



THE SAROYAN LAW FIRM, L.L.C.

DOMESTIC RELATIONS INTAKE INFORMATION

Date	How were you referred to our firm?		Have you visited our website?	
Purpose for coming to our firm: <input type="checkbox"/> Discuss divorce (dissolution of marriage) or legal separation. <input type="checkbox"/> Discuss modifying an order concerning support or parenting. <input type="checkbox"/> Discuss enforcement problems or issues related to previous divorce.		<input type="checkbox"/> Discuss a restraining or protection order. <input type="checkbox"/> Discuss a paternity matter. <input type="checkbox"/> Discuss grandparent rights or issues. <input type="checkbox"/> Other:		
INFORMATION ABOUT YOU				
Legal Name (first, middle, last)		Name you prefer to go by		What other names have you gone by?
If you will be requesting a name change, please enter it here.		Date of Birth		Social Security Number
Restrictions on Contact: <input type="checkbox"/> do not mail to this address <input type="checkbox"/> do not use home telephone <input type="checkbox"/> do not use work telephone	Address		County of Residence	
	City	State		
Which number is best for privacy and confidentiality? <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work	Home Telephone	Cell		Work Telephone
E-mail address		Is the e-mail address safe to use for confidential communication?		When did you begin to live in Colorado (currently)?
Name of Employer		What kind of work do you do?		What is your annual income?
Please give us the name / telephone number of a close friend or relative who you give us permission to contact if we cannot reach you for an urgent matter		Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Are you in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Who is your present or prior attorney concerning this matter, if any?		
INFORMATION ABOUT OTHER PARTY				
Legal Name (first, middle, last)		Date of Birth		Social Security Number
Address		County of Residence		Are there any concerns about our contact with the other party you wish to discuss? <input type="checkbox"/> Yes <input type="checkbox"/> No
City	State	Zip		
Home Telephone	Cell		Work Telephone	Physical Description
E-mail address		When did he/she begin to live in Colorado (currently)		Best location for serving papers: <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> other:
Name of Employer (and address, if known)		Type of Work	Annual Income	Best day of week and/or time of day for service:
Name of other party's attorney, if any		Is other party pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Is other party in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No
INFORMATION ABOUT CHILDREN OF THIS RELATIONSHIP				
Legal Name (first, middle, last)		Date of Birth	Gender	SSN
				Lives with
Legal Name (first, middle, last)		Date of Birth	Gender	SSN
				Lives with
Legal Name (first, middle, last)		Date of Birth	Gender	SSN
				Lives with

INFORMATION ABOUT CHILDREN FROM A PREVIOUS RELATIONSHIP					
Legal Name (first, middle, last)	Date of Birth	Gender	Relationship to you		
			Lives with		
Legal Name (first, middle, last)	Date of Birth	Gender	Relationship to you		
			Lives with		
INFORMATION ABOUT MARRIAGE OR NON-MARITAL RELATIONSHIP (PLEASE PROVIDE COPIES YOU HAVE OF ALL MOTIONS, ORDERS AND CORRESPONDENCE RELATED TO YOUR CASE)					
Date of marriage	Location of Marriage (city/county/state)	Date of current separation	Are you still married?		
Has an action been filed or concluded for dissolution (divorce) or legal separation?		If so, when and where	Case number, if available		
What is the current status of your case?		If concluded, what is the date of the final decree or order?			
Are there any hearings pending? (When/time/location)					
Are there now, or have there been, any RESTRAINING ORDERS OR CIVIL PROTECTION ORDERS issued in your case? (If so, please describe, including name of person restrained, date of order, whether order is temporary or permanent, county where order was issued, and a description of the order. Please provide a copy of the order, if you have it. <input type="checkbox"/> None					
Besides the current action described above, have you participated in any proceeding regarding the children as a party or a witness, or in any other capacity concerning the allocation of parental responsibilities including decision-making and parenting time with the children. (Identify name of court, case number, state, date, and type of proceeding if any.) <input type="checkbox"/> None					
Have you been a party in any child support or foster care cases in which Child Support Services or a Child Support Enforcement Unit was involved? (Identify name of court, case number, state, date, and type of proceeding if any.) <input type="checkbox"/> None					
Have you been involved in any dependency and neglect cases (child protection) as a party or witness? (Identify name of court, case number, state, date, and type of proceeding if any.) <input type="checkbox"/> None					
Describe any other proceeding of which you are aware that could affect the current proceeding including, but not limited to proceedings relating to domestic violence or domestic abuse, enforcement of Court orders, protection/restraining orders, termination of parental rights, and adoptions. (Identify name of court, case number, state, date, and type of proceeding if any.) <input type="checkbox"/> None					
The [child][children] listed above [has][has not][have][have not] lived in Colorado since birth. If not, state the name of child, name of person lived with and the month, date and year when each child most recently moved to Colorado.					
Name of Child	Name of Person Child Lived with	State Moved From	Month	Day	Year
If any of the persons the children have lived with during the past five years are not parties to your case (such as friends or grandparents), please indicate below the current address of each. <input type="checkbox"/> None					
Are there any people who are not parties in this matter, but have physical custody of the children or claim rights of parental responsibilities, legal custody or physical custody, or visitation/parenting time with the children? (Identify name and address of those persons, if any.) <input type="checkbox"/> None					
Have you, your spouse or the children received benefits or public assistance within the last five years? (Please describe, including dates, type of assistance, county and state, and recipient) <input type="checkbox"/> None					