Pucher & Ranucci P.C.

DOMESTIC RELATIONS (PRE-JUDGMENT) CLIENT INTAKE FORM

Client:

_____

Name DOB SSN

Home Address:

_____

Number and Street City State Zip Code

Billing Address:

_____

Number and Street City State Zip Code

Home Phone:		*Work Phone:*	
Cell Phone #1:		*Cell Phone #2:*	
E-mail #1:		*E-mail #2:*	
Fax #1:		*Fax #2:*	

Best Way to Reach Me:

☐ Home Phone ☐ Work Phone
☐ Cell Phone #1 ☐ Cell Phone #2
☐ E-mail #1 ☐ E-mail #2

Name of Employer: _____ *Position:* _____

Address of Employer:

_____

Number and Street City State Zip Code

*Approximate Annual Salary:*_____

Spouse:

_____

Name DOB SSN

Name of Spouse's Employer: _____ *Position:* _____

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Address of Spouse's Employer:

_____

Number and Street City State Zip Code

*Approximate Annual Salary of Spouse:*_____

*Date of Marriage:*_____

Place of Marriage: _____

City/Township/Village State County

Are you and your spouse currently residing together?

☐ Yes ☐ No

Do you own your home?_____

Children:

Name of Child:	Date of Birth of Child:	Currently Residing with:
1.		
2.		
3.		
4.		

☐ Please check if you believe there are any issues regarding allocation of parenting responsibility of child(ren): Briefly describe:

_____

_____

_____

_____

_____

_____

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*Briefly Describe Marital Assets at issue:*_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

*Briefly Describe Marital Debts at issue:*_____

_____

_____

_____

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_____

_____

_____

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*Briefly Describe any property you consider Non-Marital:*_____

_____

_____

_____

_____

_____

_____

_____

Briefly Describe any pre-nuptial or post-nuptial agreements and/ or executed estate plans:

_____

_____

_____

_____

_____

_____

_____

_____

How did you hear about us?: _____

OFFICE USE ONLY

DEPARTMENT:_____

ORIGINATOR:_____REFERRER: _____

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DOMESTIC RELATIONS (PRE-JUDGMENT) CLIENT INTAKE FORM

ADDITIONAL NOTES