

**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: \_\_\_\_\_

c. Place of birth: \_\_\_\_\_

d. Social Security number: \_\_\_\_\_

e. Driver's license number: \_\_\_\_\_

2. Where are you living now?

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

3. Please list where our office can contact you:

Residence telephone number: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Cellular number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

\_\_\_\_\_  
(street address) (city) (zip)

4. Please complete the following concerning your employment.

a. Employer: \_\_\_\_\_

b. Job Title: \_\_\_\_\_

c. Street address: \_\_\_\_\_

d. City, state, zip: \_\_\_\_\_

e. Gross salary per month or year: \_\_\_\_\_

f. Length of employment: \_\_\_\_\_

g. Education: \_\_\_\_\_

5. Please give your spouse's full name, date and place of birth, and Social Security number. If you are not married, then the opposing party's information is applicable here.

a. Name: \_\_\_\_\_  
(first) (middle) (last) (maiden)

b. Date of birth: \_\_\_\_\_

c. Place of birth: \_\_\_\_\_

d. Social Security number: \_\_\_\_\_

e. Driver's license number: \_\_\_\_\_

f. Email address: \_\_\_\_\_

6. Where is the opposing party living and what is their telephone number?

a. Address: \_\_\_\_\_

b. City, state, zip: \_\_\_\_\_

c. Residence telephone number: \_\_\_\_\_

d. Where do you want to have your spouse served with legal documents?

\_\_\_\_\_

7. Complete the following concerning your spouse's/opposing party's employment.

a. Employer: \_\_\_\_\_

b. Job Title: \_\_\_\_\_

c. Street address: \_\_\_\_\_

d. City, state, zip: \_\_\_\_\_

e. Gross salary per month or year: \_\_\_\_\_

f. Length of employment: \_\_\_\_\_

g. Education: \_\_\_\_\_

8. Please give the date and place of your marriage if this is a divorce case.

Date: \_\_\_/\_\_\_/\_\_\_ City/State: \_\_\_\_\_

Date of Separation: \_\_\_/\_\_\_/\_\_\_

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 and sex (M/F))

\_\_\_\_\_  
(date and place of birth--city and state)

\_\_\_\_\_  
(driver's license number and state)

\_\_\_\_\_  
(SSN)

b. \_\_\_\_\_  
(name and sex (M/F))

\_\_\_\_\_  
(date and place of birth--city and state)

\_\_\_\_\_

(driver's license number and state)

\_\_\_\_\_  
(SSN)

c.

\_\_\_\_\_  
(name and sex (M/F))

\_\_\_\_\_  
(date and place of birth--city and state)

\_\_\_\_\_  
(driver's license number and state)

\_\_\_\_\_  
(SSN)

Healthcare/Insurance for the child(ren):

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Cost of Premium: \_\_\_\_\_

Which parent is responsible for insurance premium? \_\_\_\_\_

Employer by which insurance is offered: \_\_\_\_\_

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

11. Have you seen a 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.

Name and Sex (M/F)	Date of Birth	Place of Birth City, State
_____	_ / _ / _	_____
_____	_ / _ / _	_____
_____	_ / _ / _	_____
_____	_ / _ / _	_____

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

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

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.

Name and Sex (M/F)	Date of Birth	Place of Birth City, State
_____	_ / _ / _	_____

_____	/ /	_____
_____	/ /	_____
_____	/ /	_____

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

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

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

27. Do you currently have any accounts with the following social networking sites:

- \_\_\_\_\_ Facebook
- \_\_\_\_\_ Instagram
- \_\_\_\_\_ Twitter
- \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**SUMMARY OF PROPERTY – IF APPLICABLE TO YOUR CASE**

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/Make/VIN: \_\_\_\_\_  
Who drives? \_\_\_\_\_ Mortgage with: \_\_\_\_\_
2. Year: \_\_\_\_\_ Model/Make/VIN: \_\_\_\_\_  
Who drives? \_\_\_\_\_ Mortgage with: \_\_\_\_\_
3. Year: \_\_\_\_\_ Model/Make: \_\_\_\_\_  
Who drives? \_\_\_\_\_ Mortgage with: \_\_\_\_\_
4. Year: \_\_\_\_\_ Model/Make: \_\_\_\_\_  
Who drives? \_\_\_\_\_ Mortgage with: \_\_\_\_\_
5. Year: \_\_\_\_\_ Model/Make: \_\_\_\_\_  
Who drives? \_\_\_\_\_ Mortgage with: \_\_\_\_\_

BANK ACCOUNTS, SAVINGS ACCOUNTS,  
CD'S, CREDIT UNION, SAVINGS BONDS

1. Name of bank: \_\_\_\_\_  
Account name: \_\_\_\_\_ Amount on deposit \$ \_\_\_\_\_  
Names on withdrawal card: \_\_\_\_\_  
Last four digits of account number: \_\_\_\_\_
2. Name of bank: \_\_\_\_\_  
Account name: \_\_\_\_\_ Amount on deposit \$ \_\_\_\_\_  
Names on withdrawal card: \_\_\_\_\_  
Last four digits of account number: \_\_\_\_\_
3. Name of bank: \_\_\_\_\_  
Account name: \_\_\_\_\_ Amount on deposit \$ \_\_\_\_\_

Names on withdrawal card: \_\_\_\_\_

Last four digits of account number: \_\_\_\_\_

4. Name of bank: \_\_\_\_\_

Account name: \_\_\_\_\_ Amount on deposit \$ \_\_\_\_\_

Names on withdrawal card: \_\_\_\_\_

Last four digits of account number: \_\_\_\_\_

### LIFE INSURANCE

1. Name of company: \_\_\_\_\_

Insuring life of: \_\_\_\_\_

2. Name of company: \_\_\_\_\_

Insuring life of: \_\_\_\_\_

3. Name of company: \_\_\_\_\_

Insuring life of: \_\_\_\_\_

### MEDICAL INSURANCE INFORMATION

1. Name of company: \_\_\_\_\_

2. Who carries this policy: \_\_\_\_\_

### 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? \_\_\_\_\_
- 2. Does your spouse participate in any 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 own any livestock or mineral interests? \_\_\_\_\_
- 8. 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. | _____ | \$ _____ |
| 11. | _____ | \$ _____ |

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? \_\_\_\_\_

\_\_\_\_\_

REFERRAL

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

I understand that there will be an initial \$ \_\_\_\_\_ consultation fee regardless of whether I decide to take any legal action or not.

\_\_\_\_\_  
CLIENT