

CLIENT INTERVIEW FORM

*** PLEASE COMPLETE FIRST PAGE ONLY ***

Interview Date: _____ Referred By: _____

Have you or your spouse (or ex-spouse) been represented by a lawyer in this firm? __ YES __ NO

ALL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE

I. BIOGRAPHICAL INFORMATION

A. Client

Name: _____

Current Address: _____

Can we send mail to this address? _____ yes _____ no If no:

Mailing Address: _____

How long have you been a resident of Madison County? _____

Telephone: (Home) _____ (Work) _____

Telephone: (Cell) _____ (E-mail) _____

May we send email to this address: _____ yes _____ no

Date of birth: _____ SSN # _____

Maiden Name: _____ To be restored: _____

Race: _____ Education: _____ # of this marriage: _____

How did previous marriage(s) end: Death: _____ Divorce: _____

B. Spouse

Name: _____

Current Address: _____

Telephone: (Home) _____ (Work) _____

Residency: (Madison Co.) _____ (DOB) _____

Maiden Name: _____

Race: _____ Education: _____ SNN#: _____

Marriage: _____ Date Term: _____ Death: _____ Divorce: _____

C. Marriage

Date of Marriage: _____ Date of Separation: _____

Place of Marriage: _____
City County State

Grounds for Divorce _____

[If adultery, name of paramour] _____

II. EMPLOYMENT/INCOME INFORMATION

A. Client

Employer: _____

Address: _____

Occupation: _____ Income: _____

Length of Employment: _____

Status of your health: _____

All other sources of income: _____

If not employed, notes regarding employment history: _____

Other employment/income notes: _____

B. Spouse

Employer: _____

Address: _____

Occupation: _____ Income: _____

Length of Employment: _____

Status of your spouse's health: _____

All other sources of income: _____

If not employed, notes regarding employment history: _____

Other employment/income notes: _____

C. Financial Arrangements During Marriage/Since Separation

IV. CHILDREN OF THE PARTIES

	<i>Child</i>	<i>SSN</i>	<i>AGE</i>	<i>DOB</i>	<i>M/F</i>
1					
2					
3					
4					
5					
6					

Other Children of Either Party: (Child name and age. Child support paid/received)

Wife: _____

Husband: _____

A. Custody

(1) Physical Custody: _____ JOINT _____ MOTHER _____ FATHER

(2) Legal Custody: _____ JOINT _____ MOTHER _____ FATHER

(3) Parenting Plan (if joint physical and legal custody)

ACADEMIC	_____ MOTHER _____ FATHER
RELIGIOUS	_____ MOTHER _____ FATHER
CIVIC & CULTURAL	_____ MOTHER _____ FATHER
ATHLETIC	_____ MOTHER _____ FATHER
MEDICAL & DENTAL	_____ MOTHER _____ FATHER

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ADDITIONAL NOTES RE: CUSTODY

Four horizontal lines for additional notes regarding custody.

B. Visitation

Visitation Rights: Standard _____ Out-of-State: _____

ADDITIONAL NOTES RE: VISITATION

Four horizontal lines for additional notes regarding visitation.

C. Child Support

Rule 32 Day Care Expenses _____ Health Insurance Premium: _____

Who supplies? Client _____ Spouse _____

If income in excess of Rule 32, give client budget form with explanation

Pre-existing child support: _____ Alimony: _____

Withholding Order: To be served _____ Not to be served: _____

D. Tax Exemptions _____ MOTHER _____ FATHER

OTHER: _____

ADDITIONAL NOTES RE: CHILD/CHILDREN

Four horizontal lines for additional notes regarding children.

V. REAL PROPERTY

A. Marital Home

Address: _____

Mortgage: First _____ Payment: _____ Balance _____

Second _____ Payment: _____ Balance _____

Date Purchased: _____ FMV: _____ Equity _____

Disposition:

A. To Husband/How Equity to Wife: _____

B. To Wife/How Equity to Husband: _____

C. If To be Sold:

a. Who will occupy _____

b. Payment of mortgage _____

c. Realtor _____

ADDITIONAL NOTES REGARDING SALE or PROPERTY

B. Other Real Property

Address: _____

Mortgage: First _____ Payment: _____ Balance _____

Second _____ Payment: _____ Balance _____

Date Purchased: _____ FMV: _____ Equity _____

Rental property: _____ yes _____ no Rental Income: _____

Disposition:

A. To Husband/How Equity to Wife: _____

B. To Wife/How Equity to Husband: _____

C. If To be Sold:

a. Who will occupy _____

b. Payment of mortgage _____

c. Realtor _____

ADDITIONAL NOTES REGARDING SALE or PROPERTY

C. Other Real Property:

Address: _____

Mortgage: First _____ Payment: _____ Balance _____

Second _____ Payment: _____ Balance _____

Date Purchased: _____ FMV: _____ Equity _____

Rental property: _____ yes _____ no Rental Income: _____

Disposition:

A. To Husband/How Equity to Wife: _____

B. To Wife/How Equity to Husband: _____

C. If To be Sold:

a. Who will occupy _____

b. Payment of mortgage _____

c. Realtor _____

ADDITIONAL NOTES REGARDING SALE or PROPERTY

D. Any Other Real Property:

VI. PERSONAL PROPERTY

A. Automobiles:

	<i>Year</i>	<i>Make</i>	<i>Model</i>	<i>Lien</i>	<i>Payment</i>	<i>Titled to</i>	<i>Disposition</i>
1							
2							
3							
4							

B. Other vehicles/sports craft

1. _____
2. _____
3. _____

C. Furniture/Furnishings

1. Already divided: _____
2. To be divided by agreement: _____
3. Client to provide list: _____

D. Other/Notes

VII. FINANCIAL ASSETS

A. Bank Accounts:

1. Joint Checking Account(s)

2. Husband's Checking Account(s) [Individual or Business]

3. Wife's Checking Account(s) [Individual or Business]

4. Joint Savings Account(s)

5. Husband's Savings Account(s) [Individual or Business]

6. Wife's Savings Account(s) [Individual or Business]

7. Accounts with/for Children

B. Investment Accounts:

1. Joint Accounts

2. Husband's Individual Accounts

3. Wife's Individual Accounts

C. Retirement Accounts:

1. Husband's Accounts

(a) _____

(b) _____

(c) _____

(d) _____

Wife's Accounts

(a) _____

(b) _____

(c) _____

(d) _____

D. Other Financial Assets:

1. Savings Bonds: _____

2. Cash Value of Life Insurance: _____

3. Other: _____

ADDITIONAL NOTES REGARDING FINANCIAL ACCOUNTS/ASSETS

VIII. DEBTS

A. Joint Credit Cards/Loans/Other Obligations Not Listed Above

1. _____

2. _____

3. _____

4. _____

5. _____

B. Husband's Individual or Business Obligations

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

C. Wife's Individual or Business Obligations

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

ADDITIONAL NOTES REGARDING DEBTS:

IX. ALIMONY

YES: _____ NO: _____ To be determined: _____

NOTES:

X. MISCELLANEOUS

A. COBRA NEEDED: YES: _____ NO: _____

NOTES:

B. Life Insurance:

1. Husband's current policies/beneficiary:

2. Wife's current policies/beneficiary:

3. Other insurance policies (including disability and/or policies on child/children)

C. Attorney Fees:

NOTES:

D. Ownership Interest in Business:

E. Other Issues:

1. Do you have a Facebook Page or other Social Network Presence?

NOTES:

2. Are there fault grounds or other considerations?

_____ Drugs/Alcohol _____ Physical Violence _____ Sexual Dysfunction
_____ Religion _____ Financial Disputes _____ Children

NOTES:

F. FORMS GIVEN TO CLIENT:

- 1. Standard Parenting Clauses _____
- 2. Standard Visitation Schedule _____
- 3. Budget Form _____
- 4. Marriage History _____
- 5. Documents to be provided _____

G. ATTORNEY TO DO:

INSTRUCTIONS FOR CLIENT'S REVIEW:
