CLIENT INTERVIEW SHEET – DIVORCE

ABOUT YOU:

Full Name:	Maic	len:
Birth date:C	City and State where born:	_
Social Security number:		Race:
Driver's License number:		
Where are you living now, an	d what is your phone nu	nber?
Address:		
City:	State:	Zip:
County: Ho	w long? Phone	:
Email address: How do you prefer that we co mail from this office?		
How do you prefer that we co mail from this office? Address:	ontact you, and what addi	ress do you wish to receive
How do you prefer that we comail from this office? Address: City:	ontact you, and what addi	ress do you wish to receive Zip:
How do you prefer that we co mail from this office? Address:	Phone:	zess do you wish to receive
How do you prefer that we comail from this office? Address: City: County: E-mail address: How did you hear about us (P	State: Phone:Please check one)?	Zip:
How do you prefer that we comail from this office? Address: City: County: E-mail address:	Phone:	zess do you wish to receive
How do you prefer that we comail from this office? Address: City: County: E-mail address: How did you hear about us (Parlington Divorces.com	State: Phone: Arlington Voice	Zip: Arlington Today Neighbors & Trends

If so, please state v	who and when:
Please complete the following in	formation concerning your employment.
Employer:	
Job Title:	
Address:	
City:	State: Zip:
Phone:	May we call you at work:
Gross salary per month or annuall	y:
Length of employment:	Hours of employment:
Education:	
T YOUR SPOUSE	
	ame, date and place of birth and Social Security
Please give your spouse's full na number.	•
Please give your spouse's full na number. Full Name:	Maiden:
Please give your spouse's full na number. Full Name: City	Maiden:
Please give your spouse's full na number. Full Name: City Social Security number:	Maiden: y and State where born: Race:
Please give your spouse's full na number. Full Name: City Social Security number: Driver's License number:	Maiden: y and State where born: Race:
Please give your spouse's full nanumber. Full Name: City Social Security number: Driver's License number: Where is your spouse living now	Maiden: y and State where born: Race:
Please give your spouse's full nanumber. Full Name: City Social Security number: Driver's License number: Where is your spouse living now Address:	Maiden: y and State where born:Race: w, and what is his or her phone number.

9.	Please complete the following information	tion concerning your spouse's employment.
	Employer:	
	Job Title:	
	Address:	
	City:	State: Zip:
	Phone:	May we call them at work:
	Gross salary per month or annually:	
	Length of employment:	Hours of employment:
	Education:	
ABC	OUT YOUR CHILDREN:	
10.	Please give the full name, date and placeach child of this marriage. a. Name:	ce of birth, sex, and Social Security number o
	Sex: Date of Birth:	Age:
	City, County, State of birth:	
	Social Security Number:	
	Driver's License Number:	State:
	b. Name:	
	Sex: Date of Birth:	Age:
	City, County, State of birth:	
	Social Security Number:	
	Driver's License Number:	State:

	c. Name:		
	Sex:	Date of Birth:	Age:
	City, County, State of	birth:	
	Social Security Number	er:	
	Driver's License Num	ber:	State:
11.	Will there be a disput	te over the children?	
		If not, with whom will custod	ly be with?
12.	Where and with who	m are the children living nov	v?
<mark>ABO</mark>	UT YOUR MARRIAG	E AND SEPARATION:	
13.	Please give the date a	nd place of your marriage.	
	Date:	Place:	
	Are you now separate	from your spouse?	
	If so, please state the d	ate of separation:	
14.	Have you seen a mar	riage counselor?	
	If so, p	lease state name:	
15.	What is your religiou	s preference?	
15.	What is your religiou	s preference?	
15.		s preference?	

Drugs/alcohol sexual disap	nointment Infide	lita
Drugs/arconor sexual disap	pomunem mnde	шу
Financial disputes Physical vio	lenceReligi	ion
Incompatibility Other:		
How long have you lived in Texas?		
Have you or your spouse ever filed for divorce		
If so, when and where?		
Does your spouse have an attorney?		
If so, who?		
Have you ever been married before?		
•		
If so, how many times?		
Do you or your spouse have any other children If so, state the following:	for whom a duty of support is	s 01
Do you or your spouse have any other children	for whom a duty of support is	
Do you or your spouse have any other children If so, state the following: a. Name:	for whom a duty of support is	
Do you or your spouse have any other children If so, state the following: a. Name: Sex: Date of Birth: City, County, State of birth:	for whom a duty of support is	
Do you or your spouse have any other children If so, state the following: a. Name: Sex: Date of Birth: City, County, State of birth: Social Security Number:	for whom a duty of support is	
Do you or your spouse have any other children If so, state the following: a. Name: Sex: Date of Birth: City, County, State of birth:	for whom a duty of support is Age: State:	
Do you or your spouse have any other children If so, state the following: a. Name: Date of Birth: City, County, State of birth: Social Security Number: Driver's License Number:	for whom a duty of support is Age: State:	
Do you or your spouse have any other children If so, state the following: a. Name: Date of Birth: City, County, State of birth: Social Security Number: Driver's License Number: Driver's License Number:	Age:Age:	
Do you or your spouse have any other children If so, state the following: a. Name: Sex: Date of Birth: City, County, State of birth: Social Security Number: Driver's License Number: b. Name: Sex: Date of Birth:	Age:Age:	

