



Kalie 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
Kristen Guilmette: kristen@lydon.law
Connie Ryan: connie@lydon.law
Lucina Yi: 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:

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

____ Yes ____ No Details, if yes:

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

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: _____

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:

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:

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

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:

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

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

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

Briefly describe each of your children: _____

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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: _____

What would your perfect parenting schedule be: _____

CHILD SUPPORT

Do you receive or send child support? ____ Yes ____ No Details, if yes: _____

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

Do you think child support should change? ____ Yes ____ No Please describe why you think your
child support should change: _____

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

Document	✓
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.