

GOTHARD WATERS

ATTORNEYS AT LAW

190 South Lowe Avenue ▪ PO Box 806 ▪ Cookeville, Tennessee 38503

Phone (931) 526-4045 ▪ Facsimile (931) 526-4055

Appointment Date: _____ Time: _____

DIVORCE INTAKE FORM *(IRRECONCILABLE DIFFERENCES)*

HUSBAND'S INFORMATION

Husband's Full Legal Name: _____

Husband's DOB: _____

Husband's Place of Birth: _____

Husband's Social Security Number: _____

Husband's Phone Number(s): _____

Husband's Mailing Address: _____

Husband's Residential Address (if different from above): _____

Husband's County of Residence: _____

Husband's Email Address: _____

Husband's Race: _____

Husband's Education: _____

Husband's Employer and Hourly Wage/Salary: _____

Number of Previous Marriages: _____

Member of the Armed Services? _____

WIFE'S INFORMATION

Wife's Full Legal Name: _____

Wife's Maiden Name: _____

Wife's DOB: _____

Wife's Place of Birth: _____

Wife's Social Security Number: _____

Wife's Phone Number(s): _____

Wife's Mailing Address: _____

Wife's Residential Address (if different from above): _____

Wife's County of Residence: _____

Wife's Email Address: _____

Wife's Race: _____

Wife's Education: _____

Wife's Employer and Hourly Wage/Salary: _____

Number of Previous Marriages: _____

Member of the Armed Services? _____

MARITAL INFORMATION

Date of Marriage: _____

Place of Marriage: _____

Date and Place Residence Prior to Separation: _____

County of Residence Prior to Separation: _____

CHILDREN INFORMATION

Number of Children of this Marriage: _____

For each child of this marriage, please provide the following:

Name: _____

DOB: _____

Age: _____

Social Security Number: _____

Mailing Address: _____

Name: _____

DOB: _____

Age: _____

Social Security Number: _____

Mailing Address: _____

Name: _____
DOB: _____
Age: _____
Social Security Number: _____
Mailing Address: _____

Name: _____
DOB: _____
Age: _____
Social Security Number: _____
Mailing Address: _____

HOW DID YOU HEAR ABOUT US?

Were you referred by anyone? Yes _____ No _____

If yes, who? _____

If not, how did you hear about us? _____

ASSETS

Real Property:

Address/Location	Owner(s)	Value

Bank Accounts & Cash:

Name of Bank	Account Number	Owner(s)	Value

Retirement Accounts:	Type	Name	Value

Other Investment Accounts:	Type	Name	Value

Life Insurance:	Insured	Beneficiary	Value
Life Insurance Company/Type			

Automobiles & Other Vehicles/Boats:	Owner(s)	Value
Year, Make, and Model		

Other Assets:	Owner(s)	Value

DEBTS

Mortgage Payable To:	Name(s)	Balance Due

Credit Cards:

Name(s)

Balance Due

Student Loans Payable To:

Name(s)

Balance Due

Other Loans Payable To:

Name(s)

Balance Due

Other Debts:

Name(s)

Balance Due

Last updated August 9, 2016