



Dissolution Intake

Name: _____

Address: _____

City: _____

State: _____ Zip _____

Telephone: _____

Email: _____

Spouse's Name: _____

Client or Spouse's Maiden Name: _____

Date of Marriage: _____

Place of Marriage: _____

Recipient of Public Assistance: Yes No CT Resident 12 Months: Yes No

Client Date of Birth: _____ Age: _____

Client Place of Birth: _____

Client Social Security: _____

Client Education Level: _____

Client number of prior marriages: _____

Spouse Date of Birth: _____ Age: _____

Spouse Place of Birth: _____

Spouse Social Security: _____

Spouse Education Level: _____

Spouse number of prior marriages: _____

Spouse's Address: _____

Spouse's Attorney: _____

Attorney's Address: _____

Attorney Phone #: _____ Fax: _____

CHILDREN:

Name of Child	Date of Birth	Age	Place of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT INFORMATION:

Client's Employer: _____

Address of Employer: _____

Job Title: _____

Years at Job: _____

Spouse's Employer: _____

Address of Employer: _____

Job Title: _____

Years at Job: _____