

DIVORCE CLIENT INTERVIEW SHEET

Date: _____

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your family law problem. All information will be held in strict confidence.

1. Please give your full name, date and place of birth, and Social Security Number.

a. Name: _____
(first) (middle) (last) (maiden)

b. Date of birth: _____ / Age: _____

c. Place of birth: _____

d. Social Security Number: _____

e. Driver's License Number: _____

2. Where are you living now and do you want to receive mail at this address? Yes _____ or No _____.

a. Address: _____

b. City, state, zip: _____

****MAILING ADDRESS IF DIFFERENT FROM HOME ADDRESS:****

a. Address: _____

b. City, state, zip: _____

Please remember:

It is often important for us to talk to you on short notice. Due to the nature of divorce, many times our clients move, change jobs, and/or obtain unlisted telephone numbers. Please keep us informed of any change in the above information. Any charges incurred or time expended for forwarding and address correction and telephone correction will be charged to the client's account.

3. Please give your residence telephone number _____
Beeper or cellular phone _____ E-Mail _____

4. If a divorce is granted, should the wife's maiden or prior name be restored? _____
If so, what name should be used? _____

5. Please complete the following concerning your employment.
- Employer: _____
 - Job title: _____
 - Street address: _____
 - City, state, zip: _____
 - Telephone number: _____
 - E-mail address: _____
 - Gross salary per month or annually: \$ _____
 - Net (take home) salary per month or annually: \$ _____
 - Length of employment: _____
 - Education: _____
6. Please give your spouse's full name, date and place of birth, and Social Security Number.
- Name: _____
(first) (middle) (last) (maiden)
 - Date of birth: _____ / Age: _____
 - Place of birth: _____
 - Social Security Number: _____
 - Driver's License Number: _____
7. Where is your spouse living and what is your spouse's telephone number?
- Address: _____
 - City, state, zip: _____
 - Residence telephone number: _____
8. Complete the following concerning your spouse's employment.
- Employer: _____
 - Job title: _____
 - Street address: _____
 - City, state, zip: _____
 - Telephone number: _____
 - Gross salary per month or annually: \$ _____
 - Net (take home) salary per month or annually: \$ _____
 - Length of spouse's employment: _____
 - Education of spouse: _____
9. Date of Marriage _____ Date of Separation _____
Place of Marriage _____
Length of Time in County _____ Length of Time in Texas _____

10. Please give full name, date and place of birth, sex, Social Security number and current residence of each child of this marriage.

FULL NAME _____ SEX (M/F) _____
DATE OF BIRTH _____ PLACE OF BIRTH _____
SOC. SEC. NO. _____ CURRENT RESIDENCE _____
SPECIAL NEEDS: _____

NAME OF SCHOOL: _____
GRADE IN SCHOOL: _____
NAME OF DAYCARE PROVIDER: _____

FULL NAME _____ SEX (M/F) _____
DATE OF BIRTH _____ PLACE OF BIRTH _____
SOC. SEC. NO. _____ CURRENT RESIDENCE _____
SPECIAL NEEDS: _____

NAME OF SCHOOL: _____
GRADE IN SCHOOL: _____
NAME OF DAYCARE PROVIDER: _____

FULL NAME _____ SEX (M/F) _____
DATE OF BIRTH _____ PLACE OF BIRTH _____
SOC. SEC. NO. _____ CURRENT RESIDENCE _____
SPECIAL NEEDS: _____

NAME OF SCHOOL: _____
GRADE IN SCHOOL: _____
NAME OF DAYCARE PROVIDER: _____

FULL NAME _____ SEX (M/F) _____
DATE OF BIRTH _____ PLACE OF BIRTH _____
SOC. SEC. NO. _____ CURRENT RESIDENCE _____
SPECIAL NEEDS: _____

NAME OF SCHOOL: _____
GRADE IN SCHOOL: _____
NAME OF DAYCARE PROVIDER: _____

11. Have you ever been married before? ___ Yes ___ No
If so, how many times? _____

Do you have any children by a previous marriage? ___ Yes ___ No
If so, please provide the following information:

Name and Sex (M/F)

Date and Place of Birth

- a. _____
b. _____
c. _____

With whom do these children reside? _____

Amount of child support received by you: \$_____/month

Amount of child support paid by you: \$_____/month

Has your spouse been married before? ___ Yes ___ No

If so, how many times? _____

Does your spouse have children by a previous marriage? ___ Yes ___ No

If so, please provide the following information:

Name and Sex (M/F)

Date and Place of Birth

- a. _____
b. _____
c. _____

With whom do these children reside? _____

Amount of child support received by spouse: \$_____/month

Amount of child support paid by spouse: \$_____/month

12. Are you now separated from your spouse? _____

If so, give date of separation. _____

13. Have you seen any marriage counselor? _____

If so, give name. _____

14. What is your religious preference? _____

What is your spouse's religious preference? _____

15. Check as appropriate if your marital difficulties involve any of the following:

- | | | | |
|--------------------------|-----------------------|--------------------------|-------------------|
| <input type="checkbox"/> | Drugs/alcohol | <input type="checkbox"/> | Physical violence |
| <input type="checkbox"/> | Sexual disappointment | <input type="checkbox"/> | Religion |
| <input type="checkbox"/> | Sexual infidelity | <input type="checkbox"/> | Incompatibility |
| <input type="checkbox"/> | Financial disputes | <input type="checkbox"/> | Other: _____ |

17. Will there be a dispute over custody of the children? _____

If not, custody will be with whom? _____

18. Where are the children living at this time? _____

19. List all property (other than furniture and clothing) owned by the children. _____

20. How long have you lived in Texas? _____
21. What county do you reside in? _____
22. How long have you resided in that county? _____
21. Have you or your spouse ever filed for a divorce? _____
If so, when and where? _____
23. Does your spouse now have an attorney? ____ If so, whom? _____

