

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: <input type="checkbox"/> included <input type="checkbox"/> not included <input type="checkbox"/> not paid to you		
Deductions per week: check all types of withholdings <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> F.I.C.A. <input type="checkbox"/> S.U.I. <input type="checkbox"/> 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		<input type="checkbox"/>
b. Life Insurance		<input type="checkbox"/>
c. Union Dues		<input type="checkbox"/>
d. 401(k) Plans		<input type="checkbox"/>
e. Pension/Retirement Plan		<input type="checkbox"/>
f. Other Plans (specify)		<input type="checkbox"/>
g. Charity		<input type="checkbox"/>
h. Wage Execution		<input type="checkbox"/>
i. Medical Reimbursement (flex fund)		<input type="checkbox"/>
j. Other (specify)		<input type="checkbox"/>

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 style How many children? ____	Yours and children residing with you How 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 style How many children? ____	Yours and children residing with you How 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 style How many children? ____	Yours and children residing with you How 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)		

*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					
Vehicles					
Tangible Personal Property					
Stocks and Bonds					
Pension, Profit sharing, Retirement Plans, IRAs, 401Ks, etc. (list each employer)					

Businesses, Partnerships, Professional Practices					
Life Insurance (Cash surrender value)					
Loan Receivable					
Other (Specify)					

* 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					
Revolving Charges					
Other Short Term Debts					
Contingent Liabilities					

* 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.

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.