

Law Offices of
Julie A. Ringquist

Reliable Family Law Attorney

CLIENT INTAKE FORM:

CLIENT CONTACT INFORMATION:

Name: _____

Address: _____

Is this address safe to send mail to? Yes / No (circle one)

Telephone: _____

Is this phone a private number and safe to leave messages on? Yes / No (circle one)

Cell phone: _____

Is this phone a private number and safe to leave messages on? Yes / No (circle one)

Email: _____

Is this email address safe to send mail to? Yes / No (circle one)

CLIENT BACKGROUND INFORMATION:

Birthdate: _____

Employer: _____ **Occupation:** _____

Salary: _____

SPOUSE'S INFORMATION:

Name: _____

Employer: _____ **Occupation:** _____

Salary: _____

MARRIAGE HISTORY

Date of marriage: _____

(please continue to the second page)

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(Marriage History continued...)

Children of marriage:

Child #1:

Name: _____ Gender: M / F Birthdate: _____

Birth City: _____ Birth State: _____

Child #2:

Name: _____ Gender: M / F Birthdate: _____

Birth City: _____ Birth State: _____

Child #3:

Name: _____ Gender: M / F Birthdate: _____

Birth City: _____ Birth State: _____

Date of separation: _____

Level of conflict (circle one, 10 being the worst):

1 2 3 4 5 6 7 8 9 10

Any violence? Y / N

Have police been called? Y / N

Any restraining orders filed? Y / N

Do you expect custody and visitation issues to be disputed? Y / N