

# JUDICIAL ADVOCATES

Judicial Review & Litigation Strategy  
Washington, D.C. • Tulsa, OK • Dallas, TX  
Phone: (202) 895-5685 • Fax: (202) 301-3844  
contact@judicialadvocatesus.org • judicialadvocatesus.org

## Family Law Client Intake Questionnaire

**IMPORTANT:**

CONFIDENTIAL: The information contained in this questionnaire is confidential. Complete all applicable sections thoroughly and honestly. The accuracy of your responses directly impacts our ability to effectively assist you. If you need additional space, attach separate pages clearly labeled with the question number.

**IMPORTANT:**

Judicial Advocates is a judicial review, litigation strategy, and legal research firm, not a law firm. We do not provide legal advice. No attorney-client relationship is created by completing this questionnaire.

Date:

Referred By:

### SECTION 1: TYPE OF MATTER

What type of family law matter are you seeking assistance with?

- |  |   |
|--|---|
| <input type="checkbox"/> NEW DIVORCE / DISSOLUTION     | <input type="checkbox"/> POST-DECREE MODIFICATION |
| <input type="checkbox"/> ONGOING / PENDING PROCEEDINGS | <input type="checkbox"/> OTHER FAMILY LAW MATTER  |

If Post-Decree Modification, check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Custody Modification          | <input type="checkbox"/> Child Support Modification |
| <input type="checkbox"/> Visitation/Parenting Time     | <input type="checkbox"/> Alimony/Spousal Support    |
| <input type="checkbox"/> Property Division Enforcement | <input type="checkbox"/> Contempt / Non-Compliance  |
| <input type="checkbox"/> Relocation / Move-Away        | <input type="checkbox"/> Name Change                |
| <input type="checkbox"/> Other                         |   |

If Other, specify:

## SECTION 2: CLIENT / PETITIONER / MOVANT INFORMATION

Full Legal Name:

Maiden Name (if applicable):

Current Mailing Address:

City:  State:

ZIP Code:  County of Residence:

Physical Address (if different):

Cell Phone:  Home Phone:

Work Phone:  Email:

Date of Birth:  SSN (last 4):

Driver's License No. & State:

Preferred Method of Contact:

Cell Phone  Home Phone  Email  Text Message

May we leave detailed voicemail messages?

Yes  No

Current Employer:

Employer Address:

Job Title:  Years Employed:

Gross Monthly Income:  Net Monthly Income:

### Emergency Contact

Name:

Relationship:  Phone:

### SECTION 3: OPPOSING PARTY / RESPONDENT INFORMATION

Full Legal Name:

Maiden Name (if applicable):

Current Mailing Address:

City:  State:

ZIP Code:  County:

Cell Phone:  Work Phone:

Email:

Date of Birth:  SSN (last 4, if known):

Current Employer:

Employer Address:

Job Title:  Approx. Monthly Income:

Is the opposing party represented by an attorney?

- Yes  No  Unknown

If yes, Attorney Name & Firm:

Attorney Phone / Email:

Has opposing party's employment or income changed since the original decree?

- Yes  No  Unknown  N/A (new filing)

If yes, describe the change:

## SECTION 4: JURISDICTIONAL INFORMATION

County Where Filed:  State:

Has the Client resided in this county for more than six (6) months?

Yes  No

If no, how long?

Has the Client resided in this State for more than six (6) months?

Yes  No

Has the Opposing Party resided in this county for more than six (6) months?

Yes  No  Unknown

Has either party or any minor child relocated since the last court order?

Yes  No  N/A

If yes, who relocated, when, and to where?

## SECTION 5: CASE STATUS & PRIOR PROCEEDINGS

Is this matter currently pending before any court?

Yes  No

If yes, Case Number:

Court / County:  Judge Assigned:

Next Court Date (if any):

Is there an existing Final Decree of Divorce or other final order?

Yes  No

If yes, Date of Decree:  Case Number:

Court / County:  Judge:

**Prior Legal Proceedings**

Have there been any previous divorce filings between the parties?

Yes  No

If yes, Case No., Court, and Outcome:

Have there been any Protective Order (VPO/EPO) filings?

Yes  No

If yes, Case No., Court, Date, and Status:

Have there been any prior modification proceedings?

