

**DISSOLUTION OF MARRIAGE  
CLIENT INTERVIEW FORM**

**CLIENT INFORMATION:**

Client's Name: \_\_\_\_\_

Client's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_

Client's phone: office: \_\_\_\_\_ ext.: \_\_\_\_\_

fax: \_\_\_\_\_ hours: \_\_\_\_\_

employer's name: \_\_\_\_\_

home: \_\_\_\_\_ time to call: \_\_\_\_\_

cell: \_\_\_\_\_

Client's email: \_\_\_\_\_

Client's S.S.#: \_\_\_\_\_

Client's D.O.B.: \_\_\_\_\_

Has any other attorney represented client in this matter? \_\_\_\_\_

If so, provide Name, Address & Phone Number of prior attorneys.

\_\_\_\_\_

\_\_\_\_\_

**INTERVIEW QUESTIONS**

Is client filing or has client been served? \_\_\_\_\_ If latter, date served: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Where Married (City, County, and State): \_\_\_\_\_

	<b>CLIENT</b>	<b>SPOUSE</b>
Name:		
Former Name(s):		
Address: Street: City: State: County:		
Phone: Home: Work: Cell: Fax: <i>Email:</i>		
DOB:		
US Citizen:		
Soc. Sec.\ Alien Reg. No.:		
DL# & State:		
How long in state?		
Education - highest level achieved:		
Employment:  Position/Title: Company Name: Company Address: Employer ID #: Hourly\Salaried: How\When Paid: Amount Paid: Gross: Net: Hours Worked: Bonus\Comm.:		
Other Income: (incl. any government benefits received)		
Health: Insurance Cov.: Status: Doctor(s):		
Counseling:		

	CLIENT	SPOUSE
Counselor:		
Religion/ Ethnicity:		
Military Service:		
You/your spouse pregnant?		
Significant Other?		
No. of Children: This marriage: Prior Marriages: Other:		

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	Client	SPOUSE
Previously Married?		
<b>For each prior marriage:</b> Former spouse's name? How marriage ended? Date marriage ended? If alimony paid or received? Amount? Arrearage? Children? <b>For child(ren) not of this marriage  provide:</b> Full Name(s): DOB: Name of other parent: With whom child resides:  Child support paid or received: Amount: Arrearage?		

**CHILDREN OF THIS MARRIAGE**

	1st Child	2nd Child	3rd Child
Full Name:			
Date of Birth:			
Soc. Sec. #:			
Living with:			

<sup>1</sup>If not U.S. citizen, obtain also the passport number and home country's social security number or national health number.

	1st Child	2nd Child	3rd Child
School Attending & Grade:			
Special Needs:			
Adopted:			

  

	4th Child	5th Child	6th Child
Full Name:			
Date of Birth:			
Soc. Sec. #:			
Living with:			
School Attending & Grade:			
Special Needs:			
Adopted:			

**BASIS FOR SEPARATION AND GROUNDS**

Separated? Yes \_\_ No \_\_ If yes, date of separation: \_\_\_\_\_

Prior separations: Yes \_\_ No \_\_ If so, when: \_\_\_\_\_

Previous court action: Date filed by attorney and case number (if known):

\_\_\_\_\_

\_\_\_\_\_

If petitioner, what makes you feel you must institute this action:

\_\_\_\_\_

\_\_\_\_\_

How do you feel your spouse has contributed to the marital problems:

\_\_\_\_\_

\_\_\_\_\_

If your spouse is seeking a divorce, what makes him/her feel that he/she must institute this action: \_\_\_\_\_

\_\_\_\_\_

How do you feel you have contributed to the marital problems:

\_\_\_\_\_

\_\_\_\_\_

Are your marital problems irreconcilable: Yes \_\_ No \_\_

Do you feel that counseling or further counseling, either to preserve the marriage or to aid in adjustment to a divorce, would be helpful:

Yes \_\_ No \_\_

Will spouse stipulate to grounds of "irreconcilable differences":

Yes \_\_ No \_\_

Any history or pattern of abuse or violence: Yes \_\_ No \_\_

If so, state:

Incident(s): \_\_\_\_\_

Date(s): \_\_\_\_\_

Were police contacted: Yes \_\_ No \_\_

Pictures: Yes \_\_ No \_\_

Witnesses or children present: \_\_\_\_\_

\_\_\_\_\_

Is there any history or problem with substance abuse:

If so, describe:

Who: \_\_\_\_\_

What: \_\_\_\_\_

When: \_\_\_\_\_

Status: \_\_\_\_\_

**ASSETS**  
**REAL ESTATE ASSETS**

**HOMESTEAD/MARITAL RESIDENCE**

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

\_\_\_\_\_

Permanent Tax Number: \_\_\_\_\_

Legal Description: \_\_\_\_\_

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

Date purchased: \_\_\_\_\_ Price: \$\_\_\_\_\_

How titled (whose name is it in): \_\_\_\_\_

Present Mortgage Balance: \$\_\_\_\_\_

Payable: \$\_\_\_\_\_ per \_\_\_\_\_

To: \_\_\_\_\_

Name and address of contract for deed holder: \_\_\_\_\_

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

Market value of property: \$\_\_\_\_\_

Approximate Equity: \$\_\_\_\_\_

Real Estate taxes: \$\_\_\_\_\_

Insurance amount: \$\_\_\_\_\_

Is this insurance included in house payment: Yes \_\_ No \_\_

Taxes: \$\_\_\_\_\_

Are the house payments in arrears: Yes \_\_ No \_\_

If yes, what amount: \$\_\_\_\_\_

Are the taxes in arrears: Yes \_\_ No \_\_

If yes, what amount: \$\_\_\_\_\_

Home equity loan: Yes \_\_ No \_\_ If so, with whom: \_\_\_\_\_

Maximum authorized: \_\_\_\_\_

Balance owed: \$\_\_\_\_\_ Monthly payment: \_\_\_\_\_

What are major improvements since house was purchased (date, type and cost): \_\_\_\_\_

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

**OTHER NON-HOMESTEAD REAL ESTATE (vacation property, second home, vacant land, income property, etc.):**

Location: \_\_\_\_\_

Type: \_\_\_\_\_

Legal description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date purchased: \_\_\_\_\_ Price: \$ \_\_\_\_\_

Whose name is it in: \_\_\_\_\_

Approximate present value: \$ \_\_\_\_\_

Approximate present equity: \$ \_\_\_\_\_

Mortgage balance: \$ \_\_\_\_\_

Payable: \$ \_\_\_\_\_ per \_\_\_\_\_

Contract for deed balance: \$ \_\_\_\_\_

Payable: \$ \_\_\_\_\_ per \_\_\_\_\_

Any rental income from property: Yes \_\_ No\_\_

If yes, what is the amount: \$ \_\_\_\_\_ per \_\_\_\_\_

**ADDITIONAL REAL ESTATE** (list here and provide above info. on blank sheet):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL PROPERTY ASSETS**

**FINANCIAL ACCOUNTS** (bank, money market, brokerage):

BANK/ INST.	ACCT. TYPE	ACCT. NO.	NAMES ON ACCT.	SOURCE OF FUNDS	AMOUNT

BANK/ INST.	ACCT. TYPE	ACCT. NO.	NAMES ON ACCT.	SOURCE OF FUNDS	AMOUNT

**CERTIFICATES OF DEPOSIT (if not included above):** \_\_\_\_\_  
 \_\_\_\_\_

**STOCKS HELD OUTSIDE OF BROKERAGE ACCOUNTS:**

Company name: \_\_\_\_\_

Number of shares: \_\_\_\_\_

Whose name is it in: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Source of funds: \_\_\_\_\_

**BONDS HELD OUTSIDE OF BROKERAGE ACCOUNTS:**

Type: \_\_\_\_\_

Whose name is it in: \_\_\_\_\_

Value: \$ \_\_\_\_\_ Source of funds: \_\_\_\_\_

**SAFETY DEPOSIT BOX:** Yes \_\_\_ No \_\_\_ Location: \_\_\_\_\_

Access to: \_\_\_\_\_

Contents: \_\_\_\_\_

**VEHICLES (include: automobiles, pickups, boats, trailers, motorcycles, snowmobiles, or campers):**

	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Type & Make:				
Model:				



	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Title Owner(s):				
When bought:				
Lien-holder:				
Bal. Owed:				
Value:				
Whose Possession:				

**RETIREMENT FUNDS/BENEFITS:**

	CLIENT	SPOUSE
Pension (describe with whom, type, benefits)		
IRA (location, present value)		
401(k) or other deferred savings (location, present value)		
Stock Purchase Plans (with whom, value)		
Stock Option Plans (describe)		

**BUSINESS OWNERSHIP:**

Name of Company: \_\_\_\_\_

Type of Business: \_\_\_\_\_

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

\_\_\_\_\_

Service or product: \_\_\_\_\_

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

Cost of Investment: \_\_\_\_\_

Stock interest: \_\_\_\_\_

How Acquired: \_\_\_\_\_

Approximate Value: \_\_\_\_\_

Shareholders/Co-owners: \_\_\_\_\_

**MISCELLANEOUS PROPERTY:**

Any other significant personal property (over \$1,000.00):

