

DIVORCE/SEPARATION INTAKE FORM

Please complete this form as fully and accurately as possible. If any information is not known to you, please leave the space blank. This information is needed for your consultation and possible future representation, if retained. Thank you in advance for your cooperation and assistance.

1. For Department of Vital Statistics VS-4 Form & General Information:

	Client's Information	Current Spouse's Information
Full Legal Name <i>(first, middle, last, suffix)</i>		
Wife's Maiden Name		
Date of Birth <i>(month, day, year)</i>		
Place of Birth <i>(State or Foreign Country)</i>		
Citizenship	___ U.S. Citizen ___ Other: _____	___ U.S. Citizen ___ Other: _____
# of marriages	___ 1 st ___ 2 nd ___ 3 rd ___ 4 th ___ 5 th ___ 6 th	___ 1 st ___ 2 nd ___ 3 rd ___ 4 th ___ 5 th ___ 6 th
Race/Ethnicity		
Highest level of education (# of years)	Elementary or Secondary (0-12): _____ College (1-4 or 5+): _____	Elementary or Secondary (0-12): _____ College (1-4 or 5+): _____
Social Security #:		
Driver's License:	State: _____ #: _____	State: _____ #: _____
Current Addresses Physical: <i>(street # & name; city; state; zip)</i>		
Mailing: <i>(If different from physical)</i>		
Phone Numbers <i>(home, work, cell)</i>		
Email Address		
Employment <i>(Employer's Name & City)</i> Job Title Gross Annual Income <i>(before taxes and deductions)</i>		
Currently or formerly in the military service of the U.S.?	___ No ___ Yes Branch: _____ ___ Active Duty ___ Reserves Date Entered: _____ Exit Date: _____ Receive retirement?: ___ No ___ Yes Receive VA disability?: ___ No ___ Yes	___ No ___ Yes Branch: _____ ___ Active Duty ___ Reserves Date Entered: _____ Exit Date: _____ Receive retirement?: ___ No ___ Yes Receive VA disability?: ___ No ___ Yes

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2. Venue:

Venue:

- Last cohabitated
- Consent
- Election of P
- Where D reside in VA
- Where P resides if D nonresident

- a. Date of Marriage: _____ Place of Marriage: _____
(month, day, year) (city, state, country)
- b. Did you and your spouse ever live together? ___ Yes ___ No
- Place where you last lived together: _____
(street # & name) (city) (state) (zip)

3. Separation: Date of Separation: _____

- a. Has the separation been continuous, uninterrupted, without cohabitation? ___ Yes ___ No

4. Jurisdiction: Checkmark (✓) all that apply:

- In Rem* a. Who was a resident (physically present) & a domiciliary (intend to stay in VA) of VA for the past 6 months?
 (1) ___ You (2) ___ Your Spouse
- In Personam* b. Your spouse lived in VA on the date of:
 (1) ___ Separation (2) ___ Suit/Divorce was filed
 (3) ___ Cause of action arose for divorce (i.e. faults/ reason for divorce occurred)

5. Children: Any children born or adopted of this marriage? ___ Yes ___ No

Child's Full Legal Name <small>(first, middle, last, suffix)</small>	Date of Birth <small>(month, day, year)</small>	Age	Sex <small>M/ F</small>	Social Security# <small>(not needed if adult)</small>	Currently Residing With <small>(name, relationship, city located at)</small>

UCCJEA:

- Home state@
- time of filing
- Home state 6
- months prior,
- child absent but a
- "parent" still
- resides
- Significant
- connections
- Best interest of
- child

- a. The child(ren) listed above lived at the *same* address for 5 years? ___ Yes ___ No
- b. Do you *OR* your spouse have any *other* minor children? ___ Yes ___ No
- c. Are you *OR* your spouse pregnant? ___ Yes ___ No

6. Current/Prior Legal Proceedings

- a. Have you and your spouse signed a separation agreement? ___ Yes ___ No
- b. Has there been anything filed with a court regarding this matter? ___ Yes ___ No
- What action(s): _____ Next Court Date(s): _____
- What court(s): _____ Case #: _____
- c. Any Protective Orders between you and your spouse, now or in the past? ___ Yes ___ No
- d. Social Services ever involved with you, spouse, or any child at issue? ___ Yes ___ No

Which is applicable to your case?	Uncontested Divorce (No-Fault)	Contested Divorce (Fault)	<input type="checkbox"/> Desertion/abandonment
	<input type="checkbox"/> Irreconcilable differences	<input type="checkbox"/> Cruelty	<input type="checkbox"/> Adultery
		<input type="checkbox"/> Reasonable Apprehension of Bodily Hurt	<input type="checkbox"/> Felony Conviction