Yes  No

If yes, Case No., Date, and What Was Modified:

Have there been any contempt proceedings?

Yes  No

If yes, Case No., Date, and Outcome:

Have there been any other civil or criminal proceedings involving either party?

Yes  No

If yes, describe:

Has either party previously been married (other than to each other)?

Yes (Client)  Yes (Opposing Party)  Yes (Both)  No

If yes, provide dates and manner of termination:

## PART A: NEW DIVORCE / DISSOLUTION FILINGS

Complete only if you checked 'New Divorce / Dissolution' in Section 1.

### SECTION 6: MARRIAGE INFORMATION

Date of Marriage:  Date of Separation:

County of Marriage:  State of Marriage:

Type of Marriage:

Ceremonial  Common Law

#### Grounds for Divorce:

Incompatibility

Irreconcilable Differences

Adultery

Abandonment (1+ year)

Extreme Cruelty

Habitual Drunkenness

Gross Neglect of Duty

Imprisonment

Fraudulent Contract

Impotency

Insanity (5+ years)

Other

If Other, specify:

Describe the circumstances leading to the decision to divorce:

## SECTION 7: MINOR CHILDREN

Are there minor children (under 18) of this marriage?

Yes  No

If yes, provide information for each child:

Child's Full Name	Date of Birth	Age	Resides With

--

--

Is the wife currently pregnant?

Yes  No  N/A

If yes, expected due date:

Are any children adopted?

Yes  No

If yes, which child(ren) and date of adoption:

Are any children from a previous relationship?

Yes  No

If yes, explain:

## SECTION 8: CHILD CUSTODY

Who currently has physical custody?

Client  Opposing Party  Shared  Third Party

If Third Party, identify:

### Desired Custody Arrangement

Sole Legal Custody to Client  Sole Legal Custody to Opposing  
 Joint Legal Custody  Joint Physical Custody  
 Primary Physical to Client  Primary Physical to Opposing

Describe the visitation/parenting time schedule you believe is appropriate:

Are there any concerns regarding the opposing party's parenting ability?

Yes  No

If yes, describe:

Should visitation be supervised?

Yes  No

If yes, explain why:

Are there any existing custody or visitation orders from any court?

Yes  No

If yes, Case No. and Court:

## SECTION 9: CHILD SUPPORT

Is either party seeking child support?

Yes - Client Seeking    Yes - Opposing Party    No

### Healthcare Coverage for Minor Children

Who currently provides healthcare insurance for the child(ren)?

Client    Opposing Party    Both    State/Medicaid    None

Insurance Company:  Monthly Premium:

Who Pays Premium:

Who should provide healthcare insurance going forward?

Client    Opposing Party    Shared

How should uncovered medical expenses be divided?

50/50    Pro Rata (income-based)    Other

If Other, specify:

## SECTION 10: SPOUSAL SUPPORT / ALIMONY

Is either party seeking spousal support/alimony?

Yes - Client Seeking    Yes - Opposing Party May Seek    No

If seeking support, what type?

Temporary    Rehabilitative    Permanent    Lump Sum

Amount Sought (monthly):  Duration Sought:

Factors supporting spousal support request:

Length of marriage    Disparity in income  
 Health issues    Sacrificed career for family  
 Age of parties    Standard of living  
 Education disparity    Other

Explain:

## SECTION 11: PROPERTY DIVISION

### Real Property

Do the parties own any real property?

Yes  No

Property #1:

Address:

Approx. Value:  Mortgage Balance:

Titled In Name Of:  Desired Disposition:

Property #2:

Address:

Approx. Value:  Mortgage Balance:

Titled In Name Of:  Desired Disposition:

### Vehicles

Vehicle 1:

Year/Make/Model:

Value:  Loan Balance:

Titled To:  Who Should Receive:

Vehicle 2:

Year/Make/Model:

Value:  Loan Balance:

Titled To:  Who Should Receive:

**Other Assets**

Asset Description	Titled To	Approx. Value	Disposition	At Decree/Current

**Business Interests**

Does either party own an interest in any business?

