CLIENT INTERVIEW SHEET

Date:

2.

3.

4.

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 <u>full</u> name, date and place of birth, and Social Security number.

a.	Name:		
b.	Date of birth:		
c.	Place of birth:		
d.	Race:		
e.	Social Security Number:		
f.	Driver's License Number:		
When	re are you living now?		
a.	Address:		
b.	City, State, Zip:		
Pleas	Please give your residence telephone number.		
Pleas	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. h.	Length of employment: Education:		

5. Please give your spouse's full name, date and place of birth, and Social Security number. a. Name: _____ b. Date of birth: _____ Place of birth: c. d. Race: _____ Social Security Number: e. f. Driver's License Number: 6. Where is your spouse living and what is your spouse's telephone number? Address: a. b. City, State, Zip: c. Residence telephone number: 7. Complete the following concerning your spouse's employment. a. Employer: b. Job Title: _____ Street Address: _____ c. d. City, State, Zip: e. Telephone number: Spouse's gross salary per month or annually: \$_____ f. Length of spouse's employment: g. h. Education of spouse:

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

Date: ______City, State: _____

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

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

- 10. Please provide the addresses for the child or children for the last 5 years:
 - A. ADDRESS:

PERSONS LIVED WITH AT THAT ADDRESS:

DATES LIVED AT THAT ADDRESS:

CURRENT ADDRESS(ES) OF PERSONS LIVING AT THAT ADDRESS:

ADDF	RESS:
	PERSONS LIVED WITH AT THAT ADDRESS:
_	DATES LIVED AT THAT ADDRESS:
ADDF	CURRENT ADDRESS(ES) OF PERSONS LIVING AT THAT RESS:
_	
_	
_	
ADDF	RESS: PERSONS LIVED WITH AT THAT ADDRESS:
_	DATES LIVED AT THAT ADDRESS:
ADDF	CURRENT ADDRESS(ES) OF PERSONS LIVING AT THAT RESS:
_	
_	
-	
ADDF	RESS:
	PERSONS LIVED WITH AT THAT ADDRESS:
-	DATES LIVED AT THAT ADDRESS:
	CURRENT ADDRESS(ES) OF PERSONS LIVING AT THAT

	_		
	_		
	_		
11.	Are you now separated from your spouse? If so, give date of separation		
12.	Have you seen any marriage counselor?		
	If so, give name		
13.	What is your religious preference?		
	What is your spouse's 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 [_]		
14.	Other: [_] Will there be a dispute over custody of the children?		
14.	If <u>not</u> , custody will be with whom?		
15.	Where are the children living at this time?		
15.			
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?		
10			
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?

A.	NAME
A.	NAME:
	SEX:BIRTHPLACE:
	BIRTH DATE:
	BIRTH DATE: STATE: STATE:
	SOCIAL SECURITY NUMBER:
B.	NAME:
	SEX:
	BIRTHPLACE:
	BIRTH DATE:
	DRIVER'S LICENSE NO: STATE:
	SOCIAL SECURITY NUMBER:
C.	NAME:
0.	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:
Do you pay/receive child support?	

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:
	D.	SEX:
		BIRTHPLACE:
		DRIVER'S LICENSE NO: STATE:
		SOCIAL SECURITY NUMBER:
	With w	whom do these children reside?
25.	Does w	our spouse pay/receive child support?
23.	If so h	ow much? \$
	11 50, 11	low much? \$ per
26.	If a div	vorce is granted, should the wife's maiden or prior name be restore?
		vhat full legal name should be used?
	,	C
		SUMMARY OF PROPERTY
	Real E	state:
1.	Addres	
	-	age company:
		ted fair market value: \$
	Year b	•
	-	age balance: \$
	Month	ly payments: \$

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

PLEASE PROVIDE US <u>COPIES</u> OF THE DEED, DEED OF TRUST, AND NOTE THAT YOUR RECEIVED AT CLOSING (FOR ORIGINAL PURPOSE AND/OR REFINANCE) FOR EACH PROPERTY.

Motor Vehicles, Boats, Airplanes, Cycles, Trailers:

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

Mortgage with:

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

- Name of bank: Account number and type: Amount on deposit: \$ Names on withdrawal card:
- Name of bank: Account number and type: Amount on deposit: \$ Names on withdrawal card:
- Name of bank: Account number and type: Amount on deposit: \$ Names on withdrawal card:
- Name of bank: Account number and type: 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: \$

6.

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)			
	Type	Account Number	Balance	
1.			\$	
2.			\$	
3.			\$	
4.			\$	
5.			\$	

\$

7		\$		
8.		\$		
9.		\$		
10		\$		
	Income Tax:			
Have you filed for all previous years?				
Prepared by whom?				
Refund received?				

If so, how much? \$

Separate Property:

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? ______

<u>Mail:</u>

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

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.

Signature