

PARAGON LEGAL, INC.
Jennifer R. Pullar, Esquire
228 South Main Street
Butler, PA 16001
(724) 282-7222
(724) 282-4253 (Fax)

Client: _____
Case No.: _____
F.C. # _____
DRS # _____
PACSES # _____

(If additional space is needed to answer any questions, add additional pages at the end and number accordingly.)

CONFIDENTIAL CLIENT INTAKE WORKSHEET

PERSONAL INFORMATION:

NAME

First	Middle	Maiden	Last
-------	--------	--------	------

PRESENT PHYSICAL ADDRESS

Street	City	County/State	Zip Code
--------	------	--------------	----------

How long have you resided there: _____

MUNICIPALITY TO WHICH YOU PAY LOCAL INCOME TAXES: _____

PREFERRED MAILING ADDRESS IF DIFFERENT FROM ABOVE

Street	City	County/State	Zip Code
--------	------	--------------	----------

PHONE NO. _____

Home	Work	Cellular
------	------	----------

EMAIL ADDRESS _____

Please advise as to whether the email address is a confidential account which you (and not your employer or spouse) are the only person who can access it.

SOCIAL SECURITY NO. _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

EDUCATION:

High School _____

Date Graduated _____

College _____

Date Graduated _____

Degree

Vocational/ _____

Date Graduated _____

Professional

Degree

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EMPLOYMENT HISTORY:

(List below your work experience, including part-time employment, for the past five years, listing current employment first.)

1.	_____	_____
	Name	Address
	_____	_____
	Dates of Employment	Job Classification
	_____	Gross: \$ _____ ; Net: \$ _____
	Reason Employment Terminated	Salary/Wages per Week/Month
2.	_____	_____
	Name	Address
	_____	_____
	Dates of Employment	Job Classification
	_____	Gross: \$ _____ ; Net: \$ _____
	Reason Employment Terminated	Salary/Wages per Week/Month
3.	_____	_____
	Name	Address
	_____	_____
	Dates of Employment	Job Classification
	_____	Gross: \$ _____ ; Net: \$ _____
	Reason Employment Terminated	Salary/Wages per Week/Month

If you have not been employed for the past five years, indicate reason(s) and what training or skills you have for future employment? _____

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HEALTH:

If you have a medical condition that affects your ability to obtain gainful full-time employment:

List Past and Current Health Problems:

MEDICAL DOCTOR'S NAME: _____

ADDRESS: _____

PHONE NO.: _____

DATE TREATMENT BEGAN: _____

DATE OF YOUR PRESENT MARRIAGE: _____

LOCATION (CITY, COUNTY & STATE) AT
WHICH PRESENT MARRIAGE TOOK PLACE _____

ARE YOU SEPARATED? _____

IF SO, PROVIDE THE DATE YOU SEPARATED _____

WERE YOU SEPARATED PREVIOUSLY? _____

IF SO, STATE THE DATES OF ANY PRIOR
SEPARATIONS AND RECONCILIATIONS: _____

HAVE YOU HAD ANY PRIOR MARRIAGES? _____

IF SO, STATE:

Name of Ex-Spouse _____

Date Married _____

Date Divorced _____

Where Divorced _____

Case No. _____

Receiving/Paying Support/Alimony _____

How Much Per Month? _____

Arrearages Owed/Due _____ How Much? _____

List names, dates of birth and current addresses of all children born from **prior** marriage/union:

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PERSONAL INFORMATION OF CURRENT SPOUSE:

NAME _____
 First Middle Maiden Last

PRESENT PHYSICAL ADDRESS

_____ Street City County/State Zip Code

How long has he/she resided there: _____

PREFERRED MAILING ADDRESS IF DIFFERENT FROM ABOVE

_____ Street City County/State Zip Code

PHONE NO. _____

SOCIAL SECURITY NO. _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

EDUCATION:

High School _____ Date Graduated _____

College _____ Date Graduated _____
Degree _____

Vocational/Professional _____ Date Graduated _____
Degree _____

EMPLOYMENT HISTORY:

(List below your spouse's work experience, including part-time employment, for the past five years, listing current employment first.)

1. Name _____ Address _____
Dates of Employment _____ Job Classification _____
Reason Employment Terminated _____ Gross: \$ _____ ; Net: \$ _____
Salary/Wages per Week/Month _____

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2. _____
 Name _____ Address _____

 Dates of Employment _____ Job Classification _____

 Reason Employment Terminated _____
 Gross: \$ _____ ; Net: \$ _____
 Salary/Wages per Week/Month _____

3. _____
 Name _____ Address _____

 Dates of Employment _____ Job Classification _____

 Reason Employment Terminated _____
 Gross: \$ _____ ; Net: \$ _____
 Salary/Wages per Week/Month _____

If your spouse has not been employed for the past five years, indicate reason(s) and what training or skills he/she has for future employment?

