

CLIENT INTAKE SHEET

	CLIENT INTAKE SHEET						
CLIENT							
OPPOSING PARTY							
NATURE OF CASE: CIRCLE ONE DIVORCE SEPARATION ANNULMENT PATERNITY OTHER							
	CLIENT			OPPOSING PARTY			
FULL NAME							
BIRTH OR MAIDEN NAME							
ADDRESS STREET, APT. NO.							
TOWN, STATE, ZIP COUNTY							
PHONE	HOME	WORK			HOME	WORK	
E-MAIL ADDRESS							
SOCIAL SECURITY NUMBER							
DATE OF BIRTH							
PLACE OF BIRTH (State or Country)							
RACE							
HIGHEST GRADE COMPLETED							
HAWAII RESIDENT SINCE							
PRIMARY EMPLOYER (Name and Address)							
JOB TITLE							
WORK SCHEDULE							
LENGTH OF SERVICE							
GROSS MONTHLY INCOME (All Sources)	Primary	Secondary	Welfare	Primary	Secondary	Welfare	
DATE OF THIS MARRIAGE	DATE			COUNTY I STATE			
DATE OF SEPARATION { } NOT SEPARATED	DATE			COUNTY I STATE			

CLIENT INTAKE SHEET (Continued)

	FROM MONTH/YEAR		TERMINATED BY			STATE
			DIVORCE	ANNULMENT	DEATH	
CLIENT'S PRIOR MARRIAGES						
OPPOSING PARTY'S PRIOR MARRIAGES						

CHILDREN: ALL CHILDREN OF EITHER PARTY FROM YOUNGEST TO OLDEST

CHILD'S FULL NAME	MIF	BIRTHDATE	LEGAL PARENT (HUSRAND WIFE fir OTHFR)	PRESENT CUSTODY	SCHOOL AND GRADE

CHILDREN'S PRESENT ADDRESS:

PLACES WHERE AND PERSONS WITH WHOM THE CHILDREN HAVE LIVED WITHIN THE LAST FIVE YEARS AND DATES

ADDRESS	CARETAKERS	FROM MONTH/YEAR	TO MONTH/YEAR

CLIENT { } IS { } IS NOT PREGNANT. EXPECTED DELIVERY DATE:

THE UNDERSIGNED SOLEMNLY AND SINCERELY DECLARES, UNDER PENALTY OF PERJURY, THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF.

DATE	SIGNATURE
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