

**THE BRYANT FIRM**  
**Family Law Intake Form**

**BASIC DEMOGRAPHIC INFORMATION**

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Name: \_\_\_\_\_ D/O/B: \_\_\_\_\_  
Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Home: \_\_\_\_\_  
Employer: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_ Work: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Wage: \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_ Exp. \_\_\_\_\_

**YOUR OPPONENT**

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Spouse/Ex-Spouse: \_\_\_\_\_ D/O/B: \_\_\_\_\_  
Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Home: \_\_\_\_\_  
Employer: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_ Work: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Wage: \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_ Exp. \_\_\_\_\_

**YOUR MARRIAGE**

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Date Married: \_\_\_\_\_ Place Married: \_\_\_\_\_ Date Separated: \_\_\_\_\_

**YOUR CHILDREN**

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Name: \_\_\_\_\_ D/O/B: \_\_\_\_\_ SSN: \_\_\_\_\_  
Name: \_\_\_\_\_ D/O/B: \_\_\_\_\_ SSN: \_\_\_\_\_  
Name: \_\_\_\_\_ D/O/B: \_\_\_\_\_ SSN: \_\_\_\_\_  
Name: \_\_\_\_\_ D/O/B: \_\_\_\_\_ SSN: \_\_\_\_\_

DIVORCE

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If you are seeking a divorce, check all that apply.

- My spouse systematically and continuously treated me with such general indignities that my married life has become intolerable and I can no longer stay in the marriage.
- My spouse was impotent at the time of our marriage and still is.
- My spouse has been convicted of a felony or other infamous crime.
- My spouse has been addicted to habitual drunkenness for one year.
- My spouse has treated me with such cruel and barbarous treatment as to endanger my life.
- My spouse has committed adultery.
- My spouse and I have lived separate and apart for the last eighteen consecutive months.
- I have resided in the State of Arkansas for the last sixty consecutive days.
- My spouse has resided in the State of Arkansas for the last sixty consecutive days.

Did the above treatment occur and exist in the State of Arkansas in the last five years? \_\_\_\_\_

CUSTODY

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If custody is an issue in your case, check all that apply.

- I wish to have full custody of my children.
- I wish for my spouse or ex-spouse to have full custody of my children.
- I wish for my spouse or ex-spouse and I to exercise joint custody of my children.

VISITATION

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Below is a sample calendar of a four week period. Please check the days you wish the non-custodial parent to exercise visitation. The standard visitation schedule is indicated.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		4-8 p Visit			Begin NCP	NCP Visit
End NCP		4-8 p Visit				
		4-8 p Visit			Begin NCP	NCP Visit
End NCP		4-8 p Visit				

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