

Collaborative Divorce Intake Questionnaire

Basic Information

Full Name

Date of Birth

Address

Phone Number

Email

Spouse Information

Spouse's Name

Spouse's Date of Birth

Spouse's Address

Spouse's Phone Number

Spouse's Email

Marriage Information

Date of Marriage

Date of Separation

Place of Marriage

Children

Number of Children

Children's Names and Birthdates

Employment

Your Employment/Occupation

Spouse's Employment/Occupation

Assets

List all significant assets (e.g., real estate, vehicles, bank accounts, investments)

Debts

List all significant debts (e.g., mortgages, loans, credit cards)

Concerns

Please describe your main concerns about the divorce process

Goals

Please describe your goals or priorities for the outcome of this process

Additional Information

Anything else you would like us to know?

