

Intake Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# PRO SE DIVORCE INTAKE FORM

Name: \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

\*\*\* Identify as ACBA??? Yes No

Resident of Albany County Yes No If Not, County? \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_

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Own Real Property Jointly Yes No Grounds for Divorce \_\_\_\_\_

Uncontested Divorce Yes No Exact Whereabouts of Spouse Yes No

Custody & Support Issue Resolved Not Resolved

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### Total Income per month:

Job \_\_\_\_\_ Employer \_\_\_\_\_

SSDI \_\_\_\_\_ SSI \_\_\_\_\_

Pension \_\_\_\_\_ Child Support \_\_\_\_\_

Alimony \_\_\_\_\_ Unemployment \_\_\_\_\_

Food Stamps \_\_\_\_\_ Other income \_\_\_\_\_

**GROSS INCOME \$** \_\_\_\_\_  weekly  bi-weekly  monthly  annually

Dependents (give names of people (including children) that you support.)

Name	Age	Child of Marriage
_____	_____	Yes No
_____	_____	Yes No
_____	_____	Yes No
_____	_____	Yes No
_____	_____	Yes No