

**LAW OFFICE  
OF  
MICHAEL L. SEIDMAN**

Attorneys:  
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**CONFIDENTIAL FAMILY LAW INTAKE SHEET/QUESTIONNAIRE**

Today's date \_\_\_\_\_ How did you hear about this office? \_\_\_\_\_

What type of case is this?      Divorce       Paternity       Custody       Custody Modification

Child Support       Spousal Support       Guardianship       Other:  \_\_\_\_\_

**1. Client Information:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Years at Address \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_) \_\_\_\_\_

Cell Phone No. (\_\_\_\_) \_\_\_\_\_ Alternate Number (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax No. \_\_\_\_\_

Employer Name \_\_\_\_\_ Years at Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

2010 Income \_\_\_\_\_

2011 Year-To-Date Income \_\_\_\_\_ Per Month \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

**2. Opposing Party Information:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Years at Address \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_) \_\_\_\_\_

Cell Phone No. (\_\_\_\_) \_\_\_\_\_ Alternate Number (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax No. \_\_\_\_\_

Employer Name \_\_\_\_\_ Years at Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

2010 Income \_\_\_\_\_

2011 Year-To-Date Income \_\_\_\_\_ Per Month \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Is opposing party represented by counsel in this matter?  Yes  No - If yes, complete the following:

Opposing Party's Attorney: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**3. Marriage Information (If Applicable):**

Date of Marriage \_\_\_\_\_ Date of Separation \_\_\_\_\_

Are you and the opposing party currently living together?  Yes  No

**4. Child(ren) of This Marriage/Relationship:**

Child's Name	Place of Birth	Date of Birth	Living With	Sex
				M / F
				M / F
				M / F
				M / F
				M / F

Is opposing party currently pregnant?  No  Yes; date child is due: \_\_\_\_\_

**5. Client's Main Concerns (Please use the space provided below to explain what your case is about):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

