

CLIENT INTERVIEW SHEET

Date: _____

Please complete this questionnaire. You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A."

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress.

Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

1. Please give your full name, date and place of birth, and Social Security number.

a. Name: _____

b. Maiden Name (if applicable): _____

c. Date of birth: _____

d. Place of birth: _____

e. Social Security Number: _____

f. Driver's License Number: _____

2. Where are you living now?

a. Address: _____

b. City, State, Zip: _____

3. Please provide residence and cellular telephone numbers where we may contact you:

4. At what mailing address, phone number(s) do you wish to correspond with this office?

5. Please provide a safe email address: _____

6. How long have you lived in Texas? _____

7. What county do you reside in? _____

8. How long have you resided in that county? _____

9. 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. Length of employment: _____

h. Education: _____

10. If there is another individual which you authorize this office to discuss your case with, please provide their name and telephone number:

Name: _____ Phone No.: _____

11. Please give opposing party's full name, date and place of birth, and Social Security number.

a. Name: _____

b. Date of birth: _____

c. Place of birth: _____

d. Social Security Number: _____

e. Driver's License Number: _____

12. Where is opposing party living and what is opposing party's telephone number?

a. Address: _____

b. City, State, Zip: _____

c. Residence telephone number: _____

13. Complete the following concerning opposing party's employment.

a. Employer: _____

b. Job Title: _____

c. Street Address: _____

d. City, State, Zip: _____

e. Telephone number: _____

f. Opposing party's gross salary per month or annually: \$ _____

g. Length of opposing party's employment: _____

h. Education of opposing party: _____

14. If service is necessary, we will need the following information about opposing party in order to provide service of citation:

Physical Description: _____

Vehicle Description (include license tag, if known):

Preferred Location for Service: _____ Work _____ Residence

Alternate location for Service (if other than work or home):

15. Please give the date and place of your marriage (if applicable).

Date: _____

City, State: _____

16. Are you now separated from your spouse? _____

If so, give date of separation. _____

17. Does your spouse now have an attorney? _____

If so, who? _____

18. Have you or your spouse ever filed for a divorce? _____

If so, when and where? _____

19. Have you seen any marriage counselor? _____

If so, give name _____

20. Upon divorce, should the wife's maiden or prior name be restored? Yes ___ No ___

If so, what name should be used? _____

21. Check as appropriate if your marital difficulties involve any of the following:

Drugs/alcohol	<input type="checkbox"/>	Physical violence	<input type="checkbox"/>
Sexual disappointment	<input type="checkbox"/>	Religion	<input type="checkbox"/>
Sexual infidelity	<input type="checkbox"/>	Incompatibility	<input type="checkbox"/>
Financial disputes	<input type="checkbox"/>	Other:	<input type="checkbox"/>

22. Please give full name, date and place of birth, sex, Social Security number, and driver's license number of each child of this marriage.

A. NAME: _____ SEX: _____

BIRTHPLACE: _____ BIRTHDATE: _____

DRIVER'S LICENSE NO: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____

B. NAME: _____ SEX: _____

BIRTHPLACE: _____ BIRTHDATE: _____

DRIVER'S LICENSE NO: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____

C. NAME: _____ SEX: _____

BIRTHPLACE: _____ BIRTHDATE: _____

DRIVER'S LICENSE NO: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____

23. Address where children presently reside:

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

If not, custody will be with whom? _____

25. List all property (other than furniture and clothing) owned by the children.

26. Have you been married before? _____

If so, how many times? _____

Do you have children by a previous marriage? _____
If so, give full name, date and place of birth, and sex of each child of your previous marriages.

A. NAME: _____ SEX: _____
BIRTHPLACE: _____ BIRTHDATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

B. NAME: _____ SEX: _____
BIRTHPLACE: _____ BIRTHDATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

C. NAME: _____ SEX: _____
BIRTHPLACE: _____ BIRTHDATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

27. Address where children presently reside:

28. Do you pay/receive child support? _____
If so, how much? \$ _____ per _____

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

Does your spouse have children by a previous marriage? _____
If so, give full name, birthdate, and sex of each child of spouse's previous marriages.

A. NAME: _____ SEX: _____
BIRTHPLACE: _____ BIRTHDATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

B. NAME: _____ SEX: _____
BIRTHPLACE: _____ BIRTHDATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

C. NAME: _____ SEX: _____
BIRTHPLACE: _____ BIRTHDATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

30. Address where children presently reside:

31. Does your spouse pay/receive child support? _____
If so, how much? \$ _____ per _____

32. Who is responsible for the child(ren)'s health insurance? _____
What is the payment amount for the child(ren) ? _____

SUMMARY OF PROPERTY

Real Estate:

1. Address: _____
Mortgage company: _____
Estimated fair market value: \$ _____ Year bought: _____
Mortgage balance: \$ _____ Monthly payments: \$ _____
Any other property? ____ Yes ____ No

Motor Vehicles, Boats, Airplanes, Cycles, Trailers:

1. Year: _____ Model: _____ Who drives? _____
Mortgage with: _____
2. Year: _____ Model: _____ Who drives? _____
Mortgage with: _____
Any other vehicles? ____ Yes ____ No

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

1. Name of bank: _____
Account name: _____ Amount on deposit: \$ _____
Names on withdrawal card: _____
2. Name of bank: _____
Account name: _____ Amount on deposit: \$ _____
Names on withdrawal card: _____
Any further accounts? ____ Yes ____ No

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: \$ _____

Any further stocks? ____ Yes ____ No

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? ____ Yes ____ No

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)

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

5. _____ \$ _____

Any further debts? _____ Yes _____ No

Income Tax:

Have you filed for all previous years? _____

Prepared by whom? _____

Refund received? _____

If so, how much? \$ _____

Separate Property

(Property or assets owned prior to marriage, or received by gift or inheritance during marriage).

1. Do you own any separate property? Yes ___ No ___ If so, detail your separate property.

2. Does your spouse own any separate property? Yes ___ No ___ If so, detail the separate property:

Referral:

How did you here about our firm?

_____ Internet search? What internet search engine _____; _____
_____ Website? What website source _____; _____
_____ Referral? By whom: _____

How do you intend to pay for this consultation?

Cash _____
Check _____
MasterCard/VISA _____

Initial Consultation Fees are due at the time of service.

CLIENT SIGNATURE