

JOHNSON NEWCOMB, LLP
SHORT FORM - UNCONTESTED CLIENT INTAKE SHEET

Date: _____

I. CLIENT:

1. Full Legal Name: _____ S.S.#: _____
2. Date of Birth: _____ County: _____ State: _____
3. Age (Last Birthday): _____
4. Marital Address: _____ City: _____ State: _____
5. Current Address: _____ City: _____
State: _____ Zip Code: _____
6. How Long a Resident of Kentucky: _____
7. Telephone Number(s): (H); _____ (W); _____
(C); _____ (O/Fax); _____
8. Occupation or Business: _____
9. Employer's Name: _____
10. Employer's Address: _____
11. Length of Employment: _____
12. Wages: (Hour); _____ (Week/Bi-weekly); _____ (Year); _____
13. How Many Times Married, including this one: _____
14. County of Previous Divorce: _____
15. Maiden Name (if applicable): _____
16. E-mail address(es): _____

II. RESPONDENT/SPOUSE:

1. Full Legal Name: _____ S.S.#: _____
2. Date of Birth: _____ County: _____ State: _____
3. Age (Last Birthday): _____
4. Marital Address: _____ City: _____ State: _____
5. Current Address: _____ City: _____
State: _____ Zip Code: _____
6. How Long a Resident of Kentucky: _____
7. Telephone Number(s): (H); _____ (W); _____
8. Occupation or Business: _____
9. Employer's Name: _____
10. Employer's Address: _____
11. Length of Employment: _____
12. Wages: (Hour); _____ (Week/Bi-weekly); _____ (Year); _____

** FOR CUSTODY, PLEASE FILL OUT SECTIONS I, II, AND III ONLY **

- 13. How Many Times Married, including this one: _____
- 14. County of Previous Divorce(s): _____
- 15. Maiden Name (if applicable): _____
- 16. E-mail address: _____

III. PARTIES' MARRIAGE INFORMATION:

- 1. Place of Marriage: (County); _____ (State); _____
- 2. Date of Marriage: _____
- 3. Date of Separation or Last Conjugal Relation: _____
- 4. Is Wife Pregnant: _____
- 5. Wife Want Maiden Name Restored: _____ Name: _____
- 6. Children of Parties:

<u>NAME</u>	<u>SOCIAL SECURITY NO.</u>	<u>AGE</u>	<u>DATE OF BIRTH</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 8. Custody Desired or Agreed Upon: (Joint or Sole): _____
- 9. Visitation/Time Sharing Agreement or Desired:
Client's Timesharing Periods: _____

Spouse's Timesharing Periods: _____

- 10. Paternity Case Information: (County): _____ (Case No.): _____

IV. PROPERTY AND DEBTS:

- 1. Marital Residence:
Address: _____
Date Purchased: _____ Purchase Price: _____
Deed Book and Page Number of Deed: _____
Do You Want to Keep or Sell Property: _____ Desired Realtor: _____

** FOR CUSTODY, PLEASE FILL OUT SECTIONS I, II, AND III ONLY **

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Unsecured Loans, Debts, and Credit Card Accounts:

<u>Name of Creditor</u>	<u>Monthly Payment</u>	<u>Total Owed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Motor Vehicles:

<u>Year/Make/Model</u>	<u>Lien Holder</u>	<u>Mo. Pmt. Amt.</u>	<u>Total Owed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Retirement Benefits:

Client:

Name of Company: _____

Address: _____

E-Mail: _____ Website: _____ Tel. No. _____

Type of Retirement Benefits: _____

Monthly Contribution: _____

Account No(s): _____

Spouse:

Name of Company: _____

Address: _____

** FOR CUSTODY, PLEASE FILL OUT SECTIONS I, II, AND III ONLY **

E-Mail: _____ Website: _____ Tel. No. _____

Type of Retirement Benefits: _____

Monthly Contribution: _____

Account No(s): _____

7. Bank Accounts and Investment Accounts:

<u>Name of Bank</u>	<u>Type of Account</u>	<u>Owner</u>	<u>Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL SETTLEMENT AGREEMENT TERMS OR ISSUES:
