



THE LAW OFFICE OF
BRADLEY L. SCHENCKER

(847) 686 - 3626 • 400 West Dundee Road, Suite 6, Buffalo Grove, Illinois 60089 • www.blslawoffice.com

CLIENT INTAKE FORM – DIVORCE

PERSONAL INFORMATION

1. FULL NAME: _____

2. SOCIAL SECURITY NUMBER: _____

3. MAIDEN NAME (if applicable): _____

4. DATE OF BIRTH (month/date/year): _____

5. PLACE OF BIRTH: _____

6. CITIZENSHIP: _____

7. DATE OF MARRIAGE: _____

8. PLACE OF MARRIAGE: _____

(city) (state) (county)

9. DATE OF SEPARATION: (if not applicable, please so indicate) _____
(month / date / year)

10. DATE OF LAST INTERCOURSE WITH YOUR SPOUSE: _____

11. ADDRESS FOR THE LAST 2 YEARS:

(street number & name) (city) (state) (zip) (county)

(street number & name) (city) (state) (zip) (county)

(street number & name) (city) (state) (zip) (county)

12. DATE WHEN BREAKDOWN OF MARRIAGE OCCURRED: _____
(month / date / year)

13. NUMBER OF THIS MARRIAGE FOR YOU (e.g.: 1st, 2nd, etc.): _____

13. PHONE NUMBER: _____
(home) (work) (cell)

14. E-MAIL ADDRESS*: _____

***We contact clients primarily through e-mail. If you would like to be contacted in another manner, please specify:** _____

15. EMPLOYER NAME: _____

16. EMPLOYER ADDRESS: _____
(street number & name) (city) (state) (zip) (county)

17. JOB TITLE: _____

18. ANNUAL INCOME: _____

19. DO YOU HAVE HEALTH INSURANCE? YES / NO

20. HEALTH INSURANCE PROVIDER: _____

SOCIAL MEDIA (Please list all social media in which you participate)

PLATFORM

USERNAME

- Facebook: _____
- LinkedIn: _____
- Twitter: _____
- Snapchat: _____
- Instagram: _____
- Pinterest: _____
- Yelp: _____
- Other: _____

INFORMATION ABOUT YOUR SPOUSE

1. FULL NAME OF SPOUSE: _____

2. SPOUSE'S MAIDEN NAME (if applicable): _____

3. SOCIAL SECURITY NUMBER OF SPOUSE: _____

4. SPOUSE'S DATE OF BIRTH (month/date/year): _____

5. PLACE OF BIRTH: _____

6. CITIZENSHIP: _____

7. DRUG USE (TYPE/ FREQUENCY): _____

8. ALCOHOL USE (AMOUNT/FREQUENCY): _____
9. FULL NAME AND ADDRESS OF SPOUSE'S COUNSEL: *(if your spouse is representing him/herself, or if you do not know whether your spouse has counsel, please so indicate):*

10. NUMBER OF THIS MARRIAGE FOR SPOUSE (e.g.: 1st, 2nd, etc.): _____
11. ADDRESS OF SPOUSE:

(street number & name) (city) (state) (zip)
12. NAME OF SPOUSE'S EMPLOYER:

13. ADDRESS OF SPOUSE'S EMPLOYER:

(street number & name) (city) (state) (zip)
14. ANNUAL INCOME: _____
15. SPECIAL TRAINING: _____
16. EDUCATION: _____

SOCIAL MEDIA *(Please list all social media in which your spouse participates)*

PLATFORM	USERNAME
• Facebook:	_____
• LinkedIn:	_____
• Twitter:	_____
• Snapchat:	_____
• Instagram:	_____
• Pinterest:	_____
• Yelp:	_____
• Other:	_____

INFORMATION ABOUT YOUR CHILD(REN)

FULL NAMES AND BIRTH DATES OF ALL CHILDREN BORN TO OR ADOPTED BY YOU OR YOUR SPOUSE, INCLUDING ANY CHILD WHOSE FATHER/MOTHER IS NOT YOUR SPOUSE *(if any child is adopted, born to you but not to your spouse, born to your spouse but not to you, or if the relationship otherwise requires explanation, please so explain):*

- _____

- _____
- _____
- _____

WITH WHO SHOULD YOUR CHILDREN RESIDE? WHY?

ARE YOU NOW PREGNANT? Yes / No

SPECIAL CONCERNS

1. Please describe any health concerns you or your child(ren) might have:

2. Please describe the issue(s) of greatest concern to you relevant to this divorce:

3. Please indicate whether you want to resume your maiden name (if applicable): YES / NO

PROPERTY

1. Please supply us with the most recent statement from all bank accounts in your possession in your or your spouse's names (including the following types of accounts: checking, savings, certificates of deposit, market accounts, credit union accounts, annuities, individual retirement accounts, Keogh accounts, 401K plans and Christmas club accounts, stocks, bonds, or mutual funds.)

2. Please list any motor vehicles (cars, motorcycles, boats, ATVs)

_____	_____	_____	_____
Year	Make	Model	Mileage
_____	_____	_____	_____
Year	Make	Model	Mileage
_____	_____	_____	_____
Year	Make	Model	Mileage
_____	_____	_____	_____
Year	Make	Model	Mileage

3. REAL ESTATE
 - a. Do you own marital residence? YES / NO
 - b. Do you own any other real estate? YES / NO

PRIOR LEGAL PROCEEDINGS

1. Are there now or have there ever been any Orders of Protection, Domestic Violence or Restraining Orders between you and your spouse? YES / NO
 - a. If so, from what court? _____
 - b. When was the most recent order entered? _____
 - c. What is the expiration date of that order? _____
 - d. Were you represented by another attorney? _____

2. Have there been any other court actions between you and your spouse? YES / NO
 - a. If so, in what court? _____
 - b. What orders has that court entered? _____

3. Has the Department of Children and Families Services been involved with you, your spouse or any child(ren) at issue? If so, when and why? YES / NO

SERVICE OF PROCESS

Give an accurate physical description of your spouse (height, weight, hair and eye color, age, ethnicity, distinctive physical attributes, tattoos, scars, etc)

Make/model and license plate of the car your spouse will be driving:

Best dates and times for service:

ADDITIONAL INFORMATION

(Please list any additional information you believe is relevant to your case)

CLIENT VERIFICATION:

I, the undersigned, in the above referenced matter, state that I have prepared and reviewed the above entitled document and certify that the information provided is true and correct to the best of my knowledge.

Your signature

Date