

# KARIN JOHNSON CHATFIELD, LLC

## CLIENT INTAKE DISSOLUTION OF MARRIAGE/PARTNERSHIP

<i>Date:</i>		<i>Referred by:</i>	
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<i>Name (first)</i>		<i>(middle)</i>		<i>(last)</i>		
<i>Address</i>				<i>County</i>		
<i>City</i>			<i>State</i>		<i>Zip</i>	
<i>Home phone</i>		<i>Cell</i>			<i>Work</i>	
<i>Email</i>				<i>Preferred Contact #</i>		
<i>Alt. Email</i>				<i>Would you like bills sent to your email?</i>		

<i>Employer</i>			<i>Occupation</i>		
<i>Address</i>					
<i>Driver's License No.</i>			<i>State issued</i>		
<i>Age</i>			<i>Date of birth</i>		
<i>Colo. Resident since</i>			<i>SSN</i>		
<i>Member of armed forces?</i>			<i>Branch</i>		

<i>Date of Marriage</i>			<i>City</i>			
<i>County</i>			<i>State</i>		<i>Date of separation</i>	
<i>Is wife pregnant?</i>			<i>Wife requests name restored to</i>			
<i>Current or former attorney</i>						

### *Spouse / Partner's Information*

<i>Name (first)</i>		<i>(middle)</i>		<i>(last)</i>		
<i>Address</i>				<i>County</i>		
<i>City</i>			<i>State</i>		<i>Zip</i>	
<i>Home phone</i>		<i>Cell</i>			<i>Work</i>	
<i>Email</i>				<i>Alt. Email</i>		

<i>Employer</i>			<i>Occupation</i>		
<i>Address</i>					

### *Spouse / Partner's Information, contd.*

<i>Driver's License No.</i>		<i>State issued</i>	
<i>Age</i>		<i>Date of birth</i>	

<i>Colo. Resident since</i>		<i>SSN</i>	
<i>Member of armed forces?</i>		<i>Branch</i>	
<i>Spouse / Partner's Attorney</i>			

**Children's Information**

<i>Name</i>	<i>Sex</i>	<i>Age</i>	<i>Date of Birth</i>	<i>Living With</i>	<i>SSN</i>

**Names/addresses of all person(s) with whom the child/ren have resided during the past 5 years.**

<i>Name</i>	<i>Address</i>	<i>Dates (from....to)</i>

**Are there now, or have there been any other custody actions concerning these children? Explain.**


**Have the parents or dependent children listed above received, now or within the last 5 years, benefits or public assistance from either a state Department of Human Services or county Department of Social Services? Yes  No**

**If yes, please provide:**

<i>Name of person receiving benefit</i>	<i>Relationship</i>	<i>Agency</i>	<i>Dates of Assistance</i>

**Have restraining orders to prevent domestic violence or abuse been issued against either party within the past 90 days? Yes  No**

**If yes, the restraining order was issued because:**


*Please list, in general, your assets and their value:*

<i>Asset</i>	<i>Value</i>

*Please list, in general, your debts:*

<i>Creditor</i>	<i>Amount</i>

<i>Will either party be making a claim for maintenance (alimony)?</i>			
<i>Your yearly gross income</i>		<i>Spouse / Partner's yearly gross income</i>	