
		\$	\$	
		\$	\$	

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