Yes  No

Business Name:

Type of Entity:  Ownership %:

Approx. Value:  Desired Disposition:

## SECTION 12: MARITAL DEBTS

Creditor	Type	Balance	In Whose Name	Ordered To/Current

Are there debts that should be the sole responsibility of the opposing party? Explain: \_\_\_\_\_

## SECTION 13: TEMPORARY ORDERS

What issues need addressed in a Temporary Order at filing?

- |  |  |
|--|--|
| <input type="checkbox"/> Temporary custody           | <input type="checkbox"/> Temporary child support             |
| <input type="checkbox"/> Temporary spousal support   | <input type="checkbox"/> Exclusive use of marital residence  |
| <input type="checkbox"/> Temporary restraining order | <input type="checkbox"/> Payment of bills during proceedings |
| <input type="checkbox"/> Use of vehicles             | <input type="checkbox"/> Preservation of assets              |
| <input type="checkbox"/> Other                       |  |

Explain the urgency or necessity:

## SECTION 14: SAFETY CONCERNS

Has there been any domestic violence in this relationship?

Yes  No

If yes, describe incidents, including dates, injuries, and whether reported:

Do you have any current safety concerns for yourself or the children?

Yes  No

If yes, explain:

Does the opposing party have access to firearms?

Yes  No  Unknown

## SECTION 15: MILITARY STATUS

Is either party currently serving in the U.S. Armed Forces?

Yes - Client  Yes - Opposing Party  No

Is either party a military veteran?

Yes - Client  Yes - Opposing Party  No

If yes, Branch and Years of Service:

Are there military retirement benefits to be divided?

Yes  No  Unknown

## PART B: POST-DECREE MODIFICATION

Complete only if you have a Final Decree and seek to modify its terms. Sections 1-5 must be completed.

### SECTION 16: EXISTING DECREE INFORMATION

Date of Final Decree:  Case Number:

Court / County:  Judge Who Entered:

Do you have a copy of the Final Decree of Divorce?

Yes (attached)  Yes (can provide)  No

Have there been any prior modifications to the original decree?

Yes  No

If yes, provide date, what was modified, and outcome:

Were you represented by an attorney in the original divorce?

Yes  No

If yes, attorney name:

Was the opposing party represented?

Yes  No  Unknown

If yes, attorney name:

## SECTION 17: CHANGED CIRCUMSTANCES

**IMPORTANT:**

Oklahoma law requires a 'substantial and material change in circumstances' not contemplated at the time of the original decree to modify custody, child support, or alimony. You must be specific about what has changed, when, and how it affects you and/or the children.

Describe in detail what has changed since the decree was entered:

When did this change occur? Provide specific dates or timeframes:

Why are you seeking a modification now?

Check all changes that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Change in income (yours)     | <input type="checkbox"/> Change in income (opposing)    |
| <input type="checkbox"/> Job loss / unemployment      | <input type="checkbox"/> New employment / promotion     |
| <input type="checkbox"/> Relocation of a party        | <input type="checkbox"/> Relocation of children         |
| <input type="checkbox"/> Change in child's needs      | <input type="checkbox"/> Change in health of a party    |
| <input type="checkbox"/> Change in health of child    | <input type="checkbox"/> Remarriage of a party          |
| <input type="checkbox"/> New cohabitation by a party  | <input type="checkbox"/> Substance abuse issues         |
| <input type="checkbox"/> Domestic violence / safety   | <input type="checkbox"/> Incarceration of a party       |
| <input type="checkbox"/> Military deployment          | <input type="checkbox"/> Child reaching age 12+         |
| <input type="checkbox"/> Child's expressed preference | <input type="checkbox"/> Failure to exercise visitation |
| <input type="checkbox"/> Interference with visitation | <input type="checkbox"/> Alienation of child            |
| <input type="checkbox"/> Neglect or abuse             | <input type="checkbox"/> Non-compliance with decree     |
| <input type="checkbox"/> Other                        |   |

If Other, specify:

Change in employment or income since the decree?

- Yes    No

Your income at time of decree:       Your current income:

Opposing income at decree:       Opposing current income:

Describe the change in employment/income:

## SECTION 18: NON-COMPLIANCE WITH DECREE

**IMPORTANT:**

If the opposing party is not following the Decree terms, document every instance. Courts take enforcement seriously, but you must prove specific violations with dates, details, and evidence.

Is the opposing party in compliance with the current Decree?

