

DIVORCE/DOMESTIC RELATIONS
CLIENT INTERVIEW SHEET

(Part A)

Name: _____

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. Where are you living now?

a. Address: _____

b. City, State, Zip: _____

2. Please provide the following:

a. Residence telephone number: _____

b. Business telephone number: _____

c. Mobil or cellular telephone number: _____

d. Pager number: _____

e. Fax number (indicate home or office): _____

f. E-mail address (indicate home or office): _____

3. Please complete the following concerning your employment:

a. Employer: _____

b. Job Title: _____

c. Street Address: _____

d. City, State, Zip: _____

e. Gross salary per year: _____

f. Length of Employment: _____

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

a. Address: _____

b. City, State, Zip: _____

5. Please provide the following regarding your spouse:
- a. Full 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. Gross Salary per Year: _____
 - g. Length of Employment: _____
 - h. Education of Spouse: _____
8. Please give the date and place of your marriage.
- Date: _____
- City, State: _____
9. Are you now separated from your spouse? Yes ____ No ____
- If so, give date of separation: _____ Who left? _____
10. If a divorce is granted, should the wife's maiden/prior name be restored? Yes ____ No ____
- If so, what name should be used? _____

11. Please provide the following for each child of this marriage:

1) Name: _____

Sex: _____

Birthplace: _____

Date of Birth: _____

Driver's License No. _____ State: _____

Social Security Number: _____

Age: _____

2) Name: _____

Sex: _____

Birthplace: _____

Date of Birth: _____

Driver's License No. _____ State: _____

Social Security Number: _____

Age: _____

3) Name: _____

Sex: _____

Birthplace: _____

Date of Birth: _____

Driver's License No. _____ State: _____

Social Security Number: _____

Age: _____

12. Have you seen a marriage counselor? _____

If so, give name: _____

Address: _____

Time Period Seen: _____

13. What is your religious preference? _____

What is your religious preference? _____

14. 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 _____

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

Yes ____ No ____

If not, custody will be with whom? _____

16. Where are the children living at this time?

a. Address: _____

b. City, State, Zip: _____

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?

Yes ____ No ____

If so, who (spouse or yourself)? _____

When? _____ Where? (County, State) _____

21. Does your spouse now have an attorney? Yes ____ No ____
If so, who? _____

22. Have you been married before? _____
If so, how many times? _____

23. Do you have children by a previous marriage or relationship? _____
If so, provide the following regarding each child:

1) Name: _____
Sex: _____
Birthplace: _____
Date of Birth: _____
Driver's License No. _____ State: _____
Social Security Number: _____
Age: _____

2) Name: _____
Sex: _____
Birthplace: _____
Date of Birth: _____
Driver's License No. _____ State: _____
Social Security Number: _____
Age: _____

3) Name: _____
Sex: _____
Birthplace: _____
Date of Birth: _____
Driver's License No. _____ State: _____
Social Security Number: _____
Age: _____

With whom do these children reside? _____

24. Do you pay/receive child support? Yes ____ No ____
If so, how much? \$_____ per _____

25. Has your spouse been married before? _____
If so, how many times? _____

26. Does your spouse have children by a previous marriage or relationship? _____
If so, provide the following regarding each child:

1) Name: _____
Sex: _____
Birthplace: _____
Date of Birth: _____
Driver's License No. _____ State: _____
Social Security Number: _____
Age: _____

2) Name: _____
Sex: _____
Birthplace: _____
Date of Birth: _____
Driver's License No. _____ State: _____
Social Security Number: _____
Age: _____

3) Name: _____
Sex: _____
Birthplace: _____
Date of Birth: _____
Driver's License No. _____ State: _____
Social Security Number: _____
Age: _____

With whom do these children reside? _____

29. **PERSONAL HISTORY**

Your education:

Highest grade and year completed: _____

Where: _____

When: _____

Military Service: Branch: _____ Serial No.: _____

Type of discharge: _____ When: _____

Last Base: _____

Your living arrangements: House ____ Apt. (Include name of complex) _____

Buying _____ Renting _____

Number of Occupants: Adults _____ Minors _____

Name of Occupants: _____

30. **Income Tax:**

Have you filed for all previous years? _____

Prepared by whom? _____

Refund received? _____

If so, how much? _____

31. **Last Will and Testament:**

Do you have a will? _____

If so, prepared by whom? _____

Does your spouse have a will? _____

If so, prepared by whom? _____