Case Information Statement - Client Intake Form

If you have a question about this form, please contact your attorney's office.

# PART A - CASE INFORMATION

Your Attorney’s Information

|  |  |
| --- | --- |
| Attorney's Name | DeTorres & DeGeorge, LLC |
| Address | 146 Main Street |
| City | Flemington |
| State | NJ |
| Zip Code | 08822 |
| Work Phone | 908-284-6005 |
| Work Fax | 908-284-6007 |
| E-Mail | Rosanne@DandDFamilyLaw.com/Erin@DandDFamilyLaw.com |

Court Information

|  |  |
| --- | --- |
| Plaintiff Name |  |
| Defendant Name |  |
| County of Court |  |
| Docket Number |  |

Your Information:

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City |  |
| State |  |
| Zip Code |  |
| Work Phone |  |
| Home Phone |  |
| E-mail |  |

Other Party’s Information:

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City |  |
| State |  |
| Zip Code |  |
| Work Phone |  |
| Home Phone |  |
| E-mail |  |

What are the issues involved in this case (Select any that apply):

[ ]  Cause of Action

[ ]  Custody

[ ]  Parenting Time

[ ]  Alimony

[ ]  Child Support

[ ]  Equitable Distribution

[ ]  Counsel Fees

[ ]  Other

[ ]  Agreement Exist Between Parties

|  |  |
| --- | --- |
| Date of this Statement: |  |
| Date of Divorce: |  |
| Date of Prior Statements (if any): |  |
| Your Birth date: |  |
| Spouse's Birth date: |  |
| Date of Marriage: |  |
| Date of Separation: |  |
| Date of Complaint: |  |

**Children from this Marriage**:

Child #1:

|  |  |
| --- | --- |
| Full Name |  |
| Street Address |  |
| City |  |
| State |  |
| Zip Code |  |
| Date of Birth: |  |
| Child's Guardian |  |

Child #2:

|  |  |
| --- | --- |
| Full Name |  |
| Street Address |  |
| City |  |
| State |  |
| Zip Code |  |
| Date of Birth: |  |
| Child's Guardian |  |

**Children from this Marriage** (continued):

Child #3:

|  |  |
| --- | --- |
| Full Name |  |
| Street Address |  |
| City |  |
| State |  |
| Zip Code |  |
| Date of Birth: |  |
| Child's Guardian |  |

Child #4:

|  |  |
| --- | --- |
| Full Name |  |
| Street Address |  |
| City |  |
| State |  |
| Zip Code |  |
| Date of Birth: |  |
| Child's Guardian |  |

Child #5:

|  |  |
| --- | --- |
| Full Name |  |
| Street Address |  |
| City |  |
| State |  |
| Zip Code |  |
| Date of Birth: |  |
| Child's Guardian |  |

Child #6:

|  |  |
| --- | --- |
| Full Name |  |
| Street Address |  |
| City |  |
| State |  |
| Zip Code |  |
| Date of Birth: |  |
| Child's Guardian |  |

**Children from Other Relationships** (For both parties):

Child #1:

|  |  |
| --- | --- |
| Full Name |  |
| Street Address |  |
| City |  |
| State |  |
| Zip Code |  |
| Date of Birth: |  |
| Child's Guardian |  |
| Sex |  |
| Race |  |

Child #2:

|  |  |
| --- | --- |
| Full Name |  |
| Street Address |  |
| City |  |
| State |  |
| Zip Code |  |
| Date of Birth: |  |
| Child's Guardian |  |
| Sex |  |
| Race |  |

Child #3:

|  |  |
| --- | --- |
| Full Name |  |
| Street Address |  |
| City |  |
| State |  |
| Zip Code |  |
| Date of Birth: |  |
| Child's Guardian |  |
| Sex |  |
| Race |  |

Child #4:

|  |  |
| --- | --- |
| Full Name |  |
| Street Address |  |
| City |  |
| State |  |
| Zip Code |  |
| Date of Birth: |  |
| Child's Guardian |  |
| Sex |  |
| Race |  |

Child #5:

|  |  |
| --- | --- |
| Full Name |  |
| Street Address |  |
| City |  |
| State |  |
| Zip Code |  |
| Date of Birth: |  |
| Child's Guardian |  |
| Sex |  |
| Race |  |

