

## Intake Form

Today's Date: \_\_\_\_\_

Name of Client A: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: WA Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Attorney/Mediator: \_\_\_\_\_

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Name of Client B: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: WA Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Attorney/Mediator: \_\_\_\_\_

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Referred to me by: \_\_\_\_\_

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Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

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Child 1 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child 2 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child 3 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child 4 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_