

LAW OFFICE OF
JUSTIN P. MILLER

JUSTIN P. MILLER, ESQUIRE
JUSTIN@BELLEFONTELAW.COM

817 EAST BISHOP STREET
BELLEFONTE, PA 16823
814.359.7529
814.281.3824 FAX
WWW.BELLEFONTELAW.COM

Date: _____

Name _____ DOB: _____
Last Name First Middle Former/Maiden

Place of birth _____
City County State Country

Social Security Number: _____ Driver's License Number: _____ State: _____

Address: _____
Street Address Apt/Unit # City

State ZIP Code

Home Phone: () Work Phone: ()

Email address: _____ Cell Phone: ()

I authorize emails concerning my case. I authorize emails of general interest from Law Office of Justin P. Miller
 I authorize a follow up call regarding my consultation. If yes, please list a contact number: ()

Place of Employment: _____ Job Title: _____

Address of Employment: _____ City _____ State _____ Zip _____

Spouse/Partner's Name: _____ Former/Maiden Name: _____

Spouse's Address: _____ City _____ State _____ Zip _____

Employer: _____ Work Phone: ()

PERSON FINANCIALLY RESPONSIBLE: Name _____ Phone: ()

Address: _____ City _____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION: Name _____ Phone: ()

Address: _____ City _____ State _____ Zip _____

Home Phone: () Work Phone: ()

What legal action(s) were you involved in previously, if any? _____

Have you or your family member been involved in any type of accident in the last two years? Yes ___ No ___
Do you currently have a will? Yes ___ No ___

Purpose of visit today:

HOW WERE YOU REFERRED TO US? (Please circle one) I'm a previous client Bar Association Website
Phonebook Court Administration List Friend: Name of friend _____
An attorney: Name of attorney _____ Other: _____

Interview Date: _____
Interviewer: _____

Conflicts: _____ Initials: _____

Date Retained: _____

Divorce Intake Sheet

Date: _____

CLIENT: Full Name: _____ Gender/Pronouns: M / F / _____

Gross Monthly Pay: _____ Paid: Weekly Bi-Weekly Semi-Monthly Monthly

OPPOSING PARTY INFORMATION:

Full Name: _____ Maiden/Former Name: _____

Address: _____ Apt/Unit: _____

City: _____ County: _____ State: _____ Zip: _____

How long in County? _____ Years _____ Months U.S. Citizen _____ DOB: _____

Social Security No: _____ Driver License No: _____ State: _____

Place of Birth: _____

City County State

Employer: _____ Address: _____

City County State Zip

Gross Monthly Pay: _____ Paid: Weekly Bi-Weekly Semi-Monthly Monthly

Home Phone: (____) _____ Work Phone: (____) _____ Email: _____

Mobile Phone: (____) _____

Date and City/County of Marriage: _____

Date and City/County of Separation: _____

Either party currently or formerly a member of the US. Armed Forces? If yes, whom? _____

CHILDREN:

Where do the children reside? _____ With whom: _____

1. Full Name: _____

First Middle Last

Sex: ____ Date of Birth: _____ Place of Birth: _____

City County State

2. Full Name: _____

First Middle Last

Sex: ____ Date of Birth: _____ Place of Birth: _____

City County State

3. Full Name: _____

First Middle Last

Sex: ____ Date of Birth: _____ Place of Birth: _____

City County State

4. Full Name: _____

First Middle Last

Sex: ____ Date of Birth: _____ Place of Birth: _____

City County State

Who presently provides health insurance for the child(ren)? Client or Spouse

Monthly cost: \$ _____

PROPERTY AND DEBT OF PARTIES:

Is your property already divided by agreement? YES or NO
Are you buying or do you rent a house? YES or NO
Does either party have retirement benefits/stocks of any kind? YES or NO

VEHICLES

Owner	Year	Make	Model	Condition	Amount Owed
					\$
					\$
					\$
					\$

REAL PROPERTY

1. Type of property (home, condo, etc.): _____ Address: _____

City	County	State	Zip
Deed: _____			
County	Book	Page	UPI
FMV: \$ _____	Date purchased: _____	Purchase price: \$ _____	Mortgage: \$ _____
Monthly payment: \$ _____	Taxes: \$ _____	Amount still owed: \$ _____	Bank: _____

2. Type of property (home, condo, etc.): _____ Address: _____

City	County	State	Zip
Deed: _____			
County	Book	Page	UPI
FMV: \$ _____	Date purchased: _____	Purchase price: \$ _____	Mortgage: \$ _____
Monthly payment: \$ _____	Taxes: \$ _____	Amount still owed: \$ _____	Bank: _____

3. Type of property (home, condo, etc.): _____ Address: _____

City	County	State	Zip
Deed: _____			
County	Book	Page	UPI
FMV: \$ _____	Date purchased: _____	Purchase price: \$ _____	Mortgage: \$ _____
Monthly payment: \$ _____	Taxes: \$ _____	Amount still owed: \$ _____	Bank: _____

