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**Living Together—Applications**

**Intake Form: General**

Living together without being married presents a unique set of legal issues, as well as many of the same legal issues faced by married and divorcing couples. It is therefore often advisable that you seek the counsel and representation of an experienced attorney to help ensure that your needs are met not only now, but also in the future. In order to do the best possible job on your behalf, your attorney needs your input and cooperation. At your first meeting with your attorney, you should be prepared to provide the following information:

***INFORMATION ABOUT YOU***

***INFORMATION ABOUT YOUR  
COHABITANT***

Name \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Sex M \_\_\_\_\_ F \_\_\_\_\_

M \_\_\_\_\_ F \_\_\_\_\_

Social Security Number \_\_\_\_\_

\_\_\_\_\_

Address, Including County

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of Time at that Address \_\_\_\_\_ years

\_\_\_\_\_ years

Previous Address(es) (for last 10 years)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone Number \_\_\_\_\_

\_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Facsimile Number \_\_\_\_\_

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

Former Name(s) \_\_\_\_\_  
\_\_\_\_\_

Employers \_\_\_\_\_

Position \_\_\_\_\_

Employer's Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of Time with Employer \_\_\_\_\_ years \_\_\_\_\_ years

Previous Employer(s) (for last 10 years)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gross Monthly Income \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other Income

*Source/Amount* \_\_\_\_\_

*Source/Amount* \_\_\_\_\_

*Source/Amount* \_\_\_\_\_

Date of Cohabitation \_\_\_\_\_

Date of Separation, if applicable \_\_\_\_\_

Children of Current Relationship

<i>Name</i>	<i>Date of Birth</i>	<i>Social Security Number</i>	<i>With Whom Residing</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Children from Other Relationships

<i>Name</i>	<i>Date of Birth</i>	<i>Social Security Number</i>	<i>With Whom Residing</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Legal Concerns (provide detail as applicable)

*Cohabitation Agreement* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Separation Agreement* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Estate Planning* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Health Care Directives* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Paternity* \_\_\_\_\_

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*Custody* \_\_\_\_\_

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*Child Support* \_\_\_\_\_

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*Palimony* \_\_\_\_\_

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*Property Ownership* \_\_\_\_\_

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*Domestic Partner Benefits* \_\_\_\_\_

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*Other* \_\_\_\_\_

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Special Concerns (provide detail as applicable)

*Physical or Mental Health of Self* \_\_\_\_\_

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*Physical or Mental Health of Cohabitant* \_\_\_\_\_

\_\_\_\_\_

*Physical or Mental Health of Children* \_\_\_\_\_

\_\_\_\_\_

*Domestic Abuse or Violence* \_\_\_\_\_

\_\_\_\_\_

*Child Abuse* \_\_\_\_\_

\_\_\_\_\_

**Other Important Information** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_