

## DIVORCE CLIENT INTERVIEW SHEET

Consultation Fee Agreement:

I understand that there will be a \$350.00/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.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

Date: \_\_\_\_\_

Personal Information:

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: \_\_\_\_\_
  - f. Race: \_\_\_\_\_

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 \_\_\_\_\_  
Cell 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.
  - a. Employer: \_\_\_\_\_
  - b. Job title: \_\_\_\_\_
  - c. Street address: \_\_\_\_\_
  - d. City, state, zip: \_\_\_\_\_
  - e. Telephone number: \_\_\_\_\_
  - f. E-mail address: \_\_\_\_\_
  - f. Gross salary per month or annually: \$ \_\_\_\_\_
  - g. Net (take home) salary per month or annually: \$ \_\_\_\_\_
  - h. Length of employment: \_\_\_\_\_
  - i. Education: \_\_\_\_\_
  
6. Please give your spouse's 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: \_\_\_\_\_
  - f. Race: \_\_\_\_\_
  
7. Where is your spouse living and what is your spouse's telephone number?
  - a. Address: \_\_\_\_\_
  - b. City, state, zip: \_\_\_\_\_
  - c. Residence/Cell telephone number: \_\_\_\_\_
  - d. Email address: \_\_\_\_\_

8. Complete the following concerning your spouse's employment.
- a. Employer: \_\_\_\_\_
  - b. Job title: \_\_\_\_\_
  - c. Street address: \_\_\_\_\_
  - d. City, state, zip: \_\_\_\_\_
  - e. Telephone number: \_\_\_\_\_
  - f. Gross salary per month or annually: \$ \_\_\_\_\_
  - g. Net (take home) salary per month or annually: \$ \_\_\_\_\_
  - h. Length of spouse's employment: \_\_\_\_\_
  - i. Education of spouse: \_\_\_\_\_
9. Date of Marriage \_\_\_\_\_ Date of Separation \_\_\_\_\_  
 Place of Marriage \_\_\_\_\_  
 Length of Time in Texas \_\_\_\_\_  
 Name of County you currently reside in \_\_\_\_\_  
 Length of Time in County \_\_\_\_\_  
 Name of County your spouse currently resides in \_\_\_\_\_  
 Length of Time in County \_\_\_\_\_
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 \_\_\_\_\_  
 SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 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 \_\_\_\_\_  
 SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 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 \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
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 \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
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.	_____	_____
d.	_____	_____

With whom do these children reside? \_\_\_\_\_

Do these children have passports? \_\_\_\_\_

These passports are valid for what countries? \_\_\_\_\_

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.	_____	_____
d.	_____	_____

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: _____

16. Will there be a dispute over custody of the children? \_\_\_\_\_  
If not, custody will be with whom? \_\_\_\_\_

17. Where are the children living at this time? \_\_\_\_\_

18. List all property (other than furniture and clothing) owned by the children. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Have you or your spouse ever filed for a divorce? \_\_\_\_\_  
If so, when and where? \_\_\_\_\_

20. 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: \_\_\_\_\_  
Amount of down payment: \_\_\_\_\_  
Source of down payment: \_\_\_\_\_  
Mortgage balance: \$ \_\_\_\_\_ Monthly payments: \$ \_\_\_\_\_
  
2. Address: \_\_\_\_\_  
Legal Description: \_\_\_\_\_  
\_\_\_\_\_  
Mortgage company: \_\_\_\_\_  
Original Loan Amount: \_\_\_\_\_  
Estimated fair market value: \$ \_\_\_\_\_ Year bought: \_\_\_\_\_  
Amount of down payment: \_\_\_\_\_  
Source of down payment: \_\_\_\_\_  
Mortgage balance: \$ \_\_\_\_\_ Monthly payments: \$ \_\_\_\_\_
  
3. Address: \_\_\_\_\_  
Legal Description: \_\_\_\_\_  
\_\_\_\_\_  
Mortgage company: \_\_\_\_\_  
Original Loan Amount: \_\_\_\_\_  
Estimated fair market value: \$ \_\_\_\_\_ Year bought: \_\_\_\_\_  
Amount of down payment: \_\_\_\_\_  
Source of down payment: \_\_\_\_\_  
Mortgage balance: \$ \_\_\_\_\_ Monthly payments: \$ \_\_\_\_\_

MOTOR VEHICLES, BOATS, AIRPLANES, CYCLES, TRAILERS:

1. Year: \_\_\_\_ Model: \_\_\_\_\_ Who drives? \_\_\_\_\_  
Mortgage with: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Pay Off Amount: \_\_\_\_\_  
VIN #: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_
  
2. Year: \_\_\_\_ Model: \_\_\_\_\_ Who drives? \_\_\_\_\_  
Mortgage with: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Pay Off Amount: \_\_\_\_\_  
VIN #: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

