

## General Intake Form

### Important Note

The following information is required for Court documents.  
All information provided to us is **confidential**

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

Referred by: \_\_\_\_\_

### Information about you:

Name: \_\_\_\_\_  
*First Middle Last Maiden name if applicable*

Address: \_\_\_\_\_ Address Line 2: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Best Phone Number to Call: \_\_\_\_\_ Messages OK? *Yes No*

E-mail Address: \_\_\_\_\_

Send Correspondence to (If different from above): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Race: \_\_\_\_\_  
*City and State Required by Court*

Drivers Licence Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ SSN: \_\_\_\_\_

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

### Information about spouse (or other party)

Name: \_\_\_\_\_  
*First Middle Last Maiden name if applicable*

Address: \_\_\_\_\_ Address Line 2: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Race: \_\_\_\_\_  
*City and State* *Required by Court*

Drivers Licence Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Spouse's (or other party's Attorney (if known): \_\_\_\_\_

**Children of this Relationship under the age of 18 years**

Name (First, Middle, and Last)	M	F	D.O.B.	Birth Place	SSN

**Children's Health Insurance Information (required for Court documents)**

Person who provides the health insurance for the child(ren): \_\_\_\_\_

Amount of the monthly health insurance premium (for the child(ren) only): \$ \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

City: \_\_\_\_\_ Policy No.: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Information Regarding Marriage**

Place of Marriage: \_\_\_\_\_ Date: \_\_\_\_\_  
*city* *state*

You can save this form and e-mail to [jtull@jennifertull.com](mailto:jtull@jennifertull.com), print and fax to 512 472-1806, or print and bring it to the first meeting. For more information call 512-472-1919

**Fee due upon completion of initial consultation. Thank you.**