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FAMILY/DIVORCE INTAKE SHEET

Consultation Date: _____ Consult Fee: \$100 ___ Paid Quote: _____

Type of Case: _____ County: _____ Attorney: PTW ___ TAW ___

CLIENT INFORMATION

Client Full Name: _____ Maiden name: _____

Address: _____ City: _____ State: _____ Zip: _____

Client Phone #: _____ Client E-mail: _____
 (Required)

Date of Birth: _____ Place of Birth: _____

Social Security #: _____

Place & Address of Employment: _____

Gross Monthly Pay: _____ Paid: Weekly ___ Bi-Weekly ___ Semi-Monthly ___ Monthly ___

Date/City & County of Marriage: _____

Date of Separation: _____

OPPOSING PARTY INFORMATION

Full Name: _____ Maiden Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ E-mail: _____

Date of Birth: _____ Social Security #: _____

Place & Address of Employment: _____

Gross Monthly Pay: _____ Paid: Weekly ___ Bi-Weekly ___ Semi-Monthly ___ Monthly ___

Attorney: _____

CHILDREN INFORMATION

Number of Children: _____

Child's Full Name: _____ Sex: Female ___ Male ___

Date of Birth: _____ Social Security Number: _____

Child resides with: _____

Child's Full Name: _____ Sex: Female ___ Male ___

Date of Birth: _____ Social Security Number: _____

Child resides with: _____

Child's Full Name: _____ Sex: Female ___ Male ___

Date of Birth: _____ Social Security Number: _____

Child resides with: _____

Who currently provides health insurance for the child(ren)? _____

Monthly Insurance Cost: _____

DEBTS

Client's Vehicle: _____

Opposing's Vehicle: _____

Is your property divided by agreement? Yes ___ No ___

Are you buying or do you own a house? Yes ___ No ___

Does either party have retirement benefits or stocks of any kind? Yes ___ No ___

NAME CHANGE REQUEST

Are you requesting the court to grant a name change? Yes ___ No ___

New Full Name Requested: _____

OTHER INFORMATION

Does your case involve any allegations in the following list?

Please check all that apply:

Physical Violence: Yes No

Has an Order of Protection been issued? Yes No

If yes, please give details: _____

Criminal Record: Yes No

If yes, please give details: _____

Excessive Alcohol Use: Yes No Are you in treatment? Yes No

If yes, please give details: _____

Adultery: Yes No

If yes, please give details: _____

Use of Illegal Drugs: Yes No Are you in treatment? Yes No

If yes, please give details: _____

Child Abuse: Yes No

If yes, please give details: _____

Financial Problems: Yes No

If yes, please give details: _____

Computer Abuse: Yes No

If yes, please give details: _____

