

DIVORCE CLIENT INTERVIEW SHEET

Consultation Fee Agreement:

I understand that there will be a \$400.00/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? _____

ADDITIONAL INFORMATION

1. Do you have any stored genetic material? Yes ___ or No ___
If so, what is it? _____
Where is it stored? _____
2. Do you have any Crypto Currency? Yes ___ or No ___
If so, what kind? _____, amount _____
who controls _____