



Walls Law Firm

PROTECTING YOU AND YOUR MOST PRECIOUS ASSETS

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Intake Form for Divorce

Dear Prospective Client,

Please note that this Intake Form for Divorce is confidential. Please print and fill out this intake form completely and truthfully. It is important that you answer each question fully and accurately because I will use this information to advise you and prepare your case and paperwork. You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by writing "N/A". After you have completed this intake form, please scan and email it to me at n.walls@YourPerfectLawyer.com if your Legal Planning Session is by phone or video conference. If your Legal Planning Session is in office, then you may bring this completed intake form with you to your Legal Planning Session. If you have any questions or concerns, please feel free to contact my office via phone at (901) 315-0559 or email at n.walls@YourPerfectLawyer.com. I look forward to meeting with you!

1. Please provide the following information pertaining to you:

Full (first, middle, and last) name: _____

Full (first, middle, and last) Maiden Name: _____

Address: _____

County: _____

City: _____

State: _____

Zip Code: _____

SSN: _____

Driver's license number: _____

Home Phone: _____

Cellular: _____

Work Phone: _____

Email address: _____

Number of previous marriages: _____

If this is not the first marriage, how did the previous marriage end?

☐ not previously married

☐ by death

☐ by divorce or annulment

Length of Residence in TN: _____

Length of residency in county: _____

Date of Birth: _____

City and State of Birth: _____

Race: _____

Are you a member of the Armed Services of the U.S.? ☐ Yes ☐ No

2. How did you hear about our office? _____

3. Do you have an account with any of the following social media websites?

☐ Facebook

☐ Instagram

☐ Twitter

☐ Other (specify) _____

4. How do you prefer that we contact you?

☐ Home ☐ Work ☐ Mobile ☐ Email

Please list an emergency number of someone who can always reach you:

Name: _____

Telephone: _____

5. Have you consulted or retained any other attorney on this matter before coming to this office? ☐ Yes ☐ No

If yes, please state who and when: _____

6. Please complete the following information regarding your employment.

Employer: _____

Job title: _____

Employer's Address: _____

City, state, and zip code: _____

Employer's Telephone number: _____

Gross salary per month: \$ _____

Length of employment: _____

Education:

☐ Some High School. Number of years completed: _____

☐ Graduated High School.

☐ Some College. Number of years completed: _____

☐ Graduated College

☐ Masters Degree

☐ Doctorate Degree

7. What is your current marital status?

☐ *Married* ☐ *remarried* ☐ *single* ☐ *divorced* ☐ *separated*

8. Please provide the following information pertaining to your spouse.

Full (first, middle, and last) name: _____

Full (first, middle, and last) Maiden Name: _____

Address: _____

County: _____

City: _____

State: _____

Zip Code: _____

SSN: _____

Driver's license number: _____

Home Phone: _____

Cellular: _____

Work Phone: _____

Email address: _____

Number of previous marriages: _____

If this is not the first marriage, how did the previous marriage end?

☐ not previously married

☐ by death

☐ by divorce or annulment

Length of Residence in TN: _____

Length of residency in county: _____

Date of Birth: _____

City and State of Birth: _____

Race: _____

Is your spouse a member of the Armed Services of the U.S.? ☐ Yes ☐ No

Employer: _____

Job title: _____

Employer's Address: _____

City, state, and zip code: _____

Employer's Telephone number: _____

Gross salary per month: \$ _____

Length of employment: _____

Education:

☐ Some High School. Number of years completed: _____

☐ Graduated High School.