Yes    No    Partially

If not in compliance, identify every term being violated:

- |  |  |
|--|--|
| <input type="checkbox"/> Child support (failure to pay)    | <input type="checkbox"/> Alimony (failure to pay)                |
| <input type="checkbox"/> Custody schedule violations       | <input type="checkbox"/> Property division (failure to transfer) |
| <input type="checkbox"/> Debt obligations (failure to pay) | <input type="checkbox"/> Health insurance (failure to maintain)  |
| <input type="checkbox"/> Tax obligations                   | <input type="checkbox"/> Restraining order provisions            |
| <input type="checkbox"/> Other                             |  |

**Violation #1:**

What term is being violated:

Date(s) of violation:

Describe what happened:

Evidence available:

**Violation #2:**

What term is being violated:

Date(s) of violation:

Describe what happened:

Evidence available:

**Violation #3:**

What term is being violated:

Date(s) of violation:

Describe what happened:

Evidence available:

Child Support Arrearage:

Alimony Arrearage:

Is child support collected through the state disbursement unit?

Yes  No

If yes, DHS Case Number:

Have you previously filed a contempt action?

Yes  No

Are you seeking to hold the opposing party in contempt?

Yes  No

If yes, what remedies are you seeking?

Payment of arrearage

Incarceration

Attorney's fees

Make-up visitation

Wage assignment

Posting of bond

Other

## SECTION 19: CUSTODY / VISITATION MODIFICATION

**IMPORTANT:**

To modify custody in Oklahoma, you must demonstrate a permanent, substantial, and material change of circumstances that directly affects the best interests of the child.

### Current Custody Arrangement

What is the current custody arrangement per the decree?

- |  |  |
|--|--|
| <input type="checkbox"/> Sole Legal/Physical to Client | <input type="checkbox"/> Sole Legal/Physical to Opposing |
| <input type="checkbox"/> Joint Legal Custody           | <input type="checkbox"/> Joint Physical Custody          |
| <input type="checkbox"/> Primary Physical to Client    | <input type="checkbox"/> Primary Physical to Opposing    |

Describe the current visitation/parenting time schedule:

### Requested Modification

- |   |   |
|---|---|
| <input type="checkbox"/> Change primary custody to Client | <input type="checkbox"/> Change primary custody to Opposing |
| <input type="checkbox"/> Modify visitation schedule       | <input type="checkbox"/> Add supervised visitation          |
| <input type="checkbox"/> Establish joint custody          | <input type="checkbox"/> Other                              |

If Other, specify:

Describe the parenting time schedule you are requesting:

How does the requested change serve the best interests of the child(ren)?

Has any child reached the age of 12 since the decree was entered?

Yes  No

Has the child expressed a preference for a change in custody?

Yes  No  N/A

If yes, describe the child's preference:

Are there concerns about the opposing party's parenting since the decree?

Yes  No

If yes, describe:

Have there been any reports to DHS / Child Protective Services since the decree?

Yes  No

If yes, provide dates, case numbers, and outcomes:

## SECTION 20: CHILD SUPPORT MODIFICATION

**IMPORTANT:**

Oklahoma permits modification of child support when there has been a material change in circumstances. Under 43 O.S. 118I, a change of 10% or more creates a presumption that a modification is warranted.

Current child support amount:  Who pays:

Frequency of payment:

Is the paying party current on child support?

Yes  No

If no, approximate arrearage:

What modification are you seeking?

- |   |  |
|---|--|
| <input type="checkbox"/> Increase child support       | <input type="checkbox"/> Decrease child support    |
| <input type="checkbox"/> Terminate child support      | <input type="checkbox"/> Establish medical support |
| <input type="checkbox"/> Modify healthcare obligation | <input type="checkbox"/> Other                     |

**Income Comparison**

**CLIENT:**

Income at time of decree:  Current income:

Source of income:

**OPPOSING PARTY:**

Income at time of decree:  Current income:

Source of income:

What changed to warrant the modification?

**Healthcare for Children (Current)**

Who currently provides healthcare insurance for the children?

- Client    Opposing Party    Both    State/Medicaid    None

Monthly Premium:

Who Is Ordered to Pay:

Do you seek a change in the healthcare obligation?

- Yes    No

If yes, explain:

How are uncovered medical expenses currently divided?