Child #6:

|  |  |
| --- | --- |
| Full Name |  |
| Street Address |  |
| City |  |
| State |  |
| Zip Code |  |
| Date of Birth: |  |
| Child's Guardian |  |
| Sex |  |
| Race |  |

**PART B - MISCELLANEOUS INFORMATION**

Information about Your Employer (Provide Name and Address of Business, if Self-Employed):

|  |  |
| --- | --- |
| Employer's Name |  |
| Street Address |  |
| City |  |
| State |  |
| Zip Code |  |

Additional Identifying Information about yourself:

|  |  |
| --- | --- |
| Social Security Number |  |
| State Driver's License Number |  |
| Eye Color |  |
| Place of Birth |  |
| Sex |  |
| Height |  |
| Weight |  |
| Race |  |
| Hair |  |

# PART C - INCOME INFORMATION

Complete this section for yourself and (if known) for spouse:

# LAST YEAR'S INCOME

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yours | Joint | Spouse or Former spouse |
| Gross earned income last calendar year (year\_\_\_\_\_\_) |  |  |  |
| Unearned income (same year) |  |  |  |
| Total Income Taxes paid on above income (including Federal, State, F.I.C.A. and S.U.I.). If Joint Return, use middle column  |  |  |  |

# PRESENT EARNED INCOME

|  |  |  |
| --- | --- | --- |
|  | Yours | Spouse |
| Average Gross weekly income (based on last 3 pay periods (compute at 4.3 weeks per month)Commissions and bonuses, etc., are:[ ]  included [ ]  not included [ ]  not paid to you |  |  |
| Deductions per week: check all types of withholdings[ ]  Federal [ ]  State [ ]  F.I.C.A. [ ]  S.U.I.[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

# PART C - INCOME INFORMATION (continued)

# YOUR YEAR-TO-DATE EARNED INCOME

Dates: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of weeks for which income has been received \_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| 1. GROSS EARNED INCOME |  |  |
| 2. TAX DEDUCTIONS:  |  |  |
|  Number of dependents |  |  |
|  a. Federal Income Taxes |  |  |
|  b. N.J. Income Taxes |  |  |
|  c. Other State Income Taxes |  |  |
|  d. FICA |  |  |
|  e. Medicare |  |  |
|  f. S.U.I./S.D.I. |  |  |
|  g. Estimated tax payments in excess of withholding |  |  |
|  h. Other (specify any other tax deductions) |  |  |
| 3. OTHER DEDUCTIONS |  | if mandatory, check box |
|  a. Hospitalization/Medical Insurance |  | [ ]  |
|  b. Life Insurance |  | [ ]  |
|  c. Union Dues |  | [ ]  |
|  d. 401(k) Plans |  | [ ]  |
|  e. Pension/Retirement Plan |  | [ ]  |
|  f. Other Plans (specify) |  | [ ]  |
|  g. Charity |  | [ ]  |
|  h. Wage Execution |  | [ ]  |
|  i. Medical Reimbursement (flex fund) |  | [ ]  |
|  j. Other (specify) |  | [ ]  |

YEAR-TO-DATE GROSS UNEARNED INCOME

|  |  |  |
| --- | --- | --- |
| Source | How Often Paid | Year to Date Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**ADDITIONAL INCOME INFORMATION**

|  |  |  |
| --- | --- | --- |
| 1. How often are you paid? |  |  |
| 2. What is your annual salary? |  |  |

3. Have you received any raises in the current year?

[ ]  Yes [ ]  No

 If yes, state the date and the gross/net amount.

|  |
| --- |
|  |
|  |

4. Do you receive bonuses, commissions, or other compensation, include distribution, taxable or non-taxable, in addition to your regular salary?

[ ]  Yes [ ]  No

 If yes, explain.

|  |
| --- |
|  |
|  |

5. Do you receive bonuses, commissions, or other compensation, include distribution, taxable or non-taxable, in addition to your regular salary during the current or immediate past calendar year?

