

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

**SEYMOUR LAW FIRM**  
**UNCONTESTED DIVORCE INTAKE FORM**

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_  
Last Name First Middle Maiden

Place of birth \_\_\_\_\_  
City County State

Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ (Maiden name) \_\_\_\_\_ DOB: \_\_\_\_\_

Address(if different from yours): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Do you currently have a will? Yes \_\_\_\_\_ No \_\_\_\_\_

HOW WERE YOU REFERRED TO US? (Circle one) Office Sign I'm a Previous Client Bar Association Website  
Phonebook: \_\_\_\_\_ Friend: Name of Friend \_\_\_\_\_ Other: \_\_\_\_\_

I authorize emails concerning my case.  I authorize emails of general interest from Seymour Law Firm.

Date and City of Marriage: \_\_\_\_\_ / \_\_\_\_\_

Date and City of Separation: \_\_\_\_\_ / \_\_\_\_\_

**CHILDREN**

Where do the children reside? \_\_\_\_\_ With Whom: \_\_\_\_\_

1. Full Name: \_\_\_\_\_  
First Middle Last

Sex: M F Date of Birth: \_\_\_\_\_

2. Full Name: \_\_\_\_\_  
First Middle Last

Sex: M F Date of Birth: \_\_\_\_\_

3. Full Name: \_\_\_\_\_  
First Middle Last

Sex: M F Date of Birth: \_\_\_\_\_

4. Full Name: \_\_\_\_\_  
First Middle Last

Sex: M F Date of Birth: \_\_\_\_\_

Who presently provides health insurance for the child(ren)? Client or Spouse Monthly Fee: \$ \_\_\_\_\_

