

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: _____
- b. Date of birth: _____
- c. Place of birth: _____
- d. Social Security Number: _____
- e. Driver's License Number: _____

2. Where are you living now?

- a. Address: _____
- b. City, State, Zip: _____

3. Please give your residence telephone number. _____

4. Please complete the following concerning your employment.

- a. Employer: _____
- b. Job Title: _____
- c. Street Address: _____
- d. City, State, Zip: _____
- e. Telephone number: _____
- f. Gross salary per month or annually: \$ _____
- g. Length of employment: _____
- h. Education: _____

5. Please give your spouse's full name, date and place of birth, and Social Security number.

- a. Name: _____

- b. Date of birth: _____
- c. Place of birth: _____
- d. Social Security Number: _____
- e. Driver's License Number: _____

6. Where is your spouse living and what is your spouse's telephone number?

- a. Address: _____
- b. City, State, Zip: _____
- c. Residence telephone number: _____

7. Complete the following concerning your spouse's employment.

- a. Employer: _____
- b. Job Title: _____
- c. Street Address: _____
- d. City, State, Zip: _____
- e. Telephone number: _____
- f. Spouse's gross salary per month or annually: \$_____
- g. Length of spouse's employment: _____
- h. Education of spouse: _____

8. Please give the date and place of your marriage.

Date: _____
City, State: _____

9. Please give full name, date and place of birth, sex, Social Security number, and driver's license number of each child of this marriage.

- A. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

- B. NAME: _____
SEX: _____

BIRTHPLACE: _____
BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

C. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

10. Are you now separated from your spouse? _____.
If so, give date of separation. _____.

11. Have you seen any marriage counselor? _____.
If so, give name _____.

12. What is your religious preference? _____.
What is your spouse's religious preference? _____.

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

- Drugs/alcohol [__]
- Physical violence [__]
- Sexual disappointment [__]
- Religion [__]
- Sexual infidelity [__]
- Incompatibility [__]
- Financial disputes [__]
- Other: _____ [__]

14. Will there be a dispute over custody of the children? _____
If not, custody will be with whom? _____

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

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

17. How long have you lived in Texas?

18. What county do you reside in? _____

19. How long have you resided in that county? _____

20. Have you or your spouse ever filed for a divorce? _____
If so, when and where? _____

21. Does your spouse now have an attorney? _____
If so, who? _____

22. Have you been married before? _____
If so, how many times? _____
Do you have children by a previous marriage? _____
If so, give full name, date and place of birth, and sex of
each child of your previous marriages.

A. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

B. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

C. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

D. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

With whom do these children reside: _____

23. Do you pay/receive child support? _____
If so, how much? \$_____ per _____

24. Has your spouse been married before? _____
If so, how many times? _____
Does your spouse have children by a previous marriage? _____
If so, give full name, date and place of birth, and sex of
each child of spouse's previous marriages.

A. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTH DATE: _____

DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

B. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

C. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

D. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

With whom do these children reside? _____

25. Does your spouse pay/receive child support? _____
If so, how much? \$_____ per _____

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

SUMMARY OF PROPERTY

Real Estate:

1. Address:
Mortgage company:
Estimated fair market value: \$
Year bought:
Mortgage balance: \$
Monthly payments: \$
2. Address:
Mortgage company:
Estimated fair market value: \$
Year bought:
Mortgage balance: \$
Monthly payments: \$
3. Address:
Mortgage company:

Estimated fair market value: \$
Year bought:
Mortgage balance: \$
Monthly payments: \$

Motor Vehicles, Boats, Airplanes, Cycles, Trailers:

1. Year: _____ Model: _____
Who drives? _____
Mortgage with: _____
2. Year: _____ Model: _____
Who drives? _____
Mortgage with: _____
3. Year: _____ Model: _____
Who drives? _____
Mortgage with: _____
4. Year: _____ Model: _____
Who drives? _____
Mortgage with: _____
5. Year: _____ Model: _____
Who drives? _____
Mortgage with: _____

Bank Accounts, Savings Accounts, C.D.'s, Credit Union, Savings Bonds:

1. Name of bank: _____
Account name: _____
Amount on deposit: \$ _____
Names on withdrawal card: _____
2. Name of bank: _____
Account name: _____
Amount on deposit: \$ _____
Names on withdrawal card: _____
3. Name of bank: _____
Account name: _____
Amount on deposit: \$ _____
Names on withdrawal card: _____
4. Name of bank: _____
Account name: _____
Amount on deposit: \$ _____
Names on withdrawal card: _____

Life Insurance:

1. Name of company:
Insuring Life of:
2. Name of company:
Insuring life of:
3. Name of company:
Insuring life of:

Stocks, Mutual Funds:

1. Name of stock:
Estimated amount invested: \$
2. Name of stock:
Estimated amount invested: \$
3. Name of stock:
Estimated amount invested:
4. Name of stock:
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)

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? _____

Mail:

At what address do you wish to receive mail from this office?

_____.

Referral:

Who referred you to this office? _____.