

ANTKOVIK & ANTKOVIK, P.C.

Divorce Intake Form

Client Information

Full Name:

First Middle Last Date of Birth

Mailing Address Zip Code

Home Phone Cell Phone Other Contact

Driver's License Number and State SSN

Birth State Restoration of Maiden Name (Yes/No) Maiden Name

Eye Color Hair Color Race Height Weight Scars/Tattoos

Employer Name Work Phone

Employer's Full Address Zip Code Occupation

Insurance Provider Type of Coverage Policy No.
Need photocopy of Insurance Card

Date of Marriage Marriage Performed by Number of this Marriage

City, County, State where Marriage took place Date of Separation

ANTKOVIK & ANTKOVIK, P.C.

Divorce Intake Form

Spousal Information

Full Name:

First Middle Last Date of Birth

Mailing Address Zip Code

Home Phone Cell Phone Other Contact

Driver's License Number and State SSN

Birth State Number of this Marriage Maiden Name

Eye Color Hair Color Race Height Weight Scars/Tattoos

Employer Name Work Phone

Employer's Full Address Zip Code Occupation

Insurance Provider Type of Coverage Policy No.

Need photocopy of Insurance Card

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Other information Is Wife Currently Pregnant? Yes/No

Full Name of Child (ren) Date of Birth SSN

Blank lines for child information

Current Address of Child (ren)

Address (es) of Child (ren) for the past five years

Marital Income and Debt Information

Husband's Income: Weekly/Monthly Gross/Net

Wife's Income: Weekly/Monthly Gross/Net

Marital Home Value: Balance Owning:

Mortgage Company Jointly Held

Bank Account Information:

Account Checking Joint/Single

Account Savings Joint/Single

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Automobiles:

Year	Make/ Model	Balance Owing	Payment
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Year	Make/ Model	Balance Owing	Payment
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Year	Make/ Model	Balance Owing	Payment
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Credit Card Debt:

Card Holder Name	Card	Balance Owing	Payment
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Card Holder Name	Card	Balance Owing	Payment
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Card Holder Name	Card	Balance Owing	Payment
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**RECORD OF
DIVORCE OR ANNULMENT**
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
By authority of MCL 333.2813.

Court Case Number _____

State File Number _____

County _____

1. Plaintiff's Full Name _____ 2. Plaintiff's Birthdate _____
 Male Female (First, Middle, Last) (Month, Day, Year)

3. Last Name Before First Married (if different) _____

4. Plaintiff's Residence _____
(City, Village, or Township) (County) (State)

5. Plaintiff's Birthplace _____ 6. Number of this Marriage _____
(State or Foreign Country) (First, Second, etc. - Specify)

7. Defendant's Full Name _____ 8. Defendant's Birthdate _____
 Male Female (First, Middle, Last) (Month, Day, Year)

9. Last Name Before First Married (if different) _____

10. Defendant's Residence _____
(City, Village, or Township) (County) (State)

11. Defendant's Birthplace _____ 6. Number of this Marriage _____
(State or Foreign Country) (First, Second, etc. - Specify)

13. Place of this Marriage _____
(City, Village, or Township) (County) (State or Foreign Country)

14. Date of this Marriage _____ (Month, Day, Year)
15. Date Couple Last Resided in Same Household _____
 Check if Not Separated (Month, Day, Year)

16. Number of Minor Children in Household at Separation Date (Filing Date if Not Separated) _____
 Check if None (Number)

17. Plaintiff's Attorney _____
(Name - Type or Print) (Bar Number)

18. Attorney's Address _____
(Number and Street) (City) (State) (Zip Code)

19. Judgment of _____ 20. Number of Minor Children Whose Physical Custody was Awarded to: Plaintiff _____ Defendant _____ Joint _____ Other _____
(Divorce/Annulment - Specify) (Number) (Number) (Number) (Number)
 No Children Unknown

21. Judgment Recorded on _____ 22. I certify that this Divorce was granted on _____
(Month, Day, Year) (Month, Day, Year)

23. Certifying Official _____
(Signature) (Title) (Date Signed)

Failure to provide the required information is a misdemeanor punishable by imprisonment of not more than 1 year or a fine of not more than \$1,000.00 or both.