

# East County Family Law Group

## Client Intake Form

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Date

### CLIENT INFORMATION

Name

Address

City, State, Zip

Cell phone

Home phone

E-mail

Social Security Number

Employer

Occupation

Work phone

Gross Monthly Income

Date of Marriage

Date of Separation

Age; Date of Birth

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### SPOUSE/EX-SPOUSE/OTHER PARENT INFORMATION:

Name

Address

City, State , Zip

Cell phone

Home phone

E-mail

Social Security Number

Employer

Occupation

Gross Monthly Income

Age; Date of Birth

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**CHILDREN OF THE MARRIAGE/RELATIONSHIP**

Child #1 Name

Age

Birth Place

Male           Choice 1

Female         Choice 2

Child #2 Name

Age

Birth Place

Male           Choice 1

Female         Choice 2

Child #3 Name

Age

Birth Place

Male           Choice 1

Female         Choice 2

Address of Children:

Same as "client" address

Address of Children  
if less than 5 years

Dates at this address

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**PROPERTY:**

Family Residence

Date of Purchase

Purchase Price  
Loan Balance

Fair Market Value

How is title held      Separate Property  
                                 Community Property  
                                 Joint Tenancy  
                                 Tenancy in Common

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Other Property

Date of Purchase

Purchase Price  
Loan Balance

Fair Market Value

How is title held      Separate Property  
                                 Community Property  
                                 Joint Tenancy  
                                 Tenancy in Common

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**AUTO/BOAT/MOTORCYCLE**

Year/Make/Model  
Amount Owed \$  
Fair Value  
Date of Purchase

Year/Make/Model  
Amount Owed \$  
Fair Value  
Date of Purchase

Year/Make/Model  
Amount Owed \$  
Fair Value  
Date of Purchase

Year/Make/Model  
Amount Owed \$  
Fair Value  
Date of Purchase

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**BANK ACCOUNTS**

Bank Name  
Balance \$

Account Type      Checking  
                                 Savings  
                                 Other

Bank Name  
Balance \$

Account Type      Checking  
                                 Savings  
                                 Other

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**LIFE INSURANCE**

Name of Policy

Cash Value      Yes  
                                 No

Name of Policy

Cash Value      Yes  
                                 No

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**STOCKS, BONDS, OTHER INVESTMENTS (OTHER THAN RETIREMENT ACCOUNTS)**

1. Description

Market Value  
Date Acquired

2. Description

Market Value  
Date Acquired

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**BUSNISS INTEREST**

Name of Business  
Type of Business

Market Value

Date Started

Other Owners/Partners

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**PENSIONS/RETIREMENT**

Plan Name  
Employer Name

Value of Interest

Date Started

Husband  
Wife

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Plan Name  
Employer Name

Value of Interest

Date Started

Husband  
Wife

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Plan Name  
Employer Name  
Value of Interest  
Date Started

Husband  
Wife

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DEBTS, CREDIT CARDS, LOANS, TAXES

Name  
Amount Owed

Community property debt  
Husband - separate debt  
Wife - separate debts

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Name  
Amount Owed

Community property debt  
Husband - separate debt  
Wife - separate debt

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Name  
Amount Owed

Community property debt  
Husband - separate debt  
Wife - separate debt

---

Name  
Amount Owed

Community property debt  
Husband - separate debt  
Wife - separate debt

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**SEPARATE PROPERTY**

List Separate Property

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**OTHER ASSETS**

List Other Assets

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**HOW DID YOU HEAR ABOUT US?**

Type of Referral

Client referral  
Other

Internet

Yellow Pages

Who can we thank for  
your referral?