

Bain, Files, Jarrett, Bain & Harrison, PC
CLIENT INTERVIEW SHEET

DATE: _____

Please complete this questionnaire. This information will provide general background information necessary to begin to understand the complexity of the personal aspects of your family law problem. None of the information, however, is of a confidential nature. We are seeking only statistical data that will be matters of public record if any pleadings are filed.

IF YOU ARE HERE REGARDING DIVORCE, PLEASE PROVIDE THE FOLLOWING

Date of Marriage: _____ Date of Separation: _____

Place of Marriage: _____

Have either of you previously been married? You Yes No Your Spouse Yes No

YOUR PERSONAL INFORMATION

Name: _____
First Middle Last Maiden

Indicate preferred name for pleadings: _____

Mailing Address: (This is the address at which all mail from this office will be sent)

Street or PO Box City State Zip

Residence Address: _____
(If different) Street City State Zip

County of Residence: _____ How long in that county: _____

Social Security No. _____ — _____ — _____ Driver's License: _____ State _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax No.: _____

Other Phone: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: _____

Year, Make and Model of Vehicle you drive: _____

If you want your prior name restored, what name? _____

YOUR EMPLOYMENT INFORMATION

Employer: _____ Phone No: _____

Mailing Address: _____
Street or PO Box City State Zip

Physical Address: _____
(If different) Street City State Zip

Your position: _____ Length of Employment: _____

Gross Monthly Salary: \$ _____ Your Education: _____

OPPOSING PARTY PERSONAL INFORMATION

Name: _____
First Middle Last Maiden

If case not yet filed, indicate your preference for your spouse's name on pleadings:

Mailing Address: _____
Street or PO Box City State Zip

Residence Address: _____
(If different) Street City State Zip

County of Residence: _____ How long in that county: _____

Social Security No. _____ — _____ — _____ Driver's License: _____ State _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax No.: _____

Other Phone: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: _____

Year, Make and Model of Vehicle driven: _____

OPPOSING PARTY EMPLOYMENT INFORMATION

Employer: _____ Phone No: _____

Mailing Address: _____
Street or PO Box City State Zip

Physical Address: _____
(If different) Street City State Zip