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Kalle L. Lydon (MA & NH)  
Kristen Guilmette (NH)

Thank you for trusting us to help you with your family matter. We understand how challenging, emotional, and invasive this process can be. If you need to reach us, our email addresses are:

Kalie Lydon: [kalie@lydon.law](mailto:kalie@lydon.law)  
Kristen Guilmette: [kristen@lydon.law](mailto:kristen@lydon.law)  
Connie Ryan: [connie@lydon.law](mailto:connie@lydon.law)  
Lucina Yi: [lucina@lydon.law](mailto:lucina@lydon.law)

If we are having difficulty connecting with you, please call our office at (603) 882-3344 and ask for a phone appointment.

Enclosed is our intake form. We also have hard copies in our office if you prefer to pick one up. Please complete the form and send it back to us—scan and email, mail, or drop it off. Whatever is easiest for you.

We have also enclosed a checklist of financial disclosure documents we will need to provide to the other side. The Court requires the parties to exchange this information. You will hear us refer to this information as “1.25-A” because that’s where the requirement is from: Family Division Court Rule 1.25-A. Please collect this information and send it to us.

The intake form is lengthy and requires a lot of detailed information. The checklist requires you to gather and send us a lot of documents. We would not ask you for this information unless we needed it. Success is in the details. We need those details so that we can advocate for you.

We look forward to working with you. Please reach out with any questions or concerns.

**LYDON LAW INTAKE FORM**

**YOU**

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Street Address (if different): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list everyone who lives with you and their relationship to you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Alternate Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

State of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Length of New Hampshire Residency: \_\_\_\_\_

Level of highest grade/education level: \_\_\_\_\_

**OTHER PARTY**

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Street Address (if different): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list everyone who lives with them and their relationship to your co-parent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Alternate Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

State of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Length of New Hampshire Residency: \_\_\_\_\_

Level of highest grade/education level: \_\_\_\_\_

#### **EMPLOYMENT: YOU**

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

What is your work schedule: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of employment: \_\_\_\_\_

Work Address/Phone Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Annual salary: \_\_\_\_\_

How often are you paid: \_\_\_\_\_

Do you receive any bonuses or commissions? \_\_\_\_\_ Yes \_\_\_\_\_ No Details, if yes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you receive any other benefits (cell phone, profit sharing, stocks, etc.)?

\_\_\_\_\_ Yes \_\_\_\_\_ No Details, if yes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **EMPLOYMENT: OTHER PARTY**

Name of Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

What is their work schedule: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Work Address/Phone Number: \_\_\_\_\_

Annual salary: \_\_\_\_\_

How often are they paid: \_\_\_\_\_

Do they receive any bonuses or commissions?  Yes  No Details, if yes:

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Do they receive any other benefits (cell phone, profit sharing, stocks, etc.)?

Yes  No Details, if yes:

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Do they have any other sources of income?  Yes  No Details, if yes:

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## **CHILDREN**

How many children do you and your co-parent have together: \_\_\_\_\_

Please list the full name, date of birth, social security number, and state of birth for each child: \_\_\_\_\_

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Do you have any other children, not with your co-parent? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the name, date of birth, and residence of each child:

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Does your co-parent have any other children, not with you? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the name, date of birth, and residence of each child:

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For the children who are a part of this legal action, please list their school and grade:

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Do the children go to a before or after school program? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where do they attend and what is the cost? Be specific for each child:

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Are the children involved in any extracurricular activities? Please list them for each child:

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Please list and describe any special needs or unique issues each child may have:

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Have there ever been any court cases involving the care or custody of the children?

Yes  No Details, if yes: \_\_\_\_\_

\_\_\_\_\_

Briefly describe each of your children: \_\_\_\_\_

## **MEDICAL**

### **Children's Health Insurance**

Name of Plan: \_\_\_\_\_

Cost of Plan: \_\_\_\_\_

Who pays for the plan: \_\_\_\_\_

### **Children's Providers**

Name of Primary Care Physician for each child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do your children see any specialists? \_\_\_\_\_ Yes \_\_\_\_\_ No Please provide the name of the specialists and what they are treating for each child, if yes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do your children have any medical or mental health diagnoses? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide the diagnoses for each child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are your children now or have they ever been in counseling? \_\_\_\_\_ Yes \_\_\_\_\_ No Please provide the name of the counselor, approximate dates of counseling, and how frequently they were attending for each child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **PARENTING TIME**

What is your current parenting schedule \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you like your current parenting schedule?  Yes  No If no, please explain: \_\_\_\_\_

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What would your perfect parenting schedule be: \_\_\_\_\_

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#### **CHILD SUPPORT**

Do you receive or send child support?  Yes  No Details, if yes: \_\_\_\_\_

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Is there any child support that is owed?  Yes  No Details, if yes: \_\_\_\_\_

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Do you think child support should change?  Yes  No Please describe why you think your child support should change: \_\_\_\_\_

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Mandatory Self-Disclosure Rule (1.25-A) - Checklist

<b>Document</b>	<b>✓</b>
Current Financial Affidavit	
Past three (3) years personal and business federal tax returns, including state income tax returns, and partnership and corporate returns for any non-public entity in which either party has an interest, including all schedules and W-2s, 1099s, 1098s, K-1s, Schedule C, Schedule E and any other schedules filed with IRS.*	
Four (4) most recent pay stubs from all current employers; year-end pay stub for calendar year prior to filing of action.*	
For business owners or self-employed parties, all monthly, quarterly and year-to-date financial statements to include profit and loss, balance sheet and income statements for the year in which the action was filed; and all year-end financial statements for the calendar year that concluded prior to the filing of the action.	
Documentation confirming cost and status of enrollment of employer-provided medical and dental insurance coverage for you, your spouse and your children.*	
Credit, loan and/or mortgage applications or other sworn statements of assets and/or liabilities prepared by or on behalf of either party for the past twelve (12) months prior to filing.*	

\*May redact last four digits of any account numbers and social security numbers that appear on statements or documents.