BANK ACCOUNTS

1.	_____	_____	_____	_____	\$	_____
	Joint/Individual	Bank	Type (Checking/Savings)	Date Closed?		Current Balance
2.	_____	_____	_____	_____	\$	_____
	Joint/Individual	Bank	Type (Checking/Savings)	Date Closed?		Current Balance
3.	_____	_____	_____	_____	\$	_____
	Joint/Individual	Bank	Type (Checking/Savings)	Date Closed?		Current Balance
4.	_____	_____	_____	_____	\$	_____
	Joint/Individual	Bank	Type (Checking/Savings)	Date Closed?		Current Balance

RETIREMENT/PENSION

1.	_____	_____	_____	_____	\$	_____
	Joint/Individual	Type (Pension, 401(k), IRA, etc.)	Bank	Date of first contribution		Value at Separation
2.	_____	_____	_____	_____	\$	_____
	Joint/Individual	Type (Pension, 401(k), IRA, etc.)	Bank	Date of first contribution		Value at Separation
3.	_____	_____	_____	_____	\$	_____
	Joint/Individual	Type (Pension, 401(k), IRA, etc.)	Bank	Date of first contribution		Value at Separation
4.	_____	_____	_____	_____	\$	_____
	Joint/Individual	Type (Pension, 401(k), IRA, etc.)	Bank	Date of first contribution		Value at Separation

LIFE INSURANCE

1.	_____	_____	_____	\$	_____	\$
	Insured name	Named beneficiary	Whole/Term	Current Value		Benefit Value
2.	_____	_____	_____	\$	_____	\$
	Insured name	Named beneficiary	Whole/Term	Current Value		Benefit Value

CREDIT CARDS

1.	_____	_____	\$	_____	\$
	Joint/Individual	Bank	Monthly Payment	Date Closed?	Current Balance
2.	_____	_____	\$	_____	\$
	Joint/Individual	Bank	Monthly Payment	Date Closed?	Current Balance
3.	_____	_____	\$	_____	\$
	Joint/Individual	Bank	Monthly Payment	Date Closed?	Current Balance
4.	_____	_____	\$	_____	\$
	Joint/Individual	Bank	Monthly Payment	Date Closed?	Current Balance

LOANS

1.	_____	_____	\$ _____	_____	\$ _____
	Joint/Individual	Bank	Monthly Payment		Current Balance
2.	_____	_____	\$ _____	_____	\$ _____
	Joint/Individual	Bank	Monthly Payment		Current Balance
3.	_____	_____	\$ _____	_____	\$ _____
	Joint/Individual	Bank	Monthly Payment		Current Balance
4.	_____	_____	\$ _____	_____	\$ _____
	Joint/Individual	Bank	Monthly Payment		Current Balance

UNSECURED DEBTS (Medical, Fines, etc.)

1.	_____	_____	_____	\$ _____	\$ _____
	Joint/Individual	Creditor	Current?	Monthly Payment	Current Balance
2.	_____	_____	_____	\$ _____	\$ _____
	Joint/Individual	Creditor	Current?	Monthly Payment	Current Balance
3.	_____	_____	_____	\$ _____	\$ _____
	Joint/Individual	Creditor	Current?	Monthly Payment	Current Balance
4.	_____	_____	_____	\$ _____	\$ _____
	Joint/Individual	Creditor	Current?	Monthly Payment	Current Balance

NAME CHANGE REQUEST:

Are you requesting the Court to grant a name change? YES or NO

New Full Name Requested: _____
First Middle Last

OTHER INFORMATION:

Does your case involve allegations of:

Physical Violence	_____
Criminal Record	_____
Excessive Alcohol Use	_____
Adultery	_____
Use of Illegal Drugs	_____
Child Abuse	_____
Financial Problems	_____

If Physical Violence, has a Protection from Abuse (PFA) Order ever been issued? YES or NO

If so, please give details: _____

Have you ever been charged with any crime other than traffic tickets? YES or NO

If so, please give details: _____

Has your spouse/partner ever been charged with any crime other than traffic tickets? YES or NO
If so, please give details: _____

Are there other circumstances which may be a factor in your case? YES or NO
If so, please give details: _____

Have you ever been involved with any Family Law proceedings with any Court? YES or NO
If so, please give details: _____

Have you ever been involved with Children and Youth Services/ Child Protective Services? YES or NO
If so, please give details: _____

How old was the mother at the time the oldest child was conceived? _____

How old was the father at the time the oldest child was conceived? _____

Have you or anyone associated with this case been the subject of a: (circle any applicable)

- a) Protection from Abuse (PFA) Order
- b) Child Protective Services/CYS Investigation
- c) Mental Health Professional Treatment
- d) Substance Abuse Treatment
- e) Welfare or Aid to Families with Dependent Children
- f) Common-Law or Informal Marriage
- g) Termination of Parental Rights
- h) Prenuptial Agreements
- i) Personal Injury Lawsuits

Please explain below: