

## Client Intake Questionnaire

Date:							
Check: Parenting	Agreement .	Sepa	ration Agreeme	ent			
Your full legal name	:						
Your mailing address:	·			City_	State_	Zip	
Telephone Home:		Work :			Cell:		
Email							
Date of birth:		Cı	urrent age				
Date of marriage:	Year	_Years married:			Separation date:		
Never Married:							
Previous marriages?	Previous (maiden) ı			names_			
Child's Name	Birth Date	Age	School Year		From This	Living with	
					Marriage?	Parents?	
Your Education:							
Occupation:							
Employer:				_ How I	ong?		
Annual Gross Income	Bonus?						
Military rank	and pay grade						
Other Parents Name	Phone:						
E-Mail Address:	Zoom:						
Mailing Address:				City	State	e:Zip	
Your Attorney:				_ City?			
How did you discover	me?						



lease Provide any additional information you would like to specifically address with the lediator:					
ease email or fa	ex to: mlodge@lodge-co.com Fax to: 561.584.5221				
EDIATOR INTAK	KE NOTES:				