



GRAY DIVORCE FINANCIAL PLANNING

Leave and Don't Lose Your Assets

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Blog: *The Gray Girlfriend's Guide to Divorce*

Client Intake Form

Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Phone: preferred contact number Home Work Cell

Home: _____ Work: _____ Cell: _____

Email: _____

Spouse's Email: _____

CHILDREN

Currently Lives With:

Name	Date of Birth	Mother	Father	Both	Partner	Other
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT MARITAL CIRCUMSTANCES

Years Married _____

Date of Marriage: _____

Currently Separated? Yes No

Date of Separation: _____

Who Filed? _____

Date of Filing: _____

Attorney Engaged? Yes No

Attorney's Name: _____
Phone: _____
Email: _____

Other Professional(s) (CPA, Therapist, Etc) - *pleasure use a separate sheet if needed*

Name: _____ Profession: _____
Phone: _____
Email: _____

Please initial here to give permission to speak with these professionals: _____

Was the separation or divorce expected?

- Yes, for a long time
- Yes, but only recently
- No, unexpected

Do you want this divorce?

- Not at all
- I have mixed feelings
- No, but I am resigned to it
- I feel it is for the best

Previously married? Yes No

If yes, date of marriage: _____

Date of divorce: _____

Factors Contributing to Marital Problems (check all that apply):

- | | |
|-----------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Recently had difficulty communicating | <input type="checkbox"/> Difference in interests |
| <input type="checkbox"/> Always had difficulty communicating | <input type="checkbox"/> Difference in education level |
| <input type="checkbox"/> Difference in ethnic or racial background | <input type="checkbox"/> Differences in expectation about marriage |
| <input type="checkbox"/> Difference in expectations about family life | <input type="checkbox"/> Changes in lifestyles, values |
| <input type="checkbox"/> Outside relationships or interest | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Job commitment | <input type="checkbox"/> Untreated medical issues/conditions |
| <input type="checkbox"/> School Commitment | <input type="checkbox"/> Medical issues/conditions |

Other (please explain): _____

Major Financial Events and/or Financial Changes Within The Last 12 Months:

- | | | |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Started school/training program | <input type="checkbox"/> Lost a business | <input type="checkbox"/> Interest rate changes |
| <input type="checkbox"/> Graduated from school/training | <input type="checkbox"/> Legal problems | <input type="checkbox"/> Untaken major new expense |
| <input type="checkbox"/> Entered job market | <input type="checkbox"/> Outstanding debt | <input type="checkbox"/> Changes in child care |
| <input type="checkbox"/> Lost job | <input type="checkbox"/> Foreclosure | <input type="checkbox"/> Child education expenses |
| <input type="checkbox"/> Changed jobs | <input type="checkbox"/> Credit Problems | <input type="checkbox"/> Moved residence |
| <input type="checkbox"/> Job security has changed | <input type="checkbox"/> Establishing credit | <input type="checkbox"/> Increase in financial responsibility |
| <input type="checkbox"/> Started a business | <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Death of significant friend/family |
| <input type="checkbox"/> Pension Plan Changes (current status, insolvent, frozen etc.). Please explain: _____ | | |

Other (please explain): _____

Financial Management

Who manages the checkbook? _____ Who applies for credit? _____

Who pays the bills? _____

Which methods have you used to manage financial decisions during your marriage?

- | | | |
|------------------------------------------|----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Negotiating | <input type="checkbox"/> Avoiding | <input type="checkbox"/> Arguing, one wins |
| <input type="checkbox"/> Dictating | <input type="checkbox"/> Accomodating | <input type="checkbox"/> Arguing, resolution |
| <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Clear roles defined | <input type="checkbox"/> Arguing, no resolution |

Who is the saver? _____

Strategies for Saving Money (check all that apply):

- | | | |
|-----------------------------------------------|------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> 401(k) | <input type="checkbox"/> LLCs | <input type="checkbox"/> Separate Accounts |
| <input type="checkbox"/> IRAs | <input type="checkbox"/> C-Corporation | <input type="checkbox"/> Separate Credit Cards |
| <input type="checkbox"/> Savings Accounts | <input type="checkbox"/> S-Corp | <input type="checkbox"/> Do Without |
| <input type="checkbox"/> Coupons | <input type="checkbox"/> Offshore Accounts | <input type="checkbox"/> Savings based on the future |
| <input type="checkbox"/> Online Banking | <input type="checkbox"/> Worries | <input type="checkbox"/> Written Budget |
| <input type="checkbox"/> Rainy Day Fund | <input type="checkbox"/> Stockpiling | <input type="checkbox"/> Health Savings Account |
| <input type="checkbox"/> 501c3 | <input type="checkbox"/> Delayed Gratification | <input type="checkbox"/> Partnerships |
| <input type="checkbox"/> Limited Partnerships | | |

Who is the Spender? _____

Strategies for Spending Money (check all that apply):

- | | | |
|-------------------------------------------|------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> "It was on sale" | <input type="checkbox"/> Separate credit cards | <input type="checkbox"/> Spending determines the budget |
|-------------------------------------------|------------------------------------------------|---------------------------------------------------------|

- Impulse Buying
- Retirement accounts
- Stocks, Bond
- Spending based on anticipated future income (*raises, bonuses, lottery winnings, selling rental property, etc.*)
- Spending based on future worries
- Separate bank accounts
- Coupons
- Arbitrary Spending
- Budget determines spending
- Rigid Financial Management

Personal Career & Financial History

Position: _____ Length of Employment: _____

Annual Income: _____ Percentage of Total Income: _____

Other paid/non-paid work and employment length: _____

Homemaker For how long: _____

Positions held prior to being a homemaker: _____

How long: _____ Paid/non-paid: _____

My biggest financial concern is: _____

It's important financially to me that: _____

My biggest financial concern for my spouse is: _____

I worry financially my spouse will: _____

(Regardless of age) My biggest concern for our children is: _____