

**DIANA L. KIDD, P.C.**  
**MATRIMONIAL INTAKE SHEET**

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Case Name: \_\_\_\_\_ vs. \_\_\_\_\_

Plaintiff's Address: \_\_\_\_\_ Defendant's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If city or village, is residence within city or village limits? If no, specify town:* \_\_\_\_\_

*If city or village, is residence within city or village limits? If no, specify town:* \_\_\_\_\_

County: \_\_\_\_\_

County: \_\_\_\_\_

Plaintiff's Telephone: \_\_\_\_\_

Defendant's Telephone: \_\_\_\_\_

Plaintiff's Attorney

Defendant's Attorney

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

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

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Law Guardian (if any): \_\_\_\_\_

Telephone: \_\_\_\_\_

Date Married: \_\_\_\_\_

Date Separated: \_\_\_\_\_

Nature of Action: *Divorce / Separation / Annulment / Other*

- Grounds:  Cruel & Inhuman Treatment - DRL §170(1)  
 Abandonment - DRL §170(2)  
 Confinement to Prison - DRL §170(3)  
 Adultery - DRL §170(4)  
 Living Separate & Apart Pursuant to Separation Decree or Judgment of Separation- DRL §170(5)  
 Living Separate & Apart Pursuant to Separation Agreement - DRL §170(6)  
 No Fault - DRL §170(7)

Nature of Relief Requested: \_\_\_\_\_

Equitable distribution of marital property requested, or marital property to be distributed pursuant to separation agreement /stipulation: \_\_\_\_\_

Child support set ? ( Y / N ) \$ \_\_\_\_\_

Custody set? ( Y / N ) \_\_\_\_\_

Pending Family Court Actions? ( Y / N ) \_\_\_\_\_

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Children of Marriage:

<u>Name</u>	<u>Date of Birth</u>	<u>Residence</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Daycare arrangements & expenses: \_\_\_\_\_

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Wife's Information

Age: \_\_\_\_\_ Health: \_\_\_\_\_

Education and Skills: \_\_\_\_\_

Current Employer: \_\_\_\_\_

How long there: \_\_\_\_\_

Gross Income: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

State of Birth: \_\_\_\_\_

Locality: \_\_\_ City of \_\_\_ Town of \_\_\_ Village of \_\_\_\_\_

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

Health Insurance:

Group Health Plan: \_\_\_\_\_

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

Identification #: \_\_\_\_\_

Plan Administrator: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_

Husband's Information

Age: \_\_\_\_\_ Health: \_\_\_\_\_

Education and Skills: \_\_\_\_\_

Current Employer: \_\_\_\_\_

How long there: \_\_\_\_\_

Gross Income: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

State of Birth: \_\_\_\_\_

Locality: \_\_\_ City of \_\_\_ Town of \_\_\_ Village of \_\_\_\_\_

Health Insurance:

Group Health Plan: \_\_\_\_\_

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

Identification #: \_\_\_\_\_

Plan Administrator: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_

Place of Marriage (*city, town, village of*) \_\_\_\_\_

County of Marriage: \_\_\_\_\_ State of Marriage: \_\_\_\_\_

Number of children ever born alive of this marriage: \_\_\_\_\_

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Number of children under 18 in this family: \_\_\_\_\_. Provide details if necessary:

Marriage ceremony performed by clergyman, minister or by a leader of the Society for Ethical Culture: (y/n) \_\_\_\_\_

Any previous judgement in any court for a divorce? (y/n) \_\_\_\_\_

Any other matrimonial action between the parties pending in any court or any other competent jurisdiction? (y/n) \_\_\_\_\_

Any previous court orders concerning child support of *any* child either party is responsible for? (y/n) \_\_\_\_\_

Marital Property:

House:           Deed: \_\_\_\_\_  
                      Who pays mortgage: \_\_\_\_\_  
                      Pays utilities: \_\_\_\_\_

Vehicles: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pension: \_\_\_\_\_

Spousal maintenance: \_\_\_\_\_

For Service Purposes:

Physical description of spouse: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of vehicle: \_\_\_\_\_

Best time/place to catch them: \_\_\_\_\_  
\_\_\_\_\_