



**LAW OFFICES OF**  
**LAWRENCE L. WASHBURN, III, P.C.**  
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LAWRENCEVILLE, GEORGIA 30045  
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**DOMESTIC INTAKE FORM**

Date:

Name:   
First Middle Last

**CONTACT INFORMATION**

Marital Address:

City:  County:  Zip Code:

Have you lived at the above address for at least the past 6 months? y/n   
Is your mailing address the same as listed above? If Not, list below. y/n

Mailing Address:

City:  Zip Code:

E-mail:

Phone Number:    
Home Cellular  
  
Work

Please place a check next to the phone number where it is best for us to contact you.

## CHILDREN

Please list all children you have with your current spouse:

Child's Name:	<input type="text"/>	DOB:	<input type="text"/>
Child's Name:	<input type="text"/>	DOB:	<input type="text"/>
Child's Name:	<input type="text"/>	DOB:	<input type="text"/>
Child's Name:	<input type="text"/>	DOB:	<input type="text"/>
Child's Name:	<input type="text"/>	DOB:	<input type="text"/>
Child's Name:	<input type="text"/>	DOB:	<input type="text"/>

With whom do the children reside? You, your spouse, or both?

Have your children resided at the marital address for the past 5 years? y/n

Please list any other children you have:

Child's Name:	<input type="text"/>	DOB:	<input type="text"/>
Does this child reside with you?	<input type="text"/>		
Do you pay child support for this child?	<input type="text"/>	How much per month?	<input type="text"/>
Child's Name:	<input type="text"/>	DOB:	<input type="text"/>
Does this child reside with you?	<input type="text"/>		
Do you pay child support for this child?	<input type="text"/>	How much per month?	<input type="text"/>
Child's Name:	<input type="text"/>	DOB:	<input type="text"/>
Does this child reside with you?	<input type="text"/>		
Do you pay child support for this child?	<input type="text"/>	How much per month?	<input type="text"/>
Child's Name:	<input type="text"/>	DOB:	<input type="text"/>
Does this child reside with you?	<input type="text"/>		
Do you pay child support for this child?	<input type="text"/>	How much per month?	<input type="text"/>

**PERSONAL INFORMATION**

Full Legal Name:

Date of Birth:

City/State of Birth:

SSN:

# of Times Married:

Date of Marriage:

City of Marriage:

Employer:

Job Title:

Annual Salary:

Spouse's Legal Name:

Date of Birth:

City/State of Birth:

SSN:

# of Times Married:

Spouse's Employer:

Job Title:

Annual Salary:

Does your spouse have children from a prior spouse or party? If so, how many?

Is your spouse currently living in the marital residence listed above?

If not, please list your spouse's current address:

Address:

City:

State:

Zip Code:

How long has your spouse resided at this address?

**PRIOR PROCEEDINGS**

Have there been prior court proceedings with this spouse? y/n

Please bring a copy of any court documents from prior proceedings.

**ASSETS**

Which of the following assets do you possess?

Please check all that apply:

- Real Estate (house)
- Real Estate (land)
- Real Estate (rental/vacation)
- 401k/Retirement Account
- IRA
- Stocks
- Bonds
- Mutual Funds
- Personal Injury Settlement
- Business
- Commercial Real Estate

- Vehicle
- Boat/Watercraft
- ATV
- RV/Camper
- Checking Account
- Savings Account
- Child College Fund
- Timeshare
- Jewelry

Are you concerned that your spouse may dispose of assets prior to the divorce? y/n

Have you received any property from an inheritance? y/n