HEALTH:

List Past and Current Health Problems (if affected your spouse's ability to work):

MEDICAL DOCTOR'S NAME: _____
 ADDRESS: _____
 PHONE NO.: _____
 DATE TREATMENT BEGAN: _____

WAS YOUR CURRENT SPOUSE PREVIOUSLY MARRIED? _____

IF SO, STATE:

Name of Ex-Spouse _____
 Date Married _____ Date Divorced _____
 Where Divorced _____ Case No. _____
 Receiving/Paying Support/Alimony _____ How Much Per Month? _____
 Arrearages Owed/Due _____ How Much? _____

List names, dates of birth and current addresses of all children born from prior marriage:

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Is your spouse currently dating anyone? _____ Are they living together? _____
 If so, give that person's Name _____
 Address _____ Phone No. _____

Who do you expect to be your spouses' attorney?
 Name _____
 Address _____
 Phone No. _____

FOR EACH OF THE CHILDREN BORN OF THIS MARRIAGE, STATE:

<u>Name</u>	<u>Date of Birth</u>	<u>Current Address</u>	<u>Previous Addresses and Date of Residences (for each of the last 5 years)</u>	<u>List all persons with whom the child resides if the children are under 18.</u>	<u>State the relationship of the individuals with whom the child resides</u>

Do any of the children suffer from any physical or emotional disabilities? If so, explain for each child giving particulars: _____

Do you anticipate any problem with custody/visitation? _____

What is your plan for custody/visitation with the children? _____

Has legal custody of these children ever been determined by a Court? _____
 If so state:

Name of Court _____ Case No. _____ Date of Custody Order _____

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YOUR CURRENT EMPLOYMENT:

Name: _____

Address: _____

Phone No.: _____

Length of Employment: _____

Gross Salary: \$ _____

PAYROLL DEDUCATIONS: (complete or attach most recent paystub)

Payroll frequency: Weekly / Bi-Weekly / Bi-monthly / Monthly

Federal Withholding Tax _____

F.I.C.A. _____

State Tax _____

Local Tax _____

Medical Insurance _____

Health Insurance _____

Pension Plan _____

Union Dues _____

Other Payroll deductions _____

Net Salary \$ _____ per _____

Do you have any of the following benefits?

Profit-Sharing Plan _____

Non-Contributory Pension _____

Expense Account _____

Club/Organization membership _____

And/or dues _____

Stock Purchase Plan _____

Commission Sales _____

Paid Insurance Benefits _____

other _____

If the answer to any of the above is yes, explain in detail nature of benefits: _____

Are you employed at any other full or part-time job? _____ If so, explain: _____

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YOUR BUSINESS: (if you own your own business)

Name of your Company _____
Address _____
Phone Number _____
Type of Business _____

Sole Proprietorship? _____ Corporation? _____ Sub-S Election? _____
Partnership? _____ Your interest in partnership? _____

Name of all partners: _____

Accountant's name and address: _____

If Corporation:
Date of incorporation: _____ Name of Attorney who incorporated: _____

Total share of stock of corporation: _____ Total number of shareholders _____

How many shares in your name: _____ how many shares in your spouse's name: _____

Names and number of shares of all other shareholders if 10 or less:

Are you currently receiving any financial assistance from Public Assistance, Social Security, Unemployment Compensation, Workmen's Compensation, etc.? _____

If so, please state:

From Whom _____ Amount \$ _____ per _____
Date Benefit began _____ Date Benefit will terminate _____

Do you have any other income from any source (including dividends, interest, rental, etc.)? _____
If yes, please give full particulars _____

How would you characterize your family's standard of living for the five year period prior to separation giving full particulars? _____

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DRS # _____

PACSES # _____

YOUR SPOUSE'S CURRENT EMPLOYMENT:

Name: _____

Address: _____

Phone No.: _____

Length of Employment: _____

Gross Salary: \$ _____

PAYROLL DEDUCTIONS: (complete or attach most recent paystub)

Payroll frequency: Weekly / Bi-Weekly / Bi-monthly / Monthly

Federal Withholding Tax _____

F.I.C.A. _____

State Tax _____

Local Tax _____

Medical Insurance _____

Health Insurance _____

Pension Plan _____

Union Dues _____

Other Payroll deductions _____

Net Salary \$ _____ per _____

Does your spouse have any of the following benefits?

Profit-Sharing Plan _____

Stock Purchase Plan _____

Non-Contributory Pension _____

Commission Sales _____

Expense Account _____

Paid Insurance Benefits _____

Club/Organization membership _____

Other _____

And/or dues

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Are real estate taxes included in mortgage? _____

Amount of insurance premium _____

Is insurance premium included in mortgage? _____

What is your estimate of the current value of the residence?

\$ _____

Whose name(s) is the residence titled in? _____

3. SAVINGS ACCOUNTS:

A. _____
Bank Branch or Address

\$ _____ as of _____ Account in the name(s) of _____
Balance Account No.

B. _____
Bank Branch or Address

\$ _____ as of _____ Account in the name(s) of _____
Balance Account No.

4. CHECKING ACCOUNTS:

A. _____
Bank Branch or Address

\$ _____ as of _____ Account in the name(s) of _____
Balance Account No.

B. _____
Bank Branch or Address

\$ _____ as of _____ Account in the name(s) of _____
Balance Account No.

