

Scott Law Offices

A Professional Limited Liability Company

DISSOLUTION INTAKE FORM

Dissolution Separation Paternity Custody Modification Other _____

Client Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Best way to contact: _____

Domiciled in Arizona since: _____

Employer: _____

Address: _____

Occupation: _____

Gross Monthly Income: _____

Secondary employment or overtime _____

If unemployed, state why: _____

Male Female Height _____ Weight _____

Eyes _____ Hair _____ Race _____

Date of Birth _____ SSN _____

Driver's License Number _____

In the military? Yes No

Date of Marriage: _____

Place of Marriage: _____

Date of Separation: _____

Maiden Name _____ Restore? Yes No

Has either party received any state aid? _____

Opposing Party Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Best way to contact: _____

Domiciled in Arizona since: _____

Employer: _____

Address: _____

Occupation: _____

Gross monthly income: _____

Secondary employment or overtime _____

If unemployed, state why: _____

Male Female Height _____ Weight _____

Eyes _____ Hair _____ Race _____

Date of Birth _____ SSN _____

Driver's License Number _____

In the military? Yes No

Date of Birth _____ SSN _____

Driver's License Number _____

In the military? Yes No

Opposing party's attorney name and address: _____

Phone: _____

CHILDREN

Name	Date of Birth	Social Security Number	Gender

Is Mother currently pregnant? Yes No If yes, expected delivery date: _____

Does either party have any other children? Yes No If yes, please list them and with whom the children reside. If the parent is under a Court order to provide child support for their other child, how much is the obligation?

Addresses of the children for the last five (5) years:

Residential Address	Time period resided there	With which parent

If there are multiple children whom resided in separate homes, provide additional information for each child on the reverse side of this page.

CUSTODY

- SOLE CUSTODY of the children to Mother Father
- JOINT CUSTODY Legal with primary residential custody with Mother Father
- Equal physical custody (50/50 parenting time)

DOMESTIC VIOLENCE

Is either party/child currently a victim of any family or domestic violence? Yes No

Has either party been the plaintiff, defendant, or names in a petition for an Order of Protection? Yes No

If yes, please describe: _____

Was the Order of Protection granted by the Maricopa County Superior Court? Yes No

If no, what Court was the Order of Protection granted? _____

CHILDREN ISSUES

Are any of the children names above in any physical danger due to abuse or neglect? Yes No

Has anyone named on this form had any involvement with Child Protective Services in Arizona? Yes No

If yes, please provide the CPS or Juvenile Court case number: _____

Proposed Parenting Plan: What do you suggest would be appropriate visitation of the children with the other parent? Include weekly, summer, holidays and any other important days of the family. Use additional space if needed.

Is supervised visitation appropriate? Yes No

Transportation Arrangements/Expenses: Mother Father to provide arrangements/expenses

(_____ %)

Mutual access to education and children’s needs.

Children not to leave Arizona without the written consent of the other party or by order of the Court.

CHILD SUPPORT

Current Child Support Order: Father \$ _____ Mother \$ _____

Child Support requested to be paid by Father Mother

Monthly Child Care Expenses \$ _____ Summer Care Expenses \$ _____

Paid by Father Mother

Paid by Father Mother

Health

Miscellaneous: Special Education costs, extraordinary child costs, etc. Reasons and amounts _____

OTHER NATURAL/ADOPTED CHILDREN:

Client:

Number living at home: _____

Amount of ordered child support: _____

Amount actually receiving: _____

Other Party:

Number living at home: _____

Amount of ordered child support: _____

Amount actually receiving: _____

MEDICAL/DENTAL INSURANCE: Medical Medical and Dental (COST FOR CHILDREN ONLY)

Currently provided by Mother Father Cost per month: \$ _____ Company: _____

Mother to provide Father to provide

Unreimbursed/uninsured medical expenses to be paid: Pro rata share ____% by Mother ____% by Father

Parents to cooperate with providing documents and forms as may be needed to utilize the health insurance for the benefit of the children.