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

Any other property (contracts, patents, etc.): Yes \_\_\_ No \_\_\_ If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Do you or your spouse have any money or property held by others:

Yes \_\_\_ No \_\_\_

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

Unless described already, was your or your spouse's separate money or property at the time of marriage in excess of \$1,000: Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

Unless described already, what part, if any, of your marriage estate was received by you or your spouse by inheritance, gift or damages resulting from personal injury claim (state by whom received, from whom, nature and date received): \_\_\_\_\_

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

Are you, your spouse, or both of you beneficiaries under any estate now in probate (state which party, whose estate, and approximate amount involved):

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

**BANKRUPTCY**

Have you, your spouse, and you jointly filed bankruptcy: Yes \_\_\_ No \_\_\_

If so, please state who filed, when filed, and what chapter, and whether discharged: \_\_\_\_\_

\_\_\_\_\_

**DEBTS/LIABILITIES**

**MORTGAGE(S):** Yes \_\_\_ (see above) No \_\_\_ **VEHICLE LOANS:** Yes \_\_\_ (see above) No \_\_\_

**CREDIT CARDS:**

Company & Account No.	In Whose Name(s)	For What Purpose(s)	When Open	Bal. Owed

**OUTSTANDING MEDICAL BILLS:**

Provider	For Whom	Balance Due	Monthly Payment

**STUDENT LOANS:**

Any student loans: Yes  No

If so, whose: \_\_\_\_\_

Bal. owed: \_\_\_\_\_ When incurred: \_\_\_\_\_

Payment: \_\_\_\_\_

**OTHER:**

Any other loans: Yes  No  Who owed: \_\_\_\_\_

If so, in whose name: \_\_\_\_\_

For what: \_\_\_\_\_

Bal. owed: \_\_\_\_\_ When incurred: \_\_\_\_\_

Payment: \_\_\_\_\_

Any other debts not mentioned: Yes  No  Please describe (How much owed, to whom, for what): \_\_\_\_\_

\_\_\_\_\_

**CLIENT SEEKING**

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

**CUSTODY:**

Sole custody with client \_\_\_ sole custody with spouse \_\_\_

Joint custody (physical and legal) \_\_\_

Joint custody (legal) & primarily reside with client \_\_ or with spouse \_\_

Other (describe) \_\_\_\_\_

Agreement as to custody Yes \_\_ No \_\_

**VISITATION:**

Reasonable and Seasonable \_\_\_

Liberal and Seasonable \_\_\_\_\_

Alternate or Shared \_\_\_\_\_

Set visitation schedule desired or agreed upon: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHILD SUPPORT:**

Number of children applicable: \_\_\_

Statutory percentage: \_\_\_\_\_

Who pays: \_\_\_\_\_

If agreement, are support payments current? Yes \_\_ No \_\_

Any reason(s) for deviation: \_\_\_\_\_

**MAINTENANCE:**

Length of marriage: \_\_\_

Maintenance sought by Client: Yes \_\_ No \_\_ If so, type: \_\_\_\_\_

\_\_\_\_\_

Maintenance to Spouse: \_\_\_\_\_

Both parties barred: \_\_\_\_\_

**MEDICAL INSURANCE:**

Coverage for Minors: \_\_\_\_\_

Coverage for Client: \_\_\_\_\_

Coverage for Spouse: \_\_\_\_\_

Uncovered Medical: \_\_\_\_\_

**PROPERTY:**

What do you consider as a fair division of your property and debts: \_\_\_\_\_

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

Describe the items of property each party should receive:

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

Describe the items of debt each party should receive:

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

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

\_\_\_\_\_

**NAME:**

Client's name change desired: Yes \_\_\_ No \_\_\_ If so, maiden or former?

\_\_\_\_\_

**TEMPORARY RELIEF:** \_\_\_\_\_

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

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**ADDITIONAL COMMENTS:** \_\_\_\_\_

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**CLIENT VERIFICATION:**

The undersigned client in the above referred to matter, states that he/she has helped prepare the above entitled form and has reviewed the completed form and certifies that the information provided is true and correct.

Dated: \_\_\_\_\_

\_\_\_\_\_

CLIENT

**\*COMPLETING THIS FORM DOES NOT CREATE AN ATTORNEY/CLIENT RELATIONSHIP. THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY. \***