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5. STOCKS:

____ If any, list the Number of Shares; Name of Corporation; Date Purchased: in Whose Name they are registered; Cost.

____ No. _____ Name of Corporation _____ Date Purchased _____ Whose Name _____ Cost

____ No. _____ Name of Corporation _____ Date Purchased _____ Whose Name _____ Cost

____ No. _____ Name of Corporation _____ Date Purchased _____ Whose Name _____ Cost

____ No. _____ Name of Corporation _____ Date Purchased _____ Whose Name _____ Cost

6. BONDS OR CERTIFICATES OF DEPOSIT: _____ If any, list the Number; Whether they are Government or Corporate Bonds or C.D.s; Date(s) Purchased; in Whose Name they are registered; Cost

____ No. Shares _____ Government or Corporation _____ Date Purchased _____ Whose name _____ Cost

____ No. Shares _____ Government or Corporation _____ Date Purchased _____ Whose name _____ Cost

____ No. Shares _____ Government or Corporation _____ Date Purchased _____ Whose name _____ Cost

7. Is any property of yours or your spouse held by another person? _____
If so, explain, giving all particulars _____

8. List all assets that came into the marriage or to either of you by gift or inheritance including gifts to one another. Identify the asset (case, stock, jewelry, etc.) and indicate the date it was received and its value at the time of the gift. _____

9. List all assets that were acquired by you or your spouse since the last separation _____

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10. LIFE INSURANCE:

<u>COMPANY</u>	<u>POLICY NO.</u>	<u>TYPE OF POLICY (WHOLE LIFE, TERM, UNIVERSAL)</u>	<u>INSURED</u>	<u>OWNER</u>	<u>FACE VALUE</u>	<u>CASH VALUE</u>	<u>LOAN</u>	<u>BENEFICIARY</u>

11. AUTOMOBILES

a. Make _____ Model _____ Year _____ VIN# _____
 Who uses car _____ Titled to _____
 Dated Purchased _____ Cost\$ _____ Current Encumbrance\$ _____
 Monthly Payments \$ _____ To whom _____

B. Make _____ Model _____ Year _____ VIN# _____
 Who uses car _____ Titled to _____
 Dated Purchased _____ Cost\$ _____ Current Encumbrance\$ _____
 Monthly Payments \$ _____ To whom _____

C. Make _____ Model _____ Year _____ VIN# _____
 Who uses car _____ Titled to _____
 Dated Purchased _____ Cost\$ _____ Current Encumbrance\$ _____
 Monthly Payments \$ _____ To whom _____

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12 List following, if applicable:

<u>ITEM</u>	<u>COST</u>	<u>DATE PURCHASED</u>	<u>BALANCE OWED</u>	<u>WHOSE NAME</u>
Boat				
Motorhome				
Motorcycle				
Snowmobile				

13. FURNITURE/HOUSEHOLD ITEMS:

Your estimate of current value \$ _____

Any loans against _____ If so, how much \$ _____

14. Jewelry owned by you or your spouse in excess of \$500.00. Please give full particulars

15. Are you or your spouse presently, or do you expect to be, a party to any lawsuit? _____

If so, give full particulars _____

16. RETIREMENT PLANS (Corporate, IRA, Keogh, etc.) or you and/or your spouse:

<u>PLAN DESCRIPT.</u>	<u>DATE PLAN BEGAN</u>	<u>EMPLOYEE'S TOTAL CONTRIB.</u>	<u>EMPLOYER'S TOTAL CONTRIB.</u>	<u>CURRENT VALUE</u>	<u>TOTAL BENEFIT</u>	<u>VESTED</u>

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Set forth all relevant plan information. If available, attach a copy of the plan summary provided by the plan administrator or the employer.

17. Are you or your spouse beneficiaries or heirs under any estate now in probate (State which party, whose estate, where estate being administered and approximate amount to be received)?

18. List all other assets owned by you or your spouse not listed above, and give full particulars

19. Do you and your current spouse have a pre-nuptial or post-nuptial agreement? _____ If so, is it written? _____. (If yes, attached a signed copy to this form.)

20. Attach copies of your federal income tax returns for the past three years.

21. Have you executed a Power of Attorney, Health Care Power of Attorney or Living Will?
_____ (If yes, attach a signed copy to this form.)

22. Have you executed a Will which is still in effect? (If yes, attach a signed copy to this form.)

23. List all property transferred/ sold within the past six (6) months and/or within six (6) months of the date of separation, including name of individual receiving property, date of transfer, value received and actual value at date of transfer:

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LIABILITIES

<u>CREDITOR</u> <u>(Credit Card,</u> <u>Charge Acct(s),</u> <u>etc.)</u>	<u>DATE OF LOAN</u>	<u>BALANCE</u>	<u>MONTHLY</u> <u>PAYMENT</u>	<u>IN WHOSE</u> <u>NAME</u>

IF THERE ARE ANY CHANGES IN THE INFORMATION CONTAINED IN THIS FORM DURING THE COURSE OF OUR REPRESENTATION OF YOU, IT IS YOUR RESPONSIBILITY TO NOTIFY US PROMPTLY IN WRITING.