[ ]  Yes [ ]  No

 If yes, explain and state the date(s) of receipt and gross/net amounts received.

|  |
| --- |
|  |
|  |

6. Do you receive cash or distributions not otherwise listed?

[ ]  Yes [ ]  No

 If yes, explain.

|  |
| --- |
|  |
|  |

7. Have you received income from overtime work during either the current or immediate past calendar year?

[ ]  Yes [ ]  No

 If yes, explain.

|  |
| --- |
|  |
|  |

8. Have you been awarded or granted stock options, restricted stock or any other non-cash compensation or entitlement during the current or immediate past calendar year?

[ ]  Yes [ ]  No

 If yes, explain.

|  |
| --- |
|  |
|  |

9. Have you received any other supplemental compensation during either the current or immediate past calendar year?

[ ]  Yes [ ]  No

If yes, explain and state the date(s) of receipt and gross/net amounts received. Also describe the nature of supplemental compensation received.

|  |
| --- |
|  |
|  |

10. Have you received income from unemployment, disability and/or social security during either the current or immediate past calendar year?

[ ]  Yes [ ]  No

If yes, state the date(s) of receipt and gross/net amounts received.

|  |
| --- |
|  |
|  |

11. List the names of the dependents you claim.

|  |
| --- |
|  |
|  |

12. Are you paying or receiving any alimony?

[ ]  Yes [ ]  No

If Yes, how much and to whom paid or from whom received?

|  |
| --- |
|  |
|  |

13. Are you paying or receiving any child support?

[ ]  Yes [ ]  No

If Yes, List names of the children, the amount paid or received for each child and to whom paid or from whom received.

|  |
| --- |
|  |
|  |

14. Is there a wage execution in connection with support?

[ ]  Yes [ ]  No

If Yes, explain.

|  |
| --- |
|  |
|  |

15. Has a dependent child of yours received income from social security, SSI or other government program during either the current or immediate past calendar year?

[ ]  Yes [ ]  No

If yes, state the date(s) of receipt and gross/net amounts received.

|  |
| --- |
|  |
|  |

# PART D - MONTHLY EXPENSES

(Computed at 4.3 wks/mo.) Joint marital life style should reflect standard of living established during marriage, but not repeat those income deductions listed on Part C.

# SCHEDULE A: SHELTER

|  |  |  |
| --- | --- | --- |
| If Tenant: | Joint marital life styleHow many children? \_\_\_\_ | Yours and children residing with youHow many children? \_\_\_\_\_\_ |
| Rent |  |  |
| Heat (if not furnished) |  |  |
| Electric & Gas (if not furnished) |  |  |
| Renter's Insurance |  |  |
| Parking (at apartment) |  |  |
| Other Charges (Itemize) |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| If Homeowner: | Joint marital life styleHow many children? \_\_\_\_ | Yours and children residing with youHow many children? \_\_\_\_\_\_ |
| Mortgage |  |  |
| Real Estate Taxes (unless included with mortgage payment) |  |  |
| Homeowners Insurance (unless included with mortgage payment) |  |  |
| Other Mortgages or Home Equity Loans |  |  |
| Heat (unless electric or gas) |  |  |
| Electric & Gas |  |  |
| Water and Sewer |  |  |
| Garbage Removal |  |  |
| Snow Removal |  |  |
| Lawn Care |  |  |
| Maintenance |  |  |
| Repairs |  |  |
| Other Charges (Itemize) |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Tenant or Homeowner: | Joint marital life styleHow many children? \_\_\_\_ | Yours and children residing with youHow many children? \_\_\_\_\_\_ |
| Telephone |  |  |
| Mobile/Cellular Telephone |  |  |
| Service Contracts on Equipment |  |  |
| Cable TV |  |  |
| Plumber/Electrician |  |  |
| Equipment and furnishings |  |  |
| Internet Charges |  |  |
| Other (Itemize) |  |  |
|  |  |  |
|  |  |  |

# SCHEDULE B: TRANSPORTATION

|  |  |  |
| --- | --- | --- |
| Auto Payment |  |  |
| Auto Insurance(number of vehicles \_\_\_) |  |  |
| Registration, License |  |  |
| Maintenance |  |  |
| Fuel and Oil |  |  |
| Commuting Expenses |  |  |
| Other Charges (Itemize) |  |  |
|  |  |  |
|  |  |  |

