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JESSICA K. PECK,
ATTORNEY AT LAW, LLC

FAMILY LAW CLIENT INTAKE FORM

1. Information About You:

- a. Full Legal Name:
- b. Military: ___yes ___no
- c. Gender:
- d. Date of Birth:
- e. Current Mailing Address:
- f. Current Residential Address (include County):
- g. Length of Residency at this Address:
- h. Length of Residency in Colorado:
- i. Cell Phone:
- j. Email Address:
- k. Emergency Contact (Name and Phone):
- l. If you anticipate anyone joining you at your initial meeting with us, who do you anticipate?
- m. Please be advised that while you are welcome to bring a trusted friend or family member, we will need to advise you separately at the beginning of our meeting as to the nature of an attorney-client relationship and limits to confidentiality

2. Information About Your Spouse:

- a. Full Legal Name:
- b. Military: ___yes ___no
- c. Date of Birth:
- d. Current Mailing Address:
- e. Current Residential Address (include County):
- f. Length of Residency at this Address:
- g. Length of Residency in Colorado:
- h. Cell Phone:
- i. Email Address:

3. Information About Your Marriage (or Civil Union):

- a. Date of your marriage:
- b. Place of Marriage:
- c. City/State:
- d. Date of Separation (of applicable):

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- e. The Wife is ___ is not ___ pregnant.
- f. Date Marriage Certificate was filed _____ with _____ (name of County).

4. Children of this Marriage:

- a. The following child(ren) was/were born or adopted of this marriage. (attach a second sheet, if necessary):

Full Name of Child	Present Address	Sex	Date of Birth

- b. The child(ren) listed above have lived in Colorado for a minimum of 182 days prior to the filing of this Petition or since birth if under six months of age. **__Yes __No.** If **No**, please state the name of child, name of person child lived with and the month, date and year when each child most recently moved to Colorado.

Full Name of Child	Name of Person Child Lived with	State Moved From	Month	Day	Year

5. Prior Court/Government Invention Information

- a. I/We understand that a request for genetic tests shall not prejudice the requesting party in matters concerning allocation of parental responsibilities pursuant to §14-10-124(1.5), C.R.S. If genetic tests are not obtained prior to a legal establishment of paternity and submitted into evidence prior to the entry of the final decree of dissolution or legal separation, the genetic tests may not be allowed into evidence at a later date.
- b. I/We have participated in the following proceeding(s) regarding the child(ren) as a party or a witness, or in any other capacity concerning the allocation of parental responsibilities including

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decision-making, child support and parenting time with the child(ren). Identify name of court, case number, state, date, and type of proceeding if any.

Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding

c. I/We know of the following proceeding(s) 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.

Name of Court	Case Number	State	Date of Proceeding	Type of Proceeding

d. The following people are not parties in this matter, but have physical custody of the child(ren) or claim rights of parental responsibilities, legal custody or physical custody, or visitation/parenting time with the child(ren). Identify name and address of those persons, if any.

Full Name of Person	Address (Street, City/State, Zip Code)

e. Notice of Existing Case with Child Support Enforcement (CSE). The parents have filed a case with CSE? No Yes If Yes,
identify the case number: _____.

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- f. Required Notice of Human Services Involvement. The parents or dependent child(ren) listed on this Petition has/have received within the last five years, or is/are currently receiving benefits or public assistance from the state Department of Human Services or the County Department of Social Services. No Yes If your answer was Yes, complete the following:

Name of Person Receiving Benefit	Name of County and State	Case Number	Month/Year

- g. Prior Protection/Restraining Orders. Have you and/or your Spouse been the subject of a temporary or permanent protection/restraining order to prevent domestic abuse or any Criminal Mandatory Protection/Restraining Orders (MRO) or Emergency Protection Orders been issued against either party within two years prior to the filing of this Petition? No Yes

- i. If your answer was **Yes**, complete the following:

- ii. The Protection/Restraining Order was

Temporary and/or
 Permanent
 MRO and _____ issued against
_____ in a

Municipal Court
 County Court and/or
 District Court
in the County of _____, State of
_____, in case number _____ on
_____ (date).

- iii. What was the subject matter of the Protection/Restraining Order or Emergency Protection Order?

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6. Other

- a. Do you anticipate filing this case separate or together with your spouse? ___separate ___together.
- b. What are your greatest concerns about divorce? If you need more space for this answer or any below, feel free to attach an additional page. _____

- c. What do you feel is most important for us to know about you and or your family? _____

- d. On a scale of one to 10, how certain do you feel that you want to file, and why? _____

- e. If you have previously assembled paperwork for divorce and stopped, what was it that made you hesitate to file? _____

- f. Anything else you want us to know? _____
