

KERNS & SIMS



DOMESTIC RELATIONS INTAKE FORM

Client Name: _____

Date Completed: _____

Referral Source: _____

Preferred method of contact:

_____ e-mail: _____

_____ phone: _____

I. Client Information

Full Name _____

Maiden Name _____

Social Security No _____

Date of Birth _____

Drivers License No/State _____

Home Address _____

County of Address: _____

How Long _____ State _____ County _____

Telephone () _____

Facsimile () _____

Cellular () _____

Email _____

Business Address _____

County of Address: _____

Telephone () _____

Facsimile () _____

Cellular () _____

Email () _____

II. Client Employment Information

Level of Education _____

A. Current Employer _____

Occupation _____

Term of Employment _____

Pay Structure Salary \$ _____ / year

- Hourly \$ _____ @ _____ hrs / wk
- Commissions \$ _____
- Bonuses \$ _____
- Ownership Draw \$ _____
- ESOP _____
- Benefits _____
- Other _____

B. Previous Employer _____

Occupation _____

Term of Employment _____

- Pay Structure**
- Salary \$ _____ / year
 - Hourly \$ _____ @ _____ hrs / wk
 - Commissions \$ _____
 - Bonuses \$ _____
 - Ownership Draw \$ _____
 - ESOP _____
 - Benefits _____
 - Other _____

C. Previous Employer _____

Occupation _____

Term of Employment _____

- Pay Structure**
- Salary \$ _____ / year
 - Hourly \$ _____ @ _____ hrs / wk
 - Commissions \$ _____
 - Bonuses \$ _____
 - Ownership Draw \$ _____
 - ESOP _____
 - Benefits _____
 - Other _____

- Other Income Current Year**
- Salaries | Comm | Bonus \$ _____ / year
 - Small Business \$ _____
 - Stock | Bond | Annuity \$ _____
 - Property Sale \$ _____
 - Other \$ _____

- Tax Filings**
- 2013 \$ _____ / year
 - 2012 \$ _____ / year
 - 2011 \$ _____ / year

III. Opposing Party Information

Full Name _____
Maiden Name _____
Social Security No _____
Date of Birth _____
Drivers License No _____
Home Address _____
County of Address: _____
How Long _____ State _____ County _____
Telephone () _____
Facsimile () _____
Cellular () _____
Email () _____

Business Address _____
County of Address: _____
Telephone () _____
Facsimile () _____
Cellular () _____
Email () _____

IV. Opposing Party Employment Information

Level of Education _____

A. Employer _____

Occupation _____

Term of Employment _____

Pay Structure Salary \$ _____ / year
 Hourly \$ _____ @ _____ hrs / wk
 Commissions \$ _____

- Bonuses \$ _____
- Ownership Draw \$ _____
- ESOP _____
- Benefits _____
- Other _____

B Previous Employer _____

Occupation _____

Term of Employment _____

- Pay Structure**
- Salary \$ _____ / year
 - Hourly \$ _____ @ _____ hrs / wk
 - Commissions \$ _____
 - Bonuses \$ _____
 - Ownership Draw \$ _____
 - ESOP _____
 - Benefits _____
 - Other _____

C. Previous Employer _____

Occupation _____

Term of Employment _____

- Pay Structure**
- Salary \$ _____ / year
 - Hourly \$ _____ @ _____ hrs / wk
 - Commissions \$ _____
 - Bonuses \$ _____
 - Ownership Draw \$ _____
 - ESOP _____
 - Benefits _____
 - Other _____

V. Opposing Counsel Information

Full Name _____ Telephone: () _____

Firm _____ Facsimile () _____

Business Address _____

VI. Guardian ad Litem Information

Full Name _____ Telephone: () _____
Firm _____ Facsimile () _____
Business Address _____

VII. Case Information

Caption _____
Court _____
Case Number _____
Judge _____
Magistrate _____

Date of Filing _____

Grounds:

- | | |
|--|--|
| <input type="checkbox"/> Incompatibility | <input type="checkbox"/> Fraudulent Contract |
| <input type="checkbox"/> Separate and Apart for One Year | <input type="checkbox"/> Gross Neglect of Duty |
| <input type="checkbox"/> Bigamy | <input type="checkbox"/> Habitual Drunkenness |
| <input type="checkbox"/> Adultery | <input type="checkbox"/> Imprisonment |
| <input type="checkbox"/> Extreme Cruelty | |

Date of Marriage _____

Place of Marriage _____

DeFacto _____

Date of Separation _____

DeFacto _____

Date of Decree _____

Service: Certified Mail Service Address _____
 Sheriff _____
 Process Server
 Waiver
 Other