# SCHEDULE C: PERSONAL

|  |  |  |
| --- | --- | --- |
| Food at Home and household supplies |  |  |
| Prescription Drugs |  |  |
| Non-prescription drugs, cosmetics, toiletries and sundries |  |  |
| School Lunch |  |  |
| Restaurants |  |  |
| Clothing |  |  |
| Dry Cleaning, Commercial Laundry |  |  |
| Hair Care |  |  |
| Domestic Help |  |  |
| Medical (exclusive of psychiatric)\*  |  |  |
| Eye Care\* |  |  |
| Psychiatric/psychological/counseling\*  |  |  |
| Dental (exclusive of orthodontic)\*  |  |  |
| Orthodontic\*  |  |  |
| Medical Insurance (hospitalization, etc.)\* |  |  |
| Club Dues and Memberships |  |  |
| Sports and Hobbies |  |  |
| Camps |  |  |
| Vacations |  |  |
| Children's Private School Costs |  |  |
| Children's College Costs |  |  |
| Parent's Educational Costs |  |  |
| Children's Lessons (dancing, music, sports, etc.) |  |  |
| Babysitting |  |  |
| Day-Care Expenses |  |  |
| Entertainment |  |  |
| Alcohol and Tobacco |  |  |
| Newspapers and Periodicals |  |  |
| Gifts |  |  |
| Contributions |  |  |
| Payments to Non-Child Dependents |  |  |
| Prior Existing Support Obligations |  |  |
|  (This family) |  |  |
|  (Other families - specify) |  |  |
| Tax Reserve (not listed elsewhere) |  |  |
| Life Insurance |  |  |
| Savings/investment |  |  |
| Debt Service (exclusive of mortgage) |  |  |
| Parenting Time Expenses |  |  |
| Pet/Veterinarian Expenses |  |  |
| Professional Expenses (other than this proceeding) |  |  |
| Other (specify) |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

\*unreimbursed only.

## Statement of Assets

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Description | Who Owns it?(H, W, J)\* | Date of purchase /acquisition | If this should be exempt from equitable distribution, state reason? | Value ($) | Date of Evaluation |
| Real Property |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Bank Accounts |  |  |  |  |  |
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| Vehicles |  |  |  |  |  |
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|  |  |  |  |  |  |
| Tangible Personal Property |  |  |  |  |  |
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| Stocks and Bonds |  |  |  |  |  |
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| Pension, Profit sharing, Retirement Plans, IRAs, 401Ks, etc. (list each employer) |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Businesses, Partnerships, Professional Practices |  |  |  |  |  |
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| Life Insurance (Cash surrender value) |  |  |  |  |  |
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|  |  |  |  |  |  |
| Loan Receivable |  |  |  |  |  |
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| Other (Specify) |  |  |  |  |  |
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\* H = Husband W = Wife J = Joint

**Statement of Liabilities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Description | Responsible Party?(H, W, J)\* | If this should be exempt from equitable distribution, state reason? | Monthly Payment  | Total Owed | Date of Evaluation |
| Real Estate Mortgage |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Other Long Term Debts |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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| Revolving Charges |  |  |  |  |  |
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| Other Short Term Debts |  |  |  |  |  |
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| Contingent Liabilities |  |  |  |  |  |
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\* H = Husband W = Wife J = Joint

**PART F - STATEMENT OF SPECIAL PROBLEMS**

Provide a Brief Narrative Statement of Any Special Problems Involving This Case: As example, state if the matter involves complex valuation problems (such as for a closely held business) or special medical problems of any family member, etc.

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|  |

REQUIRED ATTACHMENTS

1. A full and complete copy of your last federal and state income tax returns with all schedules and attachments.
2. Your last calendar year's W-2 statement and 1099's, K-1 Statement.
3. Your three most recent pay stubs.
4. Bonus information including, but not limited to, percentage overrides, timing of payments, etc.; the last three statements of such bonuses, commissions, etc.
5. Your most recent corporate benefit statement or a summary thereof, showing the nature, amount and status of retirement plans, savings plans, income deferral plans, insurance benefits, etc.
6. Affidavit of Insurance Coverage as required by Court Rule 5:4-2(f)
7. List of all prior/pending family actions involving support, custody or Domestic Violence, with the Docket Number, County, State and the disposition reached. Attach copies of all existing Orders in effect.
8. Attach details of each wage execution.
9. Schedule of payments made for a spouse and/or children not reflected in Part D.
10. Any agreements between the parties.