

**LAW OFFICES OF KEVIN M. SMITH, P.A.**  
**1502 N. BROADWAY**  
**WICHITA, KANSAS 67214**  
**316-262-2331**  
**316-262-8862 (FAX)**  
**866-422-3529 (TOLL FREE)**

**INTAKE FORM FOR FAMILY LAW REPRESENTATION**

DATE: \_\_\_\_\_

I represent to Kevin M. Smith that all the following information is true.

**I. CLIENT INFORMATION:**

CLIENT NAME \_\_\_\_\_  
FIRST MIDDLE MAIDEN LAST

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
CITY COUNTY STATE ZIP BUS. PHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ INCOME \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
MO. DAY YEAR STATE COUNTY

SOCIAL SECURITY NO. \_\_\_\_\_ DL NO. \_\_\_\_\_  
RACE \_\_\_\_\_ ALIASES \_\_\_\_\_

DATE OF THIS MARRIAGE \_\_\_\_\_ PLACE OF MARRIAGE -  
CITY COUNTY STATE

**II. SPOUSE/EX/OTHER PARENT INFORMATION:**

NAME: \_\_\_\_\_  
FIRST MIDDLE MAIDEN LAST

SOCIAL SECURITY NO. \_\_\_\_\_ PHONE \_\_\_\_\_  
BUSINESS PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY COUNTY ZIP

MAILING ADDRESS (if different) \_\_\_\_\_  
STREET CITY COUNTY ZIP

OCCUPATION \_\_\_\_\_ INCOME \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
MO. DAY YEAR STATE COUNTY

NAME AND PHONE NUMBER OF SPOUSE'S  
ATTORNEY \_\_\_\_\_

III. OTHER PERTINENT INFORMATION:

NAMES OF MINOR CHILDREN:

NAME	DATE OF BIRTH	SOCIAL SECURITY NUM.
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST ALL ADDRESSES OF RESIDENCE IN THE LAST FIVE YEARS:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

LIST THE NAMES AND PRESENT ADDRESSES OF ALL PERSONS WITH WHOM YOU HAVE RESIDED IN THE LAST FIVE YEARS:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

NO. OF PREVIOUS MARRIAGES \_\_\_\_\_

DO YOU OR YOUR SPOUSE OR ANY OF YOUR CHILDREN HAVE ANY AFFLICTIONS?

IF YES, PLEASE EXPLAIN \_\_\_\_\_

\_\_\_\_\_

(This includes epilepsy, diabetes, hypoglycemia, etc.)

PREVIOUS MARRIAGES OF MINE TO \_\_\_\_\_

MY BEST FRIENDS ARE \_\_\_\_\_

PREVIOUS MARRIAGES OF MY SPOUSE TO \_\_\_\_\_

MY SPOUSE'S BEST FRIENDS ARE \_\_\_\_\_

MY FAMILY'S ADDRESS \_\_\_\_\_

MY SPOUSE'S FAMILY'S ADDRESS \_\_\_\_\_

I HAVE BEEN INSTITUTIONALED IN THE FOLLOWING HOSPITALS OR JAILS:

\_\_\_\_\_

for \_\_\_\_\_

MY SPOUSE HAS BEEN INSTITUTIONALED IN THE FOLLOWING HOSPITALS OR JAILS:

\_\_\_\_\_

for \_\_\_\_\_

MY PREVIOUS LAWYERS HAVE BEEN \_\_\_\_\_

MY SPOUSE'S PREVIOUS LAWYERS HAVE BEEN \_\_\_\_\_

WHILE MARRIED, HAVE YOU EVER LIVED IN NEVADA, NEW MEXICO, ARIZONA, WASHINGTON, LOUISIANA, TEXAS, IDAHO, CALIFORNIA OR WISCONSIN? (Circle approp.)

MY MOST IMPORTANT PRIORITIES ARE \_\_\_\_\_

I WAS REFERRED TO \_\_\_\_\_ BY \_\_\_\_\_  
(Name of Attorney)

IF NOW SEPARATED, IN WHAT COUNTY AND STATE DID YOU AND YOUR SPOUSE LAST RESIDE AS HUSBAND AND WIFE? \_\_\_\_\_

Affirmed by client:

\_\_\_\_\_  
(sign here)