SUMMARY OF PROPERTY

REAL ESTATE:

1. Address: _____
Legal Description: _____

Mortgage company: _____
Original Loan Amount: _____
Estimated fair market value: \$ _____ Year bought: _____
Mortgage balance: \$ _____ Monthly payments: \$ _____
2. Address: _____
Legal Description: _____

Mortgage company: _____
Original Loan Amount: _____
Estimated fair market value: \$ _____ Year bought: _____
Mortgage balance: \$ _____ Monthly payments: \$ _____
3. Address: _____
Legal Description: _____

Mortgage company: _____
Original Loan Amount: _____
Estimated fair market value: \$ _____ Year bought: _____
Mortgage balance: \$ _____ Monthly payments: \$ _____

MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, TRAILERS:

1. Year: ____ Model: ____ Who drives? _____
Mortgage with: _____ Pay Off Amount: _____

VIN #: _____ Fair Market Value: _____

2. Year: ____ Model: ____ Who drives? _____
Mortgage with: _____ Pay Off Amount: _____
VIN #: _____ Fair Market Value: _____

3. Year: ____ Model: ____ Who drives? _____
Mortgage with: _____ Pay Off Amount: _____
VIN #: _____ Fair Market Value: _____

4. Year: ____ Model: ____ Who drives? _____
Mortgage with: _____ Pay Off Amount: _____
VIN #: _____ Fair Market Value: _____

5. Year: ____ Model: ____ Who drives? _____
Mortgage with: _____ Pay Off Amount: _____
VIN #: _____ Fair Market Value: _____

BANK ACCOUNTS, SAVINGS ACCOUNTS, C.D.'s, CREDIT UNION, SAVINGS BONDS:

1. Name of Bank: _____
Account Name: _____
Account No.: _____
Type of Account: _____
Amt. on Deposit: \$ _____
Names on Withdrawal Card: _____

2. Name of Bank: _____
Account Name: _____
Account No.: _____
Type of Account: _____
Amt. on Deposit: \$ _____
Names on Withdrawal Card: _____

3. Name of Bank: _____
Account Name: _____
Account No.: _____
Type of Account: _____
Amt. on Deposit: \$ _____
Names on Withdrawal Card: _____

4. Name of Bank: _____
Account Name: _____
Account No.: _____
Type of Account: _____

Amt. on Deposit: \$ _____
Names on Withdrawal Card: _____

MEDICAL AND DENTAL INSURANCE:

1. Name of Company _____ Policy No. _____
Persons Insured _____
Type of Coverage _____
Amt. of mthly. premium \$ _____ Employer Provided __ Yes __ No
2. Name of Company _____ Policy No. _____
Persons Insured _____
Type of Coverage _____
Amt. of mthly. premium \$ _____ Employer Provided __ Yes __ No

LIFE INSURANCE:

1. Name of Company _____ Policy No. _____
Owner of Policy _____
Beneficiary _____
Amount of premium \$ _____ Face Amount \$ _____
2. Name of Company _____ Policy No. _____
Owner of Policy _____
Beneficiary _____
Amount of premium \$ _____ Face Amount \$ _____
3. Name of Company _____ Policy No. _____
Owner of Policy _____
Beneficiary _____
Amount of premium \$ _____ Face Amount \$ _____

Please attach copy of declaration page for each policy.

STOCKS, MUTUAL FUNDS:

1. Name of stock: _____ No. of Shares _____
Estimated amount invested: \$ _____
2. Name of stock: _____ No. of Shares _____
Estimated amount invested: \$ _____
3. Name of stock: _____ No. of Shares _____
Estimated amount invested: \$ _____
4. Name of stock: _____ No. of Shares _____

Estimated amount invested: \$ _____

RETIREMENT, PENSIONS, OTHER COMPANY BENEFITS:

1. Do you participate in any retirement plan? _____
Does your spouse participate in any plan? _____
2. Do you participate in any company savings plan? _____
If so, how much do you have in that savings plan? \$ _____
3. Does your spouse participate in any company savings plan? ____ If so, how much does your spouse have in that savings plan? \$ _____
4. Does anyone owe you or your spouse any money? _____ If so, how much? \$ _____ Owed by whom? _____
5. Are you involved in any lawsuits? _____ If so, explain. _____

6. Do you own any livestock or mineral interests? _____
7. Do you belong to any clubs with an equity interest? ____ If so, where? _____

DEBTS: (*Other than house and/or automobiles*)

	Name	Account #	Current Balance
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____
6.	_____	_____	\$ _____
7.	_____	_____	\$ _____
8.	_____	_____	\$ _____
9.	_____	_____	\$ _____
10.	_____	_____	\$ _____

INCOME TAX:

Have you filed for all previous years? _____
Prepared by whom? _____
Refund received? _____ If so, how much? _____

SEPARATE PROPERTY:

1. Do you own any separate property (property owned before marriage or property received during marriage by gift or inheritance)? ____ If so, detail your separate property. _____

2. Does your spouse own any separate property? ____ If so, detail the separate property: _____

LAST WILL AND TESTAMENT:

1. Do you have a will? ____ If so, prepared by whom? _____

2. Does your spouse have a will? ____ If so, prepared by whom? _____

EMERGENCY CONTACT:

Name, relationship, address and telephone number of person who can be reached in case of an emergency: _____

Please state your expectations regarding this litigation:

REFERRAL:

Who referred you to this office? _____

I understand that there will be a \$250.00/hour fee, regardless of whether I decide to take any legal action or not. I also understand that no legal action will be undertaken prior to a signed employment contract, which contains provisions for a retainer fee.