3. Year: \_\_\_\_ Model: \_\_\_\_\_ Who drives? \_\_\_\_\_  
Mortgage with: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Pay Off Amount: \_\_\_\_\_  
VIN #: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_
4. Year: \_\_\_\_ Model: \_\_\_\_\_ Who drives? \_\_\_\_\_  
Mortgage with: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Pay Off Amount: \_\_\_\_\_  
VIN #: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_
5. Year: \_\_\_\_ Model: \_\_\_\_\_ Who drives? \_\_\_\_\_  
Mortgage with: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Pay Off Amount: \_\_\_\_\_  
VIN #: \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

**BANK ACCT'S, SAVINGS ACCT'S, 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: \_\_\_\_\_

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

6. 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 \_\_\_\_\_  
Amount of monthly premium \$ \_\_\_\_\_ Employer Provided  Yes  No

2. Name of Company \_\_\_\_\_ Policy No. \_\_\_\_\_  
Persons Insured \_\_\_\_\_  
Type of Coverage \_\_\_\_\_  
Amount of monthly 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? \_\_\_\_\_  
If so, please provide the following information: \_\_\_\_\_
  - a. Plan administrator: \_\_\_\_\_
  - b. Name of plan: \_\_\_\_\_
  - c. Balance of plan on date of marriage: \$ \_\_\_\_\_
  - d. Current balance of plan as of today's date: \$ \_\_\_\_\_
  - e. List any loans taken out against plan: \$ \_\_\_\_\_
2. Does your spouse participate in any retirement plan? \_\_\_\_\_  
If so, please provide the following information: \_\_\_\_\_
  - a. Plan administrator: \_\_\_\_\_
  - b. Name of plan: \_\_\_\_\_
  - c. Balance of plan on date of marriage: \$ \_\_\_\_\_
  - d. Current balance of plan as of today's date: \$ \_\_\_\_\_
  - e. List any loans taken out against plan: \$ \_\_\_\_\_
3. Do you participate in any company savings plan? \_\_\_\_\_  
If so, how much do you have in that savings plan? \$ \_\_\_\_\_
4. Does your spouse participate in any company savings plan? \_\_\_\_\_  
If so, how much does your spouse have in that savings plan? \$ \_\_\_\_\_
5. Does anyone owe you or your spouse any money? \_\_\_\_\_  
If so, how much? \$ \_\_\_\_\_ Owed by whom? \_\_\_\_\_
6. Are you involved in any lawsuits? \_\_\_\_\_ If so, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you or your spouse have any pets? \_\_\_\_\_  
 If so, is there any, reason either party should be awarded the pet(s)? \_\_\_\_\_  
 Name/Age of Pet(s): \_\_\_\_\_
8. Do you own any livestock or mineral interests? \_\_\_\_\_
9. Do you belong to any clubs with an equity interest? \_\_\_\_\_ If so where? \_\_\_\_\_  
 \_\_\_\_\_

10. Closely Held Business Interests (include sole proprietorships, professional practices, corporations, partnerships, limited liability companies and partnerships, joint ventures, and other nonpublic traded business entities)

1. Name of business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Type of business organization: \_\_\_\_\_  
 Percentage of ownership: \_\_\_\_\_%  
 Number of shares owned: \_\_\_\_\_  
 Value (as of \_\_\_\_\_): \$ \_\_\_\_\_  
 Balance of accounts receivable if on cash basis accounting:  
 \$ \_\_\_\_\_  
 Balance of liabilities if on cash basis accounting: \$ \_\_\_\_\_

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

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

Please list any funds from separate funds on community assets and debts:

1. \_\_\_\_\_
2. \_\_\_\_\_

Please list any funds from community on separate assets debts of other party:

1. \_\_\_\_\_
2. \_\_\_\_\_

Please list any funds from separate on other separate assets or debts:

1. \_\_\_\_\_
2. \_\_\_\_\_

**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)? Yes \_\_\_ or No \_\_\_  
If so, detail your separate property. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does your spouse own any separate property? Yes \_\_\_ or No \_\_\_  
If so, detail the separate property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FIREARMS/WEAPONS:**

1. Do you own any firearms? Yes \_\_\_ or No \_\_\_
2. Do you have a Concealed Handgun License? Yes \_\_\_ or No \_\_\_

\*\*\* (If client answers yes to either question, client is to execute **WARNINGS** regarding same.) \*\*\*

SOCIAL MEDIA SITES:

1. Are you on any social media sites? Yes \_\_\_ or No \_\_\_  
If so, which ones: \_\_\_\_\_
2. Is your spouse on any social media sites? Yes \_\_\_ or No \_\_\_  
If so, which ones: \_\_\_\_\_

LAST WILL AND TESTIMENT:

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 your legal issues:

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

REFERRAL:

Who referred you to this office? \_\_\_\_\_