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DIVORCE (WITH CHILDREN)
CONFIDENTIAL CLIENT INTERVIEW SHEET

Date: _____

How did you hear about us? _____

1. YOUR FULL LEGAL NAME:

(First) (Middle) (Last) (Maiden)

Nicknames used: _____ Race: _____

2. Current Residential Address:

(Street number, Street name, Apartment number)

(City) (County) (State) (Zip)

3. Mailing Address for use by this office for confidential documents:

4. TELEPHONE NUMBERS AND PRIVATE/CONFIDENTIAL EMAIL ADDRESS WHERE YOU CAN BE REACHED BY OUR OFFICE:

Home: _____ **Work:** _____

Cell: _____ **Email:** _____

5. How long have you lived in that county? _____ In Texas? _____

6. Social Security: _____ Driver's License: _____

7. Birth Date: _____ Age: _____

City of Birth: _____ State of Birth: _____

8. Rent or Own Home? _____ Monthly Rent/Mortgage: \$ _____

Subdivision in which home is located? _____

9. Your Employer: _____

10. Work Address: (Street, City, State, Zip)

11. Hourly Pay: \$ _____ Annual Gross Pay: \$ _____

12. Job Title: _____ Length of Employment: _____

13. Highest Level of Formal Education Attained: _____

14. Have you ever been convicted/indicted for any crimes: _____ Yes; _____ No.

If so, explain: _____

15. Do you have any "blogs" such as MySpace, Facebook, Twitter, etc? _____

If so, generally, what type of data do you post there? _____

16. Have you visited websites, or do your phone records show numbers, that may expose you to allegations about your spouse about inappropriate conduct? _____

If so, explain: _____

ABOUT YOUR SPOUSE

1. **FULL LEGAL NAME OF SPOUSE:**

(First) (Middle) (Last) (Maiden)

Nicknames used: _____ Race: _____

2. **Current Residential Address:**

(Street number, Street name, Apartment number)

(City) (County) (State) (Zip)

Pager: _____ Cellular: _____

3. How long has he/she lived in that county? _____

4. How long has he/she lived in Texas? _____

5. Social Security: _____ Driver's License: _____

Spouse Continued

6. Birth Date: _____ Age: _____

City of Birth: _____ State of Birth: _____

7. Rent or Own Home? _____ Monthly Rent/Mortgage: \$ _____

8. Name of Employer: _____

9. Work Address: (Street, City, State, Zip)

10. Work Telephone Number: _____

11. Hourly Pay: \$ _____ Annual Gross Pay: \$ _____

12. Job Title: _____ Length of Employment: _____

13. Highest Level of Formal Education Attained: _____

14. Has spouse ever been convicted/indicted for any crimes: _____ Yes; _____ No.

If so, explain: _____

Marriage and Separation

1. Date of marriage: _____ Date of separation: _____

2. Place of marriage -- City: _____ State: _____

3. Were you married by: _____ Ceremony; _____ Common law.

4. Have either you or your spouse filed for divorce previously? _____ Yes; _____ No.

If so, when and where, and who filed: _____

Causes of Marital Problems/Reasons for Divorce

Please note that in Texas, all divorces are filed on the "no-fault ground" of insupportability, which means that the marriage has become insupportable because of discord or conflicts of personalities that destroys the legitimate ends of the marriage relationship. Thus, insupportability will be the basis used in filing for divorce, but other grounds may be alleged, based on information you provide.

Check as appropriate the problems in your marriage:

_____ DRUG ABUSE: _____ by me; _____ by my spouse; _____ by both of us.

_____ ALCOHOL ABUSE: _____ by me; _____ by my spouse; _____ by both of us.

_____ PHYSICAL VIOLENCE: _____ by me; _____ by my spouse; _____ by both of us.

_____ SEXUAL INFIDELITY: _____ by me; _____ by my spouse; _____ by both of us.

Causes/Problems Continued

_____ CONTROL/MANIPULATION: _____ by me; _____ by my spouse; _____ by both of us.

_____ INTERNET ABUSE: _____ by me; _____ by my spouse; _____ by both of us.

_____ EXCESSIVE SPENDING: _____ by me; _____ by my spouse; _____ by both of us.

_____ VERBAL ABUSE: _____ by me; _____ by my spouse; _____ by both of us.

_____ FINANCIAL CONFLICTS between the parties.

_____ RELIGIOUS DIFFERENCES between the parties.

_____ OTHER:

Protective Order

Has there been a PROTECTIVE ORDER for family violence: _____ Yes; _____ No.

If so ,when and why?

Children of this Marriage

#1 Full legal name of child: _____

Sex: _____ Date of Birth: _____ Age: _____

City, County, and State of Birth: _____

Social Security: _____ Driver's License: _____

With whom does the child reside: _____ me; _____ my spouse; _____ both of us.

Does the child have special educational needs? If so describe: _____

Does the child have special medical needs? If so describe: _____

In what extracurricular events/activities does the child participate? _____

#2 Full legal name of child: _____

Sex: _____ Date of Birth: _____ Age: _____

City, County, and State of Birth: _____

Social Security: _____ Driver's License: _____

With whom does the child reside: _____ me; _____ my spouse; _____ both of us.

Does the child have special educational needs? If so describe: _____

Does the child have special medical needs? If so describe: _____

In what extracurricular events/activities does the child participate? _____

#3 Full legal name of child: _____

Sex: _____ Date of Birth: _____ Age: _____

City, County, and State of Birth: _____

Social Security: _____ Driver's License: _____

With whom does the child reside: _____ me; _____ my spouse; _____ both of us.

Does the child have special educational needs? If so describe: _____

Does the child have special medical needs? If so describe: _____

In what extracurricular events/activities does the child participate? _____

Potential Custody Disputes

Will custody be disputed? _____ Yes; _____ No; _____ Uncertain.

If not, with whom will the children primarily reside? _____

If there will be disputes, what are the natures of those disputes? _____

Do the children own property, other than furniture and personal effects? If so, describe:

Name Change After Divorce

After divorce, will the wife want a name change? _____ To what? _____

Your Prior Marriages and Other Children

How many times have you been married before this marriage? _____

What are the names and ages of your other children?

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Do you pay child support? _____ Yes; _____ No. Amount per month: \$ _____

Do you receive child support? _____ Yes; _____ No. Amount per month: \$ _____

Your SPOUSE's Prior Marriages and Other Children

How many times has your spouse been married before this marriage? _____

What are the names and ages of his/her other children?

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Does he/she pay child support? _____ Yes; _____ No. Amount per month: \$_____

Does he/she receive child support? _____ Yes; _____ No. Amount per month: \$_____

LAST WILL AND TESTAMENT

Do you presently have a last will and testament? _____

If so, when was it prepared? _____ In what state? _____

RELATIVE OR FRIEND

Please give the name and phone number of persons who will always know how to locate you.

Goals and Concerns and Questions

What are your goals, concerns, or questions, which have brought you to this office?
