



Law Office of Thomas P. Hogan

Family Law

CONFIDENTIAL CLIENT INTAKE INFORMATION

Today's Date: _____

Fee Paid: _____

Retainer: _____

Costs: _____

CRM: _____

Conflict Check: _____

CLIENT INFORMATION

Name: _____

Other names used in the past: _____

- ☐ Do not send correspondence to this address!
If you retain our services we will need you to provide a safe address
and phone number for us to maintain contact with you.

Address: _____

City: _____ State: _____ Zip code: _____

Phone:

Home () _____ Work () _____ Cell () _____

Email Address:

Employer: _____

Date of Birth: _____ S/S# _____

Driver's License # _____ Expiration Date: _____

I AM PRESENTLY MARRIED. I AM HERE BECAUSE:

- a. ☐ I have been served papers by my spouse.
b. ☐ I want to file for Divorce.
c. ☐ I want information about a Legal Separation.
d. ☐ Other: _____

I AM ALREADY DIVORCED. I NEED TO MAKE THE FOLLOWING CHANGES IN MY ORDERS:

- e. Child Support ☐ Increase ☐ Decrease The Present Order States: \$ _____ Per Child.
f. Spousal Support ☐ Increase ☐ Decrease The Present Order States: \$ _____ Per Month.
g. ☐ Custody - My Present Order States: _____
h. ☐ Visitation - My Present Order States: _____



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Other Party Information:

Name: _____

Address: _____

Phone:

Home () _____ Work () _____ Cell () _____

Employer: _____

Date of Birth: _____ S/S# _____

Driver's License # _____ Expiration Date: _____

Physical Description: Hi: _____ Wt: _____ Hair: _____ Eyes: _____ Race: _____

MARRIAGE AND FAMILY INFORMATION:

i. Date of Marriage: _____ Date of Separation: _____

j. Place of Marriage: _____ l. Pregnant? ☐ Yes ☐ No

k. Please list minor children of this marriage/relationship:

Child's Name:	Date of Birth	Place of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

l. Are there any other court proceedings affecting your child(ren)? Yes ☐ No ☐

If yes, please explain: _____

CHILDREN OF PRIOR RELATIONSHIPS:

Are there Minor Children of a Prior marriage/relationship? ☐ Yes ☐ NO

a. Are the children residing with you? ☐ Yes ☐ No

b. Are you receiving support? ☐ Yes ☐ No

Child's Name:	Date of Birth	Place of Birth	Case # County
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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RESIDENCE OF CHILDREN (LIST ALL INFORMATION FOR LAST 5 YEARS):

Dates of residence	Address	Person child live with	Relationship to child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY ORDERS:

I FEEL I NEED EMERGENCY ORDERS BECAUSE:

My spouse is VIOLENT. He or she has:

- ☐ Actually hit the CHILD(REN) or threatened to cause the CHILD(REN) Physical harm.
- ☐ Threatened me or a member of my family with a weapon.
- ☐ I believe my spouse will continue to actually hit me and or carry out the threats.
- ☐ I fear for my personal safety and or the safety of my child(ren).
- ☐ My spouse abuses: ☐ alcohol ☐ drugs
- ☐ My spouse has threatened to take our children away.

HOW DID YOU HEAR ABOUT OUR LAW OFFICE?

Referred by: _____

Social Media

Platform: _____

Magazine : _____

Internet: Web Site (if you recall): _____

Other: _____