Currently Pregnant: Yes No

Name Restored: Yes No

Present DV Charges: Yes No

Spousal Support Expectations: _____

VIII. Children Information

A. Born Issue of This Marriage (Note if Adopted by both parents)

Full Name	_____	Full Name	_____
Social Security No	_____	Social Security No	_____
Date of Birth	_____	Date of Birth	_____
Full Name	_____	Full Name	_____
Social Security No	_____	Social Security No	_____
Date of Birth	_____	Date of Birth	_____
Full Name	_____	Full Name	_____
Social Security No	_____	Social Security No	_____
Date of Birth	_____	Date of Birth	_____
Full Name	_____	Full Name	_____
Social Security No	_____	Social Security No	_____
Date of Birth	_____	Date of Birth	_____

B. Born Issue of This Relationship (Prior to Marriage) (Note if adopted)

Full Name	_____	Full Name	_____
Social Security No	_____	Social Security No	_____
Date of Birth	_____	Date of Birth	_____

C. Born Issue of Separate Relationship (Note if adopted by relevant party)

Full Name	_____	Full Name	_____
Social Security No	_____	Social Security No	_____
Date of Birth	_____	Date of Birth	_____

IX. Allocation Issues

Client Seeking:

- Primary Custodian | Residential Parent | School Placement Parent
- Non-Custodial Parent
- Shared Parenting

Opposing Party Seeking:

- Primary Custodian | Residential Parent | School Placement Parent
- Non-Custodial Parent
- Shared Parenting

Best Interest Factors

- Wishes of Parents
- Child's Wishes
- Child's Interaction with all relevant persons
- Child Adjustment to Home, School, Community
- Mental and Physical health of all relevant persons
- Parent more likely to honor and facilitate court-approved parenting time
- Current on Child Support?
- Abuse, neglect, dependency cases
- Has either continuously and willfully denied the other parent's right to parenting
- Plan to establish residence outside community, state
- Other: _____

**Explain Grounds
In Favor**

**Explain Grounds
Not in Favor**

Parenting Time:

- Local Rule (generally every other weekend, one evening a week)
- Equal Allocation
- Other

Explain _____

X. Assets

A. Real Estate

Address1 _____

Names on Deed _____
Purchase Date _____
Purchase Price _____
Down Payment _____
Source of Down Payment _____
Outstand. Mortgage 1 _____
Outstand. Mortgage 2 _____
Names on Mortgage _____
Other Liens _____
Appraisal Value _____
Proposed Disposition _____

Address2 _____

Names on Deed _____
Purchase Date _____
Purchase Price _____
Down Payment _____
Source of Down Payment _____
Outstand. Mortgage 1 _____
Outstand. Mortgage 2 _____
Names on Mortgage _____
Other Liens _____
Appraisal Value _____
Proposed Disposition _____

B. Vehicles | Boats

Make | Model | Year _____
Names on Title _____
Purchase Date _____
Purchase Price _____
Purchase Date _____
Outstanding Loan _____
Bluebook Value _____
Proposed Disposition _____

Make | Model | Year _____
Names on Title _____
Purchase Date _____
Purchase Price _____
Purchase Date _____
Outstanding Loan _____
Bluebook Value _____
Proposed Disposition _____

Make | Model | Year _____
Names on Title _____
Purchase Date _____
Purchase Price _____
Purchase Date _____
Outstanding Loan _____
Bluebook Value _____
Proposed Disposition _____

Make | Model | Year _____
Names on Title _____
Purchase Date _____
Purchase Price _____
Purchase Date _____
Outstanding Loan _____
Bluebook Value _____
Proposed Disposition _____

C. Checking Accounts

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Proposed Disposition _____

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Proposed Disposition _____

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Proposed Disposition _____

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Proposed Disposition _____

D. Savings Accounts

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Proposed Disposition _____

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Proposed Disposition _____

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Proposed Disposition _____

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Proposed Disposition _____

E. Stocks | Bonds | Annuity | Other Investment

Type _____
Name of Share _____
Number of Shares _____
Value of Share _____
Date Valued _____
Proposed Disposition _____

Type _____
Name of Share _____
Number of Shares _____
Value of Share _____
Date Valued _____
Proposed Disposition _____

Type _____
Name of Share _____
Number of Shares _____
Value of Share _____
Date Valued _____
Proposed Disposition _____

Type _____
Name of Share _____
Number of Shares _____
Value of Share _____
Date Valued _____
Proposed Disposition _____

F. Retirement Accounts

Type _____
Name of Plans _____
Account Number _____
Participant _____
Present Value _____
Vested? _____
Proposed Disposition _____

Type _____
Name of Plans _____
Account Number _____
Participant _____
Present Value _____
Vested? _____
Proposed Disposition _____

Type _____
Name of Plans _____
Account Number _____
Participant _____
Present Value _____
Vested? _____
Proposed Disposition _____