- 50/50    Pro Rata    One party pays all    Other

Do you seek a change?

- Yes    No

**SECTION 21: ALIMONY / SPOUSAL SUPPORT MODIFICATION**

Is there a current alimony obligation in the decree?

- Yes    No

Current monthly amount:

Who pays:

Start date of alimony:

End date (if set):

Type of alimony ordered:

- Rehabilitative    Permanent/Support    Lump Sum    Unknown

What modification are you seeking?

- Increase amount    Decrease amount  
 Terminate alimony    Extend duration  
 Enforce payment (contempt)    Other

What has changed to justify this modification?

Has the receiving party remarried or begun cohabiting?

Yes  No  Unknown

If yes, provide details and dates:

Has the receiving party become self-supporting?

Yes  No  Unknown

If yes, describe:

## SECTION 22: PROPERTY DIVISION & DEBT ENFORCEMENT

**IMPORTANT:**  
Property division terms in a final decree are generally not modifiable — they are enforceable. This section documents failures to comply with property-related obligations.

Has the opposing party complied with all property division terms?

Yes  No  Partially

If not, describe each failure to comply:

Are there specific assets that have not been divided or transferred as ordered?

Yes  No

Asset Description	Titled To	Approx. Value	Disposition	At Decree/Current

Are there debts the opposing party was ordered to pay but has not?

Yes  No

Creditor	Type	Balance	In Whose Name	Ordered To/Current

Have you been held financially responsible for debts the opposing party was ordered to pay? \_\_\_\_\_

Yes  No

If yes, describe the impact (credit damage, collections, garnishment, etc.):

Has any real property been ordered sold but not yet sold?

Yes  No  N/A

If yes, explain the current status:

## PART C: ONGOING / PENDING PROCEEDINGS

Complete only if you have an active, pending case. Sections 1-5 must be completed.

### SECTION 23: CURRENT CASE STATUS

Case Number:  Date Case Was Filed:

Court / County:  Judge Assigned:

Who Filed the Petition (Petitioner):

What stage is the case currently in?

- |  |  |
|--|--|
| <input type="checkbox"/> Petition filed not yet served | <input type="checkbox"/> Petition served awaiting response |
| <input type="checkbox"/> Response filed                | <input type="checkbox"/> Discovery phase                   |
| <input type="checkbox"/> Temporary order in place      | <input type="checkbox"/> Mediation scheduled/completed     |
| <input type="checkbox"/> Trial/hearing scheduled       | <input type="checkbox"/> Post-trial motions pending        |
| <input type="checkbox"/> Appeal pending                | <input type="checkbox"/> Other                             |

If Other, specify:

Next Hearing / Court Date:

Purpose of Next Hearing:

Are there any pending deadlines?

- Yes  No

If yes, describe:

## SECTION 24: CURRENT & PRIOR REPRESENTATION

Are you currently represented by an attorney in this matter?

Yes  No  Previously but no longer

If yes or previously, attorney name:

Attorney's phone / email:

If you previously had an attorney, why did that representation end?

Attorney withdrew  Client terminated  
 Could not afford  Disagreement on strategy  
 Attorney retired/moved  Other

Explain:

Are you proceeding pro se (representing yourself)?

Yes  No

Have you filed any pro se documents in this case?

Yes  No

If yes, list all documents you have filed:

## SECTION 25: CURRENT TEMPORARY ORDERS

Is there a temporary order currently in effect?

Yes  No

If yes, what does the temporary order address?

- |  |   |
|--|---|
| <input type="checkbox"/> Temporary custody         | <input type="checkbox"/> Temporary child support    |
| <input type="checkbox"/> Temporary spousal support | <input type="checkbox"/> Exclusive use of residence |
| <input type="checkbox"/> Restraining provisions    | <input type="checkbox"/> Debt/bill payment          |
| <input type="checkbox"/> Other                     |   |

Date of Temporary Order:

Is either party in violation of the temporary order?

Yes (opposing party)  Yes (both parties)  No

If yes, describe violations:

Do you need to seek a new or amended temporary order?

Yes  No

If yes, explain what changes are needed and why:

## SECTION 26: CONTESTED ISSUES & GOALS

What issues remain contested between the parties?

