



JOS FAMILY LAW
BINOYE JOS, ESQ.
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CLIENT INTAKE FORM

CLIENT INFORMATION

FULL NAME: _____
FIRST MIDDLE LAST MAIDEN

DATE OF BIRTH: _____

PLACE OF BIRTH: _____
CITY STATE COUNTY

SEX: MALE / FEMALE

E-MAIL ADDRESS: _____

HOME TELEPHONE: _____

CELL PHONE: _____

WORK TELEPHONE: _____

TELEPHONE NUMBER YOU WOULD LIKE TO BE CONTACTED AT: HOME / CELL / WORK

CURRENT ADDRESS: _____ APT #: _____
City: _____ Zip Code: _____ State: _____

HOW LONG IN STATE: Years: _____ Months: _____

SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____ State: _____

PLACE OF EMPLOYMENT: _____

JOB TITLE: _____

ADDRESS OF EMPLOYMENT: _____

ANNUAL SALARY: _____

PAID: WEEKLY / BI-WEEKLY / SEMI-MONTHLY / MONTHLY

PERSON FINANCIALLY RESPONSIBLE: Name: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ E-Mail: _____ Social Security Number: _____
Driver's License #: _____

EMERGENCY CONTACT INFORMATION: Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____



Purpose of visit today: **DIVORCE / CHILD CUSTODY / ESTABLISHING PATERNITY /**
MEDIATION / OTHER: _____

If you already have a Case Number, please provide it: _____

Court Location: _____

OPPOSING PARTY INFORMATION

FULL NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SEX: _____

E-MAIL ADDRESS: _____

HOME TELEPHONE: _____

CELL PHONE: _____

WORK TELEPHONE: _____

CURRENT ADDRESS: _____ APT #: _____

City: _____ Zip Code: _____ State: _____

HOW LONG IN STATE: Years: _____ Months: _____

SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____ State: _____

PLACE OF EMPLOYMENT: _____

JOB TITLE: _____

ADDRESS OF EMPLOYMENT: _____

ANNUAL SALARY: _____

PAID: WEEKLY / BI-WEEKLY / SEMI-MONTHLY / MONTHLY

DOES THE OPPOSING PARTY HAVE AN ATTORNEY? YES / NO / UNKNOWN

IF YES:

NAME OF ATTORNEY: _____

ATTORNEY'S TELEPHONE NUMBER: _____

ATTORNEY'S E-MAIL ADDRESS: _____



MINOR CHILDREN

Where do the children reside? _____ With Whom: _____
ADDRESS MOTHER/FATHER/ETC.

Is the Opposing Party the biological or legal parent/guardian of the child? YES / NO

Who presently provides health insurance for the child(ren)? CLIENT / OPPOSING PARTY / OTHER

Monthly Fee for health insurance: \$ _____

1. Full Name: _____ Sex: MALE / FEMALE
FIRST MIDDLE LAST
 Date of Birth: _____ Place of Birth: _____
CITY STATE COUNTY
2. Full Name: _____ Sex: MALE / FEMALE
FIRST MIDDLE LAST
 Date of Birth: _____ Place of Birth: _____
CITY STATE COUNTY
3. Full Name: _____ Sex: MALE / FEMALE
FIRST MIDDLE LAST
 Date of Birth: _____ Place of Birth: _____
CITY STATE COUNTY
4. Full Name: _____ Sex: MALE / FEMALE
FIRST MIDDLE LAST
 Date of Birth: _____ Place of Birth: _____
CITY STATE COUNTY

For Child Custody cases, please list <u>children's</u> residences in the past 5 years:			
Period of residence	Current Address	Person child lives with (name and complete current address)	Relationship
_____ to present			
_____ to _____	Child's residence (City, State)	Person child lived with (name and complete current address)	Relationship
_____ to _____	Child's residence (City, State)	Person child lived with (name and complete current address)	Relationship
_____ to _____	Child's residence (City, State)	Person child lived with (name and complete current address)	Relationship



For Divorce cases:

Date Married: _____

Date Separated: _____

VEHICLES

Client's: _____
Year Make Model Vehicle Identification No.

Opposing Party's: _____
Year Make Model Vehicle Identification No.

PROPERTY OF PARTIES

Is your property already divided by agreement? YES / NO

Are you buying or do you own a house? YES / NO

Does either party have retirement benefits/stocks of any kind? YES / NO

NAME CHANGE REQUEST

Are you requesting the Court to grant a name change YES / NO

New Full Name Requested: _____
First Middle Last

OTHER INFORMATION

Does your case involve allegations of:
(Check all that apply)

_____ Physical Violence
_____ Substance Abuse
_____ Sexual Abuse

_____ Criminal Record
_____ Child Abuse

If you checked Physical Violence, are there any other cases involving Domestic Violence and/or Restraining Orders with the same parties? YES / NO

If YES, please give details: _____

Have you been involved with any Family Law proceeding with any Court? If so, please explain fully when, where, and why.

Have you or anyone associated with this case been the subject of a: (check all that apply)

_____ Protective Order

_____ Restraining Order

_____ Child Protective Services Investigation

_____ Mental Health Professional Treatment

_____ Questionable Paternity Status

_____ Substance Abuse Treatment

_____ Welfare or Aid to Families with Dependent
Children

_____ Common-Law or Informal Marriage

_____ Prenuptial Agreement or Partitioning Agreement

_____ Personal Injury Lawsuit



How were you referred to us? (circle one)

OFFICE / WEBSITE / BAR ASSOCIATION / SIGN / FRIEND OR FAMILY / ATTORNEY

If referred by a specific person, please list their name: _____

PLEASE PROVIDE MOST 3 OF YOUR MOST RECENT PAYCHECK STUBS.



PRIVACY POLICY REGARDING SOCIAL SECURITY NUMBERS

Social Security information will only be used in the event you hire the firm to represent you in your legal matter, and then only when necessary in limited use during the course of your case.

- **Social Security numbers are collected by the law firm from the client and all clients provide such information to the firm in writing.**
- **Social Security numbers are most often used to positively identify parties. Some uses may include initial service, in court orders, in orders to withhold wages for child support, in required reports filed with the State of California, or to obtain retirement information used to divide retirement benefits. Most courts require Social Security numbers of all parties.**
- **All information received from a client is confidential. Numbers are not released from the firm unless authorized by the client or required in the course of representation as previously stated herein.**
- **The employees of Jos Family Law have access to this personal information.**
- **Every step is taken to protect your privacy. This information is kept secure within the offices of the firm in file folders and file drawers until such time that the file information is retired and the file removed to storage in a locked, off-site storage facility. Files will eventually be shredded after the time designated by the State Bar requirement for maintaining the records has expired. Social Security numbers are also kept in firm software programs that are protected by password in our system which is further protected by extensive firewalls.**

I acknowledge that I have read the above privacy information provided by Jos Family Law regarding use of my Social Security number.

Signature

Date