## KARIN JOHNSON CHATFIELD, LLC

## CLIENT INTAKE POST-DECREE DISSOLUTION OF MARRIAGE/PARTNERSHIP

Date:			R	Referred by:					
	1		,				1		
Name (first)			(mi	iddle)			(last)		
Address							County		
City				State			Zip		
Home phone		Cell				Work			
Email					Pr	eferred	Contact #		
Alt. Email					Would you like bills sent to your email?				
					1				
Employer					Occupation				
Address									
Driver's License No.					State issued				
Age				Date o	f birth				
Colo. Resident since			•		SSN				
Your current/former attorney									
Ex-Spouse	/Partne	r's Infor	mation	1					
Name (first)			(mi	ddle)			(last)		
Address					County				
City					State		Zip		
Home phone		Cell				Work			
Email				Alt. Email					
	1						<u></u>		
Employer					Occupation				
Address									
		<u> </u>							_
Driver's License No.						State i			
Age						Date o	of birth		

Spouse / Partner's Inform	ation, cont	d.			1		
Colo. Resident since					SSN		
Ex-Spouse/Partner's Attorn	ney						
Children's Information							
Name	Sex	Age	Date of Birth		Living With		SSN
	·						
Date of divorce/permanent	orders	1					
State where divorce was gro		Count					
What are the post-decree	issues tha	t need to	be addre	ssed tode	ay?		
Have the permanent orde	ers been mo	odified be	efore? If y	es, pleas	se state wh	at was	modified and when:
Have restraining orders past 90 days? Yes No If yes, the restraining orders	o 🗌			or abuse	been issue	d agaiı	nst either party within the
3							