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DIVORCE/CUSTODY INTAKE FORM

DATE:	(Office Use)	Client ID:	(Office Use)
How did you hear about A	MGJ Law:		
What is your need?	Divorce Custody	Both	
Have you filed any paperw	ork yet? Yes	No	
If yes, please provide a brid	ef summary:		
PERSONAL INFORMATI	ION:		
Legal Name:		Cell:	
Address:		Email:	
		SSN:	
		DOB:	
Employer:		Position:	
Employer's address:			
Salary:	Hourly Weel	kly 🗌 Bi-weekly 🗌 M	Ionthly 🗌 Yearly
Reason for filing (if application	able):		
OTHER PARTY'S INFO	RMATION:		
Legal Name:		Cell:	

Address:	Email:
	SSN:
Employer:	Position:
Employer's address:	
Salary: Hour	ly 🗌 Weekly 🗍 Bi-weekly 🗌 Monthly 🗌 Yearly
CHILDREN:	
Do you have children? 🗌 Yes 🗌 No	If yes, please answer the following:
Number of children: Do yo	ou currently have custody of the child(ren)? Yes No
If no, please provide some background	information:
Names and ages of children:	
Please indicate any specific issues or	concerns regarding the custody of the children, such as
parenting time, decision-making, reloca	tion, etc.:
MISCELLANEOUS:	

Is there any current restraining order or injunction in place? \Box Yes \Box No

If yes, please provide the case number and a brief summary:		
Do you have any separate assets that you would like to protect?		
If yes, please provide a brief summary:		
Do you anticipate any issues or disputes regarding the division of assets or liabilities?		
Yes No If yes, please provide a brief summary:		
Do you believe you are entitled to spousal support? Yes No		
If yes, please briefly explain:		
Is there any history of domestic violence, abuse, or neglect in the relationship? 🗌 Yes 🗌 No		
If yes, please briefly explain:		
Is there any history of substance abuse or addiction in the relationship? 🗌 Yes 🗌 No		
If yes, please briefly explain:		