

Bur-Men Law Group

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FAMILY LAW INTAKE SHEET

DATE OF BIRTH: _____

AGE: _____

CLIENT'S NAME: _____

ADDRESS: _____

MAIN PHONE: _____ ALT.PHONE: _____

EMAIL: _____

HOW DID YOU HEAR ABOUT US: _____

ALTERNATIVE CONTACT NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

CASE (S) NUMBER (S): _____

NEXT COURT DATE (S): _____

OPPOSING PARTY INFORMATION:

NAME: _____ DOB: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

ATTORNEY INFORMATION: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

MARRIAGE DETAILS:

MARRIAGE TYPE: ____ MARRIAGE ____ CIVIL UNION

MARRIAGE PLACE: _____ MARRIAGE DATE: _____

PRE- NUPTIAL AGREEMENT: Y/N RESIDE IN SAME HOUSEHOLD: Y/N

SEPARATION DATE: _____

REASON: _____

