

Deborah Beach, L.C.S.W.
Collaborative Intake Form

Today's Date: _____

Name: _____

Spouse/Partner's Name: _____

Home# _____

Home# _____

Work# _____

Work# _____

Cell# _____

Cell# _____

E-Mail _____

E-Mail _____

(Please do not list numbers or e-mails where it is not ok to contact you)

Date of Marriage _____

Date of Current Separation _____

Attorney _____

Attorney _____

Please list the children born or adopted during this marriage

Children	DOB	Age	Living with	Special Needs
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are there children from a previous marriage whose interests may be affected by the divorce?

Children	DOB	Age	Living with	Special Needs
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Primary Concerns about this divorce

Primary Goals for you and your family during and after this divorce