

**Client Interview Sheet**

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

How did you hear about us? \_\_\_\_\_

Please complete the 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 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: \_\_\_\_\_

f) Maiden Name: \_\_\_\_\_ g) Race: (for BVS form) \_\_\_\_\_

2. Where are you living now?

a) Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

b) Telephone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

If your mailing address is different from your physical address, please list both.

3. Please complete the following concerning your employment.

a) Employer: \_\_\_\_\_

b) Job Title: \_\_\_\_\_

c) Address: \_\_\_\_\_

d) Telephone number: \_\_\_\_\_ Length of employment: \_\_\_\_\_

e) Gross salary per month or annually: \$ \_\_\_\_\_

f) Education: \_\_\_\_\_

4. Please give your spouse'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: \_\_\_\_\_

f) Maiden Name: \_\_\_\_\_ g) Race: (for BVS form) \_\_\_\_\_

5. Where is your spouse living and what is your spouse's telephone number?

a) Address: \_\_\_\_\_

b) Telephone number: \_\_\_\_\_

6. Please complete the following concerning your spouse's employment.

- a) Employer: \_\_\_\_\_
- b) Job title: \_\_\_\_\_
- c) Address: \_\_\_\_\_
- d) Telephone number: \_\_\_\_\_ Length of employment: \_\_\_\_\_
- e) Gross salary per month or annually: \$ \_\_\_\_\_
- f) Education: \_\_\_\_\_

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

Date: \_\_\_\_\_ Place: \_\_\_\_\_

8. Are you now separated from your spouse? \_\_\_\_\_ If so, give date of separation \_\_\_\_\_

9. Please give full name, date and place of birth, sex, and Social Security number of each child of this marriage:

a) Name: \_\_\_\_\_  
Sex: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

b) Name: \_\_\_\_\_  
Sex: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

c) Name: \_\_\_\_\_  
Sex: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

d) Name: \_\_\_\_\_  
Sex: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

e) Name: \_\_\_\_\_  
Sex: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

10. Are the children covered under any health insurance policy? \_\_\_\_\_ Monthly cost? \_\_\_\_\_

If so, what is the company's name? \_\_\_\_\_ Policy Number: \_\_\_\_\_

Who provides the health insurance (husband or wife)? \_\_\_\_\_

11. Have you seen any marriage counselor? \_\_\_\_\_ If so, give name \_\_\_\_\_

12. What is your religious preference? \_\_\_\_\_

What is your spouse's religious preference? \_\_\_\_\_ (Optional)

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

- Drugs/Alcohol \_\_\_\_\_
- Physical Violence \_\_\_\_\_
- Sexual Disappointment \_\_\_\_\_
- Religion \_\_\_\_\_
- Sexual infidelity \_\_\_\_\_
- Incompatibility \_\_\_\_\_
- Financial Disputes \_\_\_\_\_
- Other: \_\_\_\_\_

14. Will there be a dispute over custody of the children? \_\_\_\_\_  
If not, custody will be with whom? \_\_\_\_\_

15. Where are the children living at this time? \_\_\_\_\_

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? \_\_\_\_\_  
How long have you resided in that county? \_\_\_\_\_

19. Have you or your spouse ever filed for a divorce? \_\_\_\_\_  
If so, when and where? \_\_\_\_\_

20. Does your spouse have an attorney? \_\_\_\_\_ If so, who? \_\_\_\_\_

21. Have you been married before? \_\_\_\_\_ If so, how many times? \_\_\_\_\_

22. 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: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

b) Name: \_\_\_\_\_  
Sex: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

c) Name: \_\_\_\_\_  
Sex: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

d) Name: \_\_\_\_\_  
Sex: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

e) Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

With whom do these children reside? \_\_\_\_\_

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

24. Will child support be requested from either party? \_\_\_\_\_

25. Has your spouse been married before? \_\_\_\_\_

Does your spouse have children by a previous marriage? \_\_\_\_\_

If so, give full name, date and place of birth, and sex of each child of spouse's previous marriages.

a) Name: \_\_\_\_\_  
Sex: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

b) Name: \_\_\_\_\_  
Sex: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

c) Name: \_\_\_\_\_  
Sex: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Social Security number: \_\_\_\_\_

With whom do these children reside? \_\_\_\_\_

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

27. If a divorce is granted, should the wife's maiden or prior name be restored? \_\_\_\_\_  
If so, what name should be used? \_\_\_\_\_

**Summary of Property**

**Real Estate:**

1. Address: \_\_\_\_\_  
Mortgage Company: \_\_\_\_\_  
Estimate Fair Market Value: \$ \_\_\_\_\_ Year Bought: \_\_\_\_\_  
Mortgage Balance: \$ \_\_\_\_\_ Monthly Payments: \$ \_\_\_\_\_
  
2. Address: \_\_\_\_\_  
Mortgage Company: \_\_\_\_\_  
Estimate Fair Market Value: \$ \_\_\_\_\_ Year Bought: \_\_\_\_\_  
Mortgage Balance: \$ \_\_\_\_\_ Monthly Payments: \$ \_\_\_\_\_
  
3. Address: \_\_\_\_\_  
Mortgage Company: \_\_\_\_\_  
Estimate Fair Market Value: \$ \_\_\_\_\_ Year Bought: \_\_\_\_\_  
Mortgage Balance: \$ \_\_\_\_\_ Monthly Payments: \$ \_\_\_\_\_

**Motor Vehicles, Boats, Airplanes, Cycles, Trailers:**

1. Year: \_\_\_\_\_ Model: \_\_\_\_\_ Who drives? \_\_\_\_\_  
Mortgage with: \_\_\_\_\_ VIN: \_\_\_\_\_
  
2. Year: \_\_\_\_\_ Model: \_\_\_\_\_ Who drives? \_\_\_\_\_  
Mortgage with: \_\_\_\_\_ VIN: \_\_\_\_\_
  
3. Year: \_\_\_\_\_ Model: \_\_\_\_\_ Who drives? \_\_\_\_\_  
Mortgage with: \_\_\_\_\_ VIN: \_\_\_\_\_

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

1. Name of Bank: \_\_\_\_\_ Account Name/Number: \_\_\_\_\_  
Amount on Deposit: \$ \_\_\_\_\_ Names on Withdrawal Card: \_\_\_\_\_
  
2. Name of Bank: \_\_\_\_\_ Account Name/Number: \_\_\_\_\_  
Amount on Deposit: \$ \_\_\_\_\_ Names on Withdrawal Card: \_\_\_\_\_
  
3. Name of Bank: \_\_\_\_\_ Account Name/Number: \_\_\_\_\_  
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: \$ \_\_\_\_\_

**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 miner interests \_\_\_\_\_
7. Do you belong to any clubs with an equity interest? \_\_\_\_\_ If so, where? \_\_\_\_\_