



CHRISTINA LANA SHINE, ESQ.

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INTAKE INFORMATION SHEET

Name: _____

Address: _____

Phone #(s): (H) _____ (C) _____ (W) _____

Date of Birth: ____ / ____ / ____

Place of Birth: (City and State): _____

SSN #: _____ - _____ - _____ (Wife) Maiden Name: _____

Date of Marriage: ____ / ____ / ____ Date of Separation: ____ / ____ / ____

Place of Marriage (Town and County): _____

Number of this Marriage: _____ Widowed/Divorce? _____

Highest Grade of Education Reached: _____

Present Employer: _____

Address of Employer: _____

Length of Employment: _____

Job Title: _____

Income Present: \$ _____ /year Last 2 years: \$ _____ /year

Salaried Hourly Commissioned

Benefits: (list medical, dental, etc): _____

Assets: Type and Amounts (generally) : _____

Retirement Assets: general amount and type of asset: _____



Personal Property: _____

Real Property: _____

Debts:

Unsecured: Credit Card etc., type and amount: _____

Secured: Real Property, Automobiles, Other: _____

SPOUSE:

Spouse's Name: _____

Address: _____

Date of Birth: ___ / ___ / ___

Place of Birth:(City and State) : _____

SSN#: _____ - _____ - _____

Highest Grade of Education Reached: _____

Present Employer: _____

Address of Employer: _____

Length of Employment: _____

Job Title: _____

Income Present: \$ _____ /year Last 2 years: \$ _____ /year

[] Salaried [] Hourly [] Commissioned

Benefits: (list medical, dental, etc): _____

Retirement Assets: general amount and type of asset: _____



Any health issues for either parent; please describe: _____

Any present/past addictions concerns regarding other parent, please describe: _____

Does either parent have a history of mental health issues?, please describe: _____

CHILDREN:

Names, Ages, DOB and SSN:

1: _____ years old / Grade ____ at _____
 ____ / ____ / _____ - - _____

Any Health Issues?: _____

Any Behavioral Issues? _____

2: _____ years old / Grade ____ at _____
 ____ / ____ / _____ - - _____

Any Health Issues?: _____

Any Behavioral Issues? _____

3: _____ years old / Grade ____ at _____
 ____ / ____ / _____ - - _____

Any Health Issues?: _____

Any Behavioral Issues? _____

4: _____ years old / Grade ____ at _____
 ____ / ____ / _____ - - _____

Any Health Issues?: _____

Any Behavioral Issues? _____

(please list additional children on the back)



Any Other Concerns regarding Children? : _____

Any Parenting Concerns regarding other parent? : _____

Domestic Violence? (Any Orders of Protection against or in favor?) (Any police reports of Domestic Violence?) describe: _____

Child Protective Services: (Involvement past or present for either parent?) : _____

Any Current Orders: Family Court, Supreme Court, criminal matter-Justice Court? describe: _____

History of criminal convictions for either parent? : _____

Describe what you want regarding Custody:(sole/joint/shared joint) : _____

Describe what you want regarding parenting time for the other parent and for yourself: _____



If you want residential custody describe why you believe it is in your child's best interest for you to be granted residential custody: _____

Other issues you feel are relevant to your case: _____



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