☐ Some College. Number of years completed: _____

☐ Graduated College

☐ Masters Degree

☐ Doctorate Degree

9. Please provide the following information pertaining to your marriage:

Date of marriage: _____ County: _____

City: _____ State: _____

Number of children ever born alive of this marriage: _____

Number of children under 18 in this family: _____

Are you and your spouse currently separated? ☐ Yes ☐ No

If yes, what is your date of separation? _____

When did you and your spouse last reside in the same household? _____

10. Where were you and your spouse residing before you separated?

Address: _____

City: _____

County: _____

State: _____

Zip: _____

11. Please indicate the main reasons for the break-up of the marriage relationship and the grounds for the suit.

- ☐ Irreconcilable differences (most divorces are granted based on this reason),
- ☐ Cruel and inhumane treatment/ inappropriate marital conduct. Please describe: _____
- _____
- _____
- ☐ Adultery. Please describe: _____
- _____
- _____
- ☐ Bigamy. Please describe: _____
- _____
- _____
- ☐ Impotence and inability to procreate. Please describe: _____
- _____
- _____
- ☐ Desertion for one year. Please describe: _____
- _____
- _____
- ☐ Conviction of an infamous crime. Please describe: _____
- _____
- _____
- ☐ Conviction of a felony. Please describe: _____
- _____
- _____
- ☐ Attempt to kill one's spouse. Please describe: _____
- _____
- _____
- ☐ Refusal to move. Please describe: _____

☐ Pregnancy. Please describe: _____

☐ Habitual Drunkenness or Abuse of Narcotic Drugs. Please describe: _____

☐ Indignities. Please describe: _____

☐ Abandonment. Please describe: _____

☐ Two years separation with no minor children. Please describe: _____

☐ If for a reason not listed, please describe: _____

12. What county are you filing this suit in? _____

13. Have you or your spouse ever filed for divorce? ☐ Yes ☐ No

If so, when? _____

And where? _____

Is this case still pending and active: ☐ Yes ☐ No ☐ Unsure

14. Does your spouse have an attorney? ☐ Yes ☐ No ☐ Unsure

If yes, who is their attorney? _____

15. Please complete the following information regarding your children.

How many children do you have with your spouse: _____

Are you (or your spouse) pregnant this time? ☐ Yes ☐ No

If so, is the child yours/ your spouse's? ☐ Yes ☐ No ☐ Unsure

16. While you were still married to your spouse, did you have any child(ren) with any other person?

☐ Yes ☐ No

If yes, please state the name(s) of child(ren) parented by someone other than your current spouse during this marriage: _____

17. Please provide the following information for each child that were born during the marriage or that are common to both parties.

Child #1

Name: _____

Sex: _____

Date of birth: _____

Age: _____

SSN: _____

City and state of birth: _____

Which spouse's biological child? ☐ Both ☐ Husband ☐ Wife

If not both, what is the name of other biological parent? _____

Child #2

Name: _____

Sex: _____

Date of birth: _____

Age: _____

SSN: _____

City and state of birth: _____

Which spouse's biological child? ☐ Both ☐ Husband ☐ Wife

If not both, what is the name of other biological parent? _____

Child #3

Name: _____

Sex: _____

Date of birth: _____

Age: _____

SSN: _____

City and state of birth: _____

Which spouse's biological child? ☐ Both ☐ Husband ☐ Wife

If not both, what is the name of other biological parent? _____

Child #4

Name: _____

Sex: _____

Date of birth: _____

Age: _____

SSN: _____

City and state of birth: _____

Which spouse's biological child? ☐ Both ☐ Husband ☐ Wife

If not both, what is the name of other biological parent? _____

Child #5

Name: _____

Sex: _____

Date of birth: _____

Age: _____

SSN: _____

City and state of birth: _____

Which spouse's biological child? ☐ Both ☐ Husband ☐ Wife

If not both, what is the name of other biological parent? _____

18. Is there any attorney general order or prior court order that governs the issues of child support & visitation regarding your child(ren): ☐ Yes ☐ No ☐ Unsure

If yes, Case # _____ County _____

Please attach a copy of the order.

19. Will there be a dispute over the children? ☐ Yes ☐ No ☐ Unsure

If not, with whom will the children live? _____

20. Where and with whom are the children currently living now?(please include address) _____

21. Have the children been living in Shelby County, Tennessee for the last six months? ☐ Yes ☐ No

22. List all of the addresses and with whom the children have lived with during the last 5 years.

1. _____

2. _____

3. _____

4. _____

5. _____

23. Do you or your (ex-) spouse have any other children from another relationship for whom a duty to support is owed? ☐ Yes ☐ No

If yes, please provide the following information for each of those children:

Child #1

Name: _____

Sex: _____

Date of birth: _____

Age: _____

SSN: _____

City and state of birth: _____

Which spouse's biological child? ☐ Husband ☐ Wife

What is the name of other biological parent? _____

Child #2

Name: _____

Sex: _____

Date of birth: _____

Age: _____

SSN: _____

City and state of birth: _____

Which spouse's biological child? ☐ Husband ☐ Wife

What is the name of other biological parent? _____

Child #3

Name: _____

Sex: _____

Date of birth: _____

Age: _____

SSN: _____

City and state of birth: _____

Which spouse's biological child? ☐ Husband ☐ Wife

What is the name of other biological parent? _____

24. Please answer the following questions regarding child support.

Do you pay child support? ☐ Yes ☐ No

If so, how much? \$ _____ per _____

Is there a court order? ☐ Yes ☐ No

Does your spouse pay child support? ☐ Yes ☐ No

If so, how much? \$ _____ per _____

Is there a court order? ☐ Yes ☐ No

Do you receive child support? ☐ Yes ☐ No

If so, how much? \$ _____ per _____

Is there a court order? ☐ Yes ☐ No

Does your spouse receive child support? ☐ Yes ☐ No

If so, how much? \$ _____ per _____

Is there a court order? ☐ Yes ☐ No

25. Have you or your spouse applied for assistance with child support enforcement pursuant to Title IV-D?

☐ Yes ☐ No

26. Have you and your spouse decided who will be the primary residential parent? ☐ Yes ☐ No

Who will(or should) be the primary residential parent? ☐ Mother ☐ Father

27. Have you and your spouse decided who will have parental (decision making) responsibility for the children?

☐ Yes ☐ No

Who will(or should) have decision making responsibility regarding the following major decisions?

Educational decisions: ☐ Mother ☐ Father ☐ Both

Non-emergency health care: ☐ Mother ☐ Father ☐ Both

Religious upbringing: ☐ Mother ☐ Father ☐ Both

Extracurricular activities: ☐ Mother ☐ Father ☐ Both

Other, please specify: _____ ☐ Mother ☐ Father ☐ Both

28. Have you and your spouse decided who will have physical custody of the minor children? ☐ Yes ☐ No

Who will(or should) have physical custody of the minor children? ☐ Mother ☐ Father ☐ Both

Who will(or should) be the primary residential parent? ☐ Mother ☐ Father

29. Have you and your spouse decided on a timesharing schedule? ☐ Yes ☐ No

Please complete the following charts to indicate what the timesharing schedule will (or should) be.

Day to Day Schedule: Please list the times during the respective days that each parent will(or should) have timesharing with the minor children. Feel free to use the following terms to be more specific: every, odd, even, 1st, 2nd, 3rd, 4th, and 5th.

	Mother	Father
Monday		

Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Holiday Schedule: Please indicate if the minor children will(or should) be with the parent on the ODD or EVEN number of years or EVERY year.

	Mother	Father
New Year's Day		
Martin Luther King Day		
Presidents' Day		
Memorial Day		
July 4 th		
Labor Day		
Veterans Day		
Thanksgiving Day		
Christmas Eve		
Christmas Day		
Mother's Day		
Father's Day		
Children's Birthdays		
Other: _____		
Other: _____		
Other: _____		
Other: _____		

Winter Vacation: ☐ Day-to-day schedule ☐ Other, please specify: _____

Spring Vacation: ☐ Day-to-day schedule ☐ Other, please specify: _____

Summer Vacation: ☐ Day-to-day schedule ☐ Other, please specify: _____

*****Under the schedule set forth above, each parent will spend the following number of days with the children every year (the two numbers should equal 365 when added together):**

Mother: _____ days Father: _____ days

30. Please note that the Tennessee Child Support Worksheet utilizing the Tennessee Child Support Guidelines is used to determine the presumed child support order amount. It is calculated based off of the parents' incomes and parenting time. Deviations requiring the payee parent to pay less than the presumed child support order amount may not be approved by a judge. Do you and your spouse agree to abide by the TN Child Support Guidelines to establish a child support order amount?

☐ Yes ☐ No

If no, have you and your spouse made a decision regarding child support? ☐ Yes ☐ No

Who will (or should) pay child support? ☐ Mother ☐ Father ☐ Neither, please explain _____

How much? _____ How often? _____

31. Have you and your spouse made a decision regarding life insurance for the benefit of the minor children as further child support? ☐ Yes ☐ No

Who will(or should) maintain a life insurance policy for the benefit of the minor children?

☐Wife ☐Husband ☐Both How much? _____

32. Have you and your spouse made a decision regarding who will maintain health insurance for the minor children? ☐Yes ☐No

Who will(or should) maintain health insurance for the minor children?

☐ Wife ☐Husband ☐Both, please explain: _____

Who will(or should) be responsible for the uncovered medical expenses?

☐Wife ☐Husband ☐Both at pro rata share of each parent's income ☐Other

please explain: _____

33. Have you and your spouse made a decision regarding who will claim a tax exemption for the minor children?

☐Yes ☐No

Who will(or should) claim a tax exemption for the minor children? ☐Wife ☐Husband ☐Both, please explain: _____

34. Have you and your spouse made a decision regarding alimony? ☐Yes ☐No

Will(or should) there be alimony paid? ☐Yes ☐No

Who will(or should) pay alimony? ☐Wife ☐Husband

How much? \$ _____ How often? _____

35. Have you and your spouse made a decision regarding the distribution of your pensions, IRAs, and/or other retirement plans? ☐Yes ☐No

Will(or should) each spouse maintain sole exclusive ownership of their respective plans? ☐Yes ☐No

If no, how will(or should) the plans be distributed? _____

36. Do you and your spouse have any joint debts? ☐Yes ☐No

If yes, have you and your spouse decided how your joint debts will be distributed? ☐Yes ☐No

Please list your joint debts, creditors, the amount of the debt and who will(or should) be responsible.

Type of Debt	Creditor	Amount	Responsible party(H/W/B) If both, please explain
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

37. Do you and your spouse have any joint assets? ☐Yes ☐No

If yes, have you and your spouse decided how your joint assets will be distributed? ☐Yes ☐No

Please list your assets, their value, and how they will(or should) be distributed.

Type of Asset	Location	Value	Who will keep it?(H/W/B) If both, please explain.
1.			
2.			
3.			

4.			
5.			
6.			
7.			
8.			
9.			
10.			

38. Is either spouse currently covered by the other's health insurance? ☐ Yes ☐ No

If yes, which spouse is the dependent spouse (on the other spouse's insurance)? ☐ Wife ☐ Husband

Please fill out the following information regarding you and/or your spouse's health insurance.

Policy Holder: ☐ Wife ☐ Husband

Health Insurance Company: _____ Policy No.: _____

Employment Benefits Person to Contact: (Provide Name/Phone #/Street Address/City/State/Zip) _____

Check one:

☐ This policy has COBRA. That means the dependent spouse can keep the insurance after the divorce. BUT s/he must apply by the deadline and pay the premiums and any administrative charges. To learn more, speak to the Employee Benefits Person listed above.

☐ This is a group insurance policy. The dependent spouse may be able to continue coverage under T.C.A. §56-7-2312(d)(1). To learn more, speak to the Employee Benefits Person listed above. The dependent spouse may also get insurance from another source.

☐ This policy does not offer COBRA. That means the dependent spouse's coverage will end after the divorce. The dependent spouse must get other health insurance to be covered.

☐ My spouse is not covered by my policy.

39. If a divorce is granted, should the wife's maiden name be restored? ☐ Yes ☐ No

If yes, what is the Full Name that should be used? _____

40. If the parent-child relationship is established, should the child(ren) last name be changed? ☐ Yes ☐ No

If yes, what is the Full Name(s) that should be used? _____

41. What do you need our help with? _____

42. What would be your ideal outcome in regards to this matter? _____

43. Is there anything in particular that you think is important for our office to know? _____

Signature of Prospective Client:

By signing below, you affirm that the information contained herein is true and correct to the best of your information, knowledge, and belief.

Printed Name: _____

Signature: _____

Date: _____

Thank you for completing this Intake Form for Divorce. I look forward to meeting with you.

Sincerely,
Nakeshia Walls
Nakeshia Walls, Esq.