Type _____
Name of Plans _____
Account Number _____
Participant _____
Present Value _____
Vested? _____
Proposed Disposition _____

Type _____
Name of Plans _____
Account Number _____
Participant _____
Present Value _____
Vested? _____
Proposed Disposition _____

Type _____
Name of Plans _____
Account Number _____
Participant _____
Present Value _____
Vested? _____
Proposed Disposition _____

G. Life Insurance Accounts

Type _____
Name of Plans _____
Account Number _____
Participant _____
Beneficiary _____
Insured Amount _____
Term or Whole Life? _____
Present Value _____
Proposed Disposition _____

Type _____
Name of Plans _____
Account Number _____
Participant _____
Beneficiary _____
Insured Amount _____
Term or Whole Life? _____
Present Value _____
Proposed Disposition _____

H. Household Animal

Type _____
Name of Pet _____
Value _____
Proposed Disposition _____

Type _____
Name of Pet _____
Value _____
Proposed Disposition _____

Type _____
Name of Pet _____
Value _____
Proposed Disposition _____

Type _____
Name of Pet _____
Value _____
Proposed Disposition _____

I. Personal Property Valued in Excess of \$500

Asset _____
Value _____
Proposed Disposition _____

Asset _____
Value _____
Proposed Disposition _____

Asset _____
Value _____
Proposed Disposition _____

Asset _____
Value _____
Proposed Disposition _____

Asset _____
Value _____
Proposed Disposition _____

Asset _____
Value _____
Proposed Disposition _____

XI. Separate Property

'Separate property' generally means (1) Any real or personal property that was acquired by one spouse prior to the date of the marriage; (2) Passive income and appreciation acquired from separate property by one spouse during the marriage; (3) Any real or personal property that was inherited by one of the parties before or during the marriage. Unless the parties agree, the Court will have to determine if real or personal property is separate. Be prepared to provide documents tracing the separate property (i.e. statements before the marriage, receipts, wills, etc.)

Asset _____
Value _____
Proposed Disposition _____

Asset _____
Value _____
Proposed Disposition _____

Asset _____
Value _____
Proposed Disposition _____

Asset _____
Value _____
Proposed Disposition _____

Asset _____
Value _____
Proposed Disposition _____

Asset _____
Value _____
Proposed Disposition _____

XII. Liabilities

A. Mortgages

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Proposed Disposition _____

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Proposed Disposition _____

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Proposed Disposition _____

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Proposed Disposition _____

B. Consumer Debt Obligations

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Proposed Disposition _____

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Proposed Disposition _____

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Proposed Disposition _____

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Proposed Disposition _____

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Proposed Disposition _____

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Proposed Disposition _____

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Proposed Disposition _____

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Proposed Disposition _____

C. Outstanding Taxes

Gov. Entity _____
Debtor _____
Tax Period _____
Balance _____
Proposed Disposition _____

Gov. Entity _____
Debtor _____
Tax Period _____
Balance _____
Proposed Disposition _____

Gov. Entity _____
Debtor _____
Tax Period _____
Balance _____
Proposed Disposition _____

Gov. Entity _____
Debtor _____
Tax Period _____
Balance _____
Proposed Disposition _____

D. Other Liability

Type _____
Lender _____
Purpose _____
Balance _____
Proposed Disposition _____

Type _____
Lender _____
Purpose _____
Balance _____
Proposed Disposition _____

Type _____
Lender _____
Purpose _____
Balance _____
Proposed Disposition _____

Type _____
Lender _____
Purpose _____
Balance _____
Proposed Disposition _____

Type _____
Lender _____
Purpose _____
Balance _____
Proposed Disposition _____

Type _____
Lender _____
Purpose _____
Balance _____
Proposed Disposition _____

XIII. Monthly Household Expenses

Monthly Take Home Income	
Salary/Wages/Business Draw	
Salary or Wages (Spouse)	
Social Security	
Pension/Retirement	
Interest on Accounts	
Alimony / Child Support	
Real Estate rent (income)	
Investment Dividends	
Unemployment/ Food Stamps	
Other	
Total Take Home Income	

Monthly Living Expenses	
Alimony / Child Support (outgoing)	
Auto Gas and Repair	
Auto Insurance	
Cable TV/ Satellite Fees	
Charitable Contributions	
Child Care	
Children's' Activities	
Clothing Maintenance (Laundry/Dry cleaning)	
Clothing Purchases	
Electric Bill	
Food (In-home / Groceries)	
Food (Out of home - Lunch, Dining)	
Gas and Oil Bill	
Health and Dental Insurance	
Homeowner/Condo fees	
Homeowners/ Renters Insurance	
Household items	
Internet Access (AOL,MSN, DSL)	
Life and Disability Insurance	
Memberships (Health club etc.)	
Personal Care (Grooming)	
Prescriptions	
Property Services (Gardener, Pool boy)	
Security Services (Alarm)	
Subscriptions	
Telephone (Home, Cell, Pager)	
Trash Disposal	
Tuition and School Supplies	
Water Bill	
Other Expenses	
Other Expenses	
Other Expenses	
Total Monthly Living Expenses	

Secured Debts (Monthly Payments)	
Rent	
1st Mortgage	
2nd Mortgage	
Land Lease (Trailer park, other)	
Student Loans	
Auto Loans/Leases	
Recreation (Boat, ATV, etc.)	
Past Due Taxes	
Other Debts	
Other Debts	
Other Loans	
Other Loans	
Total Secured Debt	

Unsecured Debt	
Credit Card 1	
Credit Card 2	
Credit Card 3	
Credit Card 4	
Credit Card 5	
Credit Card 6	
Credit Card 7	
Credit Card 8	
Personal Loan 1	
Personal Loan 2	
Medical Bill Payment	
Other	
Other	
Total unsecured Debt	

Summary	
Total Take Home (Income)	
Total Living Expenses (-)	
Total Secured Debt Payments (-)	
Total Unsecured Debt Payments (-)	
Disposable Income **	
Disposable Income as Percent	

Prepared: Ralph A. Kerns Law Offices
 6797 N. High St., 325
 Worthington, OH 43085

Case Name:	
Case Number:	

XIV. Custody Affidavit

Address of the Children for the last five years or since birth, whichever is longer:

Present Address _____

Residing With _____
From Date To Date _____

Prior Address _____

Resided With _____
From Date To Date _____

Prior Address _____

Resided With _____
From Date To Date _____

Prior Address _____

Resided With _____
From Date To Date _____

Prior Address _____

Resided With _____
From Date To Date _____

I can testify that:

I have / have not participated as a party, a witness, or in any other capacity in any other proceeding concerning the allocation of parental rights and responsibilities of the child[ren], including the designation of parenting time rights and the designation of the residential parent and legal custodian of the child[ren], or any proceeding that otherwise concerned the custody of or visitation with the child[ren];

I do / do not have knowledge of any proceedings that could affect the current proceeding, including proceedings for enforcement of child custody determinations, proceedings relating to domestic violence or protection orders, proceedings to adjudicate the child[ren] as abused, neglected, or dependent, proceedings seeking termination of parental rights, or adoption proceedings;

I have / have no knowledge of any person who is not a party to this proceeding who has physical custody of the child[ren] or claims to be a parent of the child[ren], who is designated the residential parent and legal custodian of the child[ren], has parenting time rights with respect to the child[ren], or who otherwise has custody or visitation rights with respect to the child[ren].

XV. Health Insurance Affidavit

Provider _____
Held by _____
Policy Number _____
Telephone Number _____
Address _____

Family Premium _____
Individual Premium _____
Co-Payment _____
ERISSA Plan? _____
Insured _____

Provider _____
Held by _____
Policy Number _____
Telephone Number _____
Address _____

Family Premium _____
Individual Premium _____
Co-Payment _____
ERISSA Plan? _____
Insured _____

XVI. Potential Witness Information

Name _____
Employer _____
Service Address _____

Telephone () _____
Facsimile () _____
Cellular () _____
Email () _____

Name _____
Employer _____
Service Address _____

Telephone () _____
Facsimile () _____
Cellular () _____
Email () _____

Name _____
Employer _____
Service Address _____

Telephone () _____
Facsimile () _____
Cellular () _____
Email () _____

Name _____
Employer _____
Service Address _____

Telephone () _____
Facsimile () _____
Cellular () _____
Email () _____

XVII. Special Considerations

CIVIL PROTECTION ORDER
RESTRAINING ORDER (PREVENTING REMOVAL OF FUNDS FROM BANK/RETIREMENT ACCOUNTS AND/OR TERMINATION OF HEALTH INSURANCE)
EXCLUSIVE USE OF MARITAL RESIDENCE
BENEFICIAL USE OF MARITAL PROPERTY (I.E. VEHICLES)
FORENSIC ACCOUNTANT REQUIRED
RETIREMENT ACCOUNT(S) EVALUATIONS
ASSET INVENTORY AND APPRAISAL
PRIVATE INVESTIGATOR
VOCATIONAL ASSESSMENT
GUARDIAN AD LITEM
PSYCHOLOGICAL EXAMINATION
DRUG TESTING
REQUESTED EMERGENCY CUSTODY ORDER
ANGER MANAGEMENT CLASSES
PARENTING CLASSES
INTERPRETER SERVICE
PRIVATE JUDGE
MEDIATION
PROCESS SERVER
OTHER:
OTHER:
OTHER:

XVIII. Notes