Sex:	Date of Birth:	Age:
City, County, S	State of birth:	
Social Security	Number:	
Driver's Licen	se Number:	State:
Where and wi	ith whom do these children live	?
Do you pay or	receive child support?	
	If so, how much:	per:
Does your spo	ouse pay or receive child suppor	t?
	If so, how much?	per:
	If so, how much?granted, should the wife's maio	
If a divorce is		len name be restored?
If a divorce is	granted, should the wife's maio	len name be restored?
If a divorce is ARY OF PRO	granted, should the wife's maio	len name be restored?
If a divorce is ARY OF PRO Real Estate	granted, should the wife's maio	den name be restored?
If a divorce is ARY OF PRO Real Estate a. Addres	granted, should the wife's maid If so, what name should be used OPERTY	den name be restored? ?City:
If a divorce is ARY OF PRO Real Estate a. Addres State:	granted, should the wife's main If so, what name should be used OPERTY S:	den name be restored? ?City:

	b. Address:		City:	
	State:	Zip:	County:	
	Year bought:		Mortgage Company:	
	Estimated Fair Mark	et Value:	Mortgage balan	ce:
	Mortgage payment: _		Are taxes included in mortgage	payments:
	c. Address:		City:	
	State:	_ Zip: _	County:	_
	Year bought:		Mortgage Company:	
	Estimated Fair Marke	et Value:	Mortgage balan	ce:
	Mortgage payment: _		Are taxes included in mortgage	payments:
28.	Motor Vehicles, Boa	ats, Airp	lanes, Cycles, Trailers	
	a. Year:		Make & Model:	
	Who Drives:		Lien with:	
	VIN Number:		Name on title:	
	b. Year:		Make & Model:	
	Who Drives:		Lien with:	
	VIN Number:		Name on title:	
	c. Year:		Make & Model:	
	Who Drives:		Lien with:	
	VIN Number:		Name on title:	
	d. Year:		Make & Model:	
	Who Drives:		Lien with:	
	VIN Number:		Name on title:	

e.	Year:	Make & Mode	sl:
	Who	Drives:	Lien with:
	VIN I	Number:	Name on title:
	f.	Year: Make &	& Model:
	Who	Drives:	Lien with:
	VIN I	Number:	Name on title:
29.	Bank	accounts, savings account CD	's, Credit Union, Savings Bonds.
	a.	Name of Bank:	Account Type:
	Name	es on Deposit:	
	Name	es on withdrawal card:	
	b.	Name of Bank:	Account Type:
	Name	es on Deposit:	
	Name	es on withdrawal card:	
	c.	Name of Bank:	Account Type:
	Name	es on Deposit:	
	d.	Name of Bank:	Account Type:
	Name	es on Deposit:	
	Name	es on withdrawal card:	
	e.	Name of Bank:	Account Type:
	Name	es on Deposit:	
	Name	es on withdrawal card:	

0.	Stoc	ks, Mutual Finds, ESOP
	a.	Name of Stock:
	Estin	nated amount invested:
	b.	Name of Stock:
	Estin	nated amount invested:
	c.	Name of Stock:
	Estin	nated amount invested:
	d.	Name of Stock:
	Estin	nated amount invested:
l .	Reti	rement, Pensions, Other Company Benefits, 401K Plans, ESP Plans
	a.	Do you participate in any retirement plan:
		Estimated amount in the plan:
		Does your spouse participate in any plan:
		Estimated amount in the plan:
	b.	Do you participate in a company savings plan:
		If so, how much do you have in that savings plan:
	c.	Does your spouse participate in any company savings plan:
		If so, how much does your spouse have in that savings plan:
•	Does	anyone owe you or your spouse any money?
		If so, how much: Owed by whom:
.	Are	you involved in any lawsuit?
		If so, please state:
ļ.	Do y	ou own any livestock or mineral interest?
		If so please state:
•	Do y	ou belong to any club with equity interests?
		If so, where:

30.

DEBTS

36.	Debts (other than house and/or automob	oiles) List the creditor and debtor
	a	
	b	\$
	c	\$
	d	
	e	\$
	f	\$
	g	\$
INC(OME TAXES	
37.	Have you filed for all previous years?	
	How did you file: (married joint, separat	te, etc.)
	Prepared by whom:	
	Refund received:	If so, how much:
SEP/	ARATE PROPERTY	
38.	Do you own any separate property (propreceived during marriage by gift or inhe	perty owned before marriage or property ritance)?
39.	Does your spouse own any separate prop property received during marriage by gi	perty (property owned before marriage or ift or inheritance)?

LAST WILL AND TESTAMENT

40.	Do you have a will?	
		_ If so, prepared by whom:
41.	Does your spouse ha	ve a will?
		_ If so, prepared by whom:
I UNI	DERSTAND THAT T	HERE WILL BE AN INITIAL \$100.00 CONSULTATION FEE
IF I I	OO NOT HIRE THE A	TTORNEY. IF I DECIDE TO TAKE ANY LEGAL ACTION,
SAID	\$100.00 CONSULTA	TION FEE WILL BE APPLIED TO THE RETAINER.
		CLIENT

MARITAL MISCONDUCT

	You	Spouse
Physically abused spouse		
Verbally abused spouse		
Sexually abused spouse		
Abused a child		
Engaged in an extramarital relationship		
Spent marital funds on an extramarital relationship		
Tried to commit suicide		
Has an emotional or psychiatric condition		
Committed a crime		
Been arrested		
Been detained in jail		
Abused alcohol		
Abused prescription drugs		
Used illegal drugs		
Been hospitalized for alcohol and/or drugs		
Spent marital funds for drugs or excessive alcohol		
Been arrested for driving while intoxicated		
Engaged in fraud		
Gambled		
Other illegal activities		
Destroyed property or other items		
Hidden, wasted or dissipated assets		
Spent beyond means, or poorly managed finances		
Other not listed above		
Other no listed above		