- |   |   |
|---|---|
| <input type="checkbox"/> Custody / visitation           | <input type="checkbox"/> Child support amount           |
| <input type="checkbox"/> Spousal support / alimony      | <input type="checkbox"/> Division of real property      |
| <input type="checkbox"/> Division of personal property  | <input type="checkbox"/> Division of retirement/pension |
| <input type="checkbox"/> Division of business interests | <input type="checkbox"/> Division of debts              |
| <input type="checkbox"/> Attorney's fees                | <input type="checkbox"/> Grounds for divorce            |
| <input type="checkbox"/> Other                          |   |

If Other, specify:

For each contested issue, briefly describe your position and the opposing party's position:

Has mediation been attempted?

- Yes (successful)    Yes (unsuccessful)    Ordered but not yet held    No

Is the opposing party willing to negotiate or settle?

- Yes    No    Unknown

Are you willing to negotiate or settle?

- Yes on all issues    Yes on some issues    No

If limited willingness, what issues are non-negotiable?

**ALL CLIENTS: COMPLETE THE FOLLOWING**

All clients must complete Sections 27-29 and sign the Certification.

**SECTION 27: CLIENT NARRATIVE & GOALS**

Describe your legal matter and how we can help:

What is your primary goal in this proceeding?

Is there anything else you want us to know about your situation?

Is there any time-sensitive urgency?

Yes    No

If yes, explain:

## SECTION 28: FEES & COSTS

Who should be responsible for fees and court costs?

- Client pays own     Opposing party should pay     Shared equally     Pro rata based on income

If seeking fees from the opposing party, explain the basis:

Estimated budget for this matter:

## SECTION 29: DOCUMENTS CHECKLIST

### All Clients

- |   |  |
|---|--|
| <input type="checkbox"/> Government-issued photo ID         | <input type="checkbox"/> Marriage Certificate            |
| <input type="checkbox"/> Prenuptial / Postnuptial Agreement | <input type="checkbox"/> Pay stubs (last 3 months)       |
| <input type="checkbox"/> Tax returns (last 3 years)         | <input type="checkbox"/> Bank statements (last 3 months) |
| <input type="checkbox"/> Prior court orders                 |  |

### New Divorce Filings (Part A)

- |  |   |
|--|---|
| <input type="checkbox"/> Retirement / pension statements | <input type="checkbox"/> Mortgage statements and deeds  |
| <input type="checkbox"/> Vehicle titles and loans        | <input type="checkbox"/> Credit card statements         |
| <input type="checkbox"/> Life insurance policies         | <input type="checkbox"/> Health insurance documentation |
| <input type="checkbox"/> Business financial statements   | <input type="checkbox"/> Birth certificates (children)  |

**Post-Decree Modification (Part B)**

- Final Decree of Divorce (REQUIRED)
- Child support payment records / DHS
- Evidence of non-compliance
- School/medical records for children
- All prior modification orders
- Evidence of changed circumstances
- Current income documentation
- DHS / CPS reports (if applicable)

**Ongoing Proceedings (Part C)**

- Complete case file (all filings)
- Discovery requests and responses
- Correspondence with prior attorney
- Current temporary order
- Mediation report or agreement

**CERTIFICATION & AUTHORIZATION**

I certify that the information provided in this questionnaire is true, accurate, and complete to the best of my knowledge. I understand that providing false or misleading information may adversely affect my case and could constitute perjury if repeated under oath.

I authorize Judicial Advocates to obtain any records or information necessary to assist me in this matter, including but not limited to court records, financial records, medical records, employment records, and school records.

I acknowledge that Judicial Advocates is a judicial review, litigation strategy, and legal research firm, not a law firm, and that no attorney-client relationship is created by the completion of this questionnaire or the retention of their services. I have been advised to have all documents reviewed by a licensed attorney prior to filing.

Client Signature:  Date:

Printed Name:

**FOR OFFICE USE ONLY**

File Number:  Staff Assigned:

Date Received:  Retainer Amount:

Conflicts Check By:  Date:

Type of Matter:

- New Divorce
- Post-Decree Modification
- Ongoing Proceedings
- Other

Statute of Limitations / Deadline Issues:

Priority Level:

- Urgent (hearing within 30 days)
- Standard
- Low Priority

Notes: