Via Nova
COLLABORATIVE FAMILY LAW

Intake Form

Confidential Information
*Submitting this form does **not** establish an attorney-client relationship. Information is used solely for the purpose of evaluating legal services.*

If a particular section does not apply to you, please indicate by putting N/A.

SECTION 1: GENERAL INFORMATION

Client Information

- Full Legal Name: _____
- Preferred Name (if different): _____
- Date of Birth: _____ Gender: _____ Pronouns: _____
- Home Address: _____
  City: _____ State: _____ Zip: _____
- Phone Number(s): _____
- Email Address: _____
- Preferred Contact Method: □ Phone □ Email □ Text □ Mail
- Best Times to Contact You: _____

SECTION 2: SERVICE(S) REQUESTED

Please check all that apply:
□ Unbundled Legal Services

Description:_____
□ Collaborative Law Representation
□ Simple Will
□ Durable (Financial) Power of Attorney
□ Health Care Power of Attorney / Living Will
□ Prenuptial Agreement
□ Postnuptial Agreement
□ Separation Agreement

□ Parenting Agreement
□ Qualified Domestic Relations Order (QDRO)
□ Retirement Benefits Court Order (RBCO)
□ Other: _____

Brief Description of Your Legal Needs:

SECTION 3: FAMILY & HOUSEHOLD INFORMATION

Marital Status:
□ Single □ Married □ Separated □ Divorced □ Widowed

Spouse/Partner's Full Name: _____
Date of Marriage (if applicable): _____
Date of Separation (if applicable): _____

Children of This Relationship (Biological, Adopted, Stepchildren)

Full Name	DOB	Lives With	Legal Custody	Physical Custody

- Do any of the above children have special needs? □ Yes □ No
  If yes, please explain: _____

Other Children & Support Obligations

- Do you or your partner have biological/adopted children from other relationships?
  □ Yes □ No
  If yes, list names, ages, and custody/visitation arrangements:

- Does your current/former spouse or partner have children from other relationships? □ Yes □ No
  If yes, list details: _____
- Are you or your partner currently subject to **child support orders**? □ Yes □ No
  If yes, who pays: _____ Amount: _____ Frequency: _____
  Court/County (if known): _____

Military Service (You and Spouse/Partner)

Client:

- Have you served in the military? □ Yes □ No
  Branch: _____ Dates: _____
  Discharge: □ Honorable □ Other: _____
  Are you receiving: □ Retirement Pay □ VA Benefits □ None
  If yes, explain: _____

Spouse/Partner (or former spouse if applicable):

- Military Service? □ Yes □ No
  Branch: _____ Dates: _____
  Discharge: □ Honorable □ Other: _____
  Receiving: □ Retirement Pay □ VA Benefits □ None □ Unknown

Safety Concerns / Prior Involvement

- Have you ever been involved in a domestic violence situation? □ Yes □ No
  If yes, explain: _____
- Have you or the other party ever had a restraining/protective order issued? □ Yes □ No
  If yes, date and court: _____
- Has DSS/CPS ever been involved with your family? □ Yes □ No
  If yes, describe the situation and outcome:
- Are there **current or past safety concerns** (physical, emotional, financial)? □ Yes □ No
  If yes, please describe: _____
- Do you feel safe participating in joint meetings with the other party (e.g., collaborative process)?
  □ Yes □ No □ Not Sure

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SECTION 4: EMPLOYMENT & INCOME

Client:

- Employer: _____
- Occupation: _____
- Work Address: _____
- Gross Annual Income: _____
- Other Income (e.g., support, benefits): _____

Spouse/Partner (if applicable):

- Employer: _____
- Occupation: _____
- Gross Annual Income: _____
- Other Income: _____

SECTION 5: ASSETS & DEBTS

(*Complete if seeking support, divorce, prenup, QDRO, etc.*)

Assets

- Real Estate (address & value): _____
- Bank Accounts (type & balance): _____
- Vehicles (make/model/value): _____
- Retirement Accounts (401k, pension, etc.): _____
- Other Assets (stocks, business, etc.): _____

Debts

- Mortgage(s): _____
- Credit Cards: _____
- Loans (car, student, personal): _____
- Other Liabilities: _____

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Have you or your partner previously signed:
□ Prenuptial Agreement
□ Postnuptial Agreement
□ Separation Agreement
□ Other: _____
If yes, attach a copy.

SECTION 6: ESTATE PLANNING

- Do you have an existing:
  □ Will
  □ Power of Attorney
  □ Health Care Directive
  □ None
- Do you want to:
  □ Create a new Will/POA/Directive
  □ Update an existing document
  □ Revoke/replace prior documents

Beneficiaries

- Primary: _____
- Alternate: _____

Executor Name & Relationship: _____
Guardian(s) for Minor Children: _____

SECTION 7: QDRO / RBCO INFORMATION

(Complete this section if requesting retirement division)

- Name of Plan Participant: _____
- Name of Retirement Plan(s): _____
- Plan Administrator (if known): _____
- Date of Divorce Judgment: _____
- State of Divorce: _____
- Was a QDRO or RBCO previously prepared? □ Yes □ No

- Is there a signed Marital Settlement Agreement? □ Yes □ No
  If yes, please attach.

SECTION 8: ACKNOWLEDGEMENT

- I understand that submitting this form **does not** create an attorney-client relationship.
- I certify the information provided is true and complete to the best of my knowledge.
- I understand all information will be treated confidentially.

Signature: _____

Date: _____