

**\*\* IF CUSTODY ONLY, PLEASE FILL OUT SECTIONS I, II, III (# 6 - 11)**

**MICHAEL L. HAWKINS & ASSOCIATES, P.L.L.C.**  
**SHORT FORM –UNCONTESTED CLIENT INTAKE SHEET**

Date: \_\_\_\_\_

**I. CLIENT:**

1. Full Legal Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_
3. Age (Last Birthday): \_\_\_\_\_
4. Marital Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
5. Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
6. How Long a Resident of Kentucky: \_\_\_\_\_
7. Telephone Number: \_\_\_\_\_ (H); \_\_\_\_\_ (W) \_\_\_\_\_ (C)
8. Occupation or Business: \_\_\_\_\_
9. Employer's Name: \_\_\_\_\_
10. Employer's Address: \_\_\_\_\_
11. Length of Employment: \_\_\_\_\_
12. Wages: \_\_\_\_\_ (Hour) \_\_\_\_\_ (Week) \_\_\_\_\_ (Year)
13. How Many Times Married, including this one \_\_\_\_\_
14. County of Previous Divorce: \_\_\_\_\_
15. E-Mail address: \_\_\_\_\_ (H) \_\_\_\_\_ (W)
16. Maiden name (if applicable): \_\_\_\_\_

**II. RESPONDENT:**

1. Full Legal Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_
3. Age (Last Birthday): \_\_\_\_\_
4. Marital Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
5. Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
6. How Long a Resident of Kentucky: \_\_\_\_\_
7. Telephone Number: \_\_\_\_\_ (H); \_\_\_\_\_ (W)
8. Occupation or Business: \_\_\_\_\_
9. Employer's Name: \_\_\_\_\_
10. Employer's Address: \_\_\_\_\_
11. Length of Employment: \_\_\_\_\_
12. Wages: \_\_\_\_\_ (Hour) \_\_\_\_\_ (Week) \_\_\_\_\_ (Year)

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13. How Many Times Married, including this one: \_\_\_\_\_

14. County of Previous Divorce: \_\_\_\_\_

**III. PARTIES' MARRIAGE INFORMATION:**

1. Place of Marriage: \_\_\_\_\_ City; \_\_\_\_\_ County; \_\_\_\_\_ State

2. Date of Marriage: \_\_\_\_\_

3. Date of Separation or Last Conjugal Relation: \_\_\_\_\_

4. Is Wife Pregnant: \_\_\_\_\_

5. Wife Want Maiden Name Restored: \_\_\_\_\_

6. Children of Parties:

NAME	ADDRESS	AGE	DOB/COUNTY AND STATE BORN

7. Custody desired or Agreed Upon (Joint or Sole): \_\_\_\_\_

8. Visitation/Time Sharing Agreement or Desired:

CLIENT TIMESHARING PERIODS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPOUSE TIMESHARING PERIODS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Paternity Case Information: (Court) \_\_\_\_\_ Case No. \_\_\_\_\_

10. Health Insurance: Who provides \_\_\_\_\_ Monthly amount \_\_\_\_\_

11. Day Care: Who provides \_\_\_\_\_ Monthly amount \_\_\_\_\_





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5. Motor Vehicles:

YEAR/MAKE/MODEL	LIENHOLDER	MONTHLY PAYMENT	TOTAL OWED

6. Retirement Benefits:

**Client:**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Type of Retirement Benefits: \_\_\_\_\_

Monthly Contribution: \_\_\_\_\_

Account No: \_\_\_\_\_

**Spouse:**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Type of Retirement Benefits: \_\_\_\_\_

Monthly Contribution: \_\_\_\_\_

Account No: \_\_\_\_\_

7. Bank Accounts and Investment Accounts:

NAME OF BANK	TYPE OF ACCOUNT	OWNER	BALANCE

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**ADDITIONAL SETTLEMENT AGREEMENT TERMS OR ISSUES:**

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