

CLIENT INTERVIEW SHEET

DATE: \_\_\_\_\_ NAME OF PERSON WHO REFERRED YOU: \_\_\_\_\_

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.

**TYPE CASE:**

\_\_\_\_\_ Divorce \_\_\_\_\_ Post-Divorce \_\_\_\_\_ Other Family Law Matter  
\_\_\_\_\_ & custody of child \_\_\_\_\_ pertaining to a child \_\_\_\_\_ pertaining to a child  
\_\_\_\_\_ w/child, not custody \_\_\_\_\_ pertaining to property \_\_\_\_\_ pertaining to property

**CLIENT'S VITAL STATISTICS:**

1. Please give your full name, date and place of birth, social security number along with your driver's license number.

a. Name: \_\_\_\_\_  
First Middle Last Maiden

b. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ c. Place of Birth: \_\_\_\_\_  
Month Day Year City/County/State/Country

d. SSN: \_\_\_\_\_ e. Driver's License No.: \_\_\_\_\_ State \_\_\_\_\_

f. \_\_\_\_\_ g. \_\_\_\_\_ h. \_\_\_\_\_  
Date of Marriage Place of Marriage Date of Separation

f. Do you wish to restore a prior name? [ ] Yes [ ] No If so, to what name? \_\_\_\_\_

**JURISDICTION AND VENUE:**

2. How long have you lived in Texas? \_\_\_\_\_

a. In what County do you reside? \_\_\_\_\_

b. How long have you lived in that County? \_\_\_\_\_

**CLIENT'S CONTACT INFORMATION:**

3. What is your present address?

a. Address: \_\_\_\_\_

b. City/State/Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Cellular: \_\_\_\_\_ Pager: \_\_\_\_\_

Residence telephone number: \_\_\_\_\_ May we leave a message? [ ] Yes [ ] No

Mail. (If other than your place of residence, where you wish to receive mail from this office)

\_\_\_\_\_  
Alternate mailing address

**CLIENT'S EMPLOYMENT INFORMATION:**

4. Please complete the following concerning your employment and education.

a. Employer: \_\_\_\_\_

b. Job title: \_\_\_\_\_

c. Street address: \_\_\_\_\_

d. City/State/Zip: \_\_\_\_\_

e. Telephone No.: \_\_\_\_\_ Ext. \_\_\_\_\_ **May you be called at work?**  Yes  No

What are your work days & hours? \_\_\_\_\_

Email: \_\_\_\_\_ **May you be emailed at work?**  Yes  No

f. Gross salary per:  month,  annually: \$ \_\_\_\_\_

g. Length of employment: \_\_\_\_\_

h. Military Status: Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rank: \_\_\_\_\_  
Month Day Year

Active Time in Service: \_\_\_\_\_ years \_\_\_\_\_ months

Retired

Reserves Base Pay: \$ \_\_\_\_\_ BAS: \$ \_\_\_\_\_ BAQ: \$ \_\_\_\_\_

**OPPOSING PARTY'S VITAL STATISTICS:**

5. Please give the opposing party's full name, date and place of birth, Social Security Number and driver's license number.

a. Name: \_\_\_\_\_  
First Middle Last Maiden

b. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ c. Place of Birth: \_\_\_\_\_  
Month Day Year Country \_\_\_\_\_

d. SSN: \_\_\_\_\_ e. Driver's License No.: \_\_\_\_\_ State \_\_\_\_\_

**f. Will your spouse request a change of name?**  Yes  No

**If so, to what name?** \_\_\_\_\_

**OPPOSING PARTY'S RESIDENCE/PHONE INFORMATION:**

6. Where is the opposing party living now and what is the opposing party's telephone number?

a. Address: \_\_\_\_\_

b. City/State/Zip: \_\_\_\_\_

c. Residence telephone number: \_\_\_\_\_

**OPPOSING PARTY'S EMPLOYMENT INFORMATION:**

7. Complete the following concerning the opposing party's employment and education.

a. Employer: \_\_\_\_\_

b. Job title: \_\_\_\_\_

c. Street address: \_\_\_\_\_

d. City/State/Zip: \_\_\_\_\_

e. Telephone No.: \_\_\_\_\_ f. Gross salary:  Month  Annually: \$ \_\_\_\_\_

g. Length of employment: \_\_\_\_\_

h. Military Status: Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rank: \_\_\_\_\_  
Month Day Year

Active Time in Service: \_\_\_\_\_ years \_\_\_\_\_ months

Retired

Reserves Base Pay: \$ \_\_\_\_\_ BAS: \$ \_\_\_\_\_ BAQ: \$ \_\_\_\_\_

**MARRIAGE COUNSELOR:**

8. Have you seen a marriage counselor?  Yes  No If so, give name. \_\_\_\_\_

**PENDING DIVORCE:**

9. Has your spouse filed for a divorce?  Yes  No If so, when? \_\_\_\_\_

Have you been served with Court papers?  Yes  No

If known, please list the cause number, court and spouse's attorney and provide a copy:

\_\_\_\_\_

**DATE AND PLACE OF DIVORCE OR OTHER COURT ORDER:**

10. Please give the date and place of your divorce, if this is a post-divorce matter, or the entry of the family law order about which you seek legal advise.

Date: (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ County/State:

Court: \_\_\_\_\_ Cause No. \_\_\_\_\_

**CHILDREN:**

11. Please give full name, date and place of birth, sex and social security number of each child of this marriage.

a)

Name \_\_\_\_\_ Sex (M/F)

Social Security Number: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Place of birth (City/State) Month Day Year

Health Insurance Availability for child:

Name of insurance company: \_\_\_\_\_

Policy number \_\_\_\_\_

Party responsible for premium: \_\_\_\_\_

Monthly cost of premium FOR CHILD ONLY: \$ \_\_\_\_\_

b)

Name \_\_\_\_\_ Sex (M/F)

Social Security Number: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Place of birth (City/State) Month Day Year

Health Insurance Availability for child:

Name of insurance company: \_\_\_\_\_

Policy number \_\_\_\_\_

Party responsible for premium: \_\_\_\_\_

Monthly cost of premium FOR CHILD ONLY: \$ \_\_\_\_\_

c)

Name \_\_\_\_\_ Sex (M/F)

Social Security Number: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Place of birth (City/State) Month Day Year

Health Insurance Availability for child:

Name of insurance company: \_\_\_\_\_

Policy number \_\_\_\_\_

Party responsible for premium: \_\_\_\_\_

Monthly cost of premium FOR CHILD ONLY: \$ \_\_\_\_\_

WILL:

14. Do you have a will and other final life document?  Yes  No If so, when was it written? \_\_\_\_\_  
:

I understand that there will be an initial consultation fee of \$300.00 for the first hour and \$300.00 for a portion thereof for each hour or partial hour thereafter, regardless of whether I decide to retain the firm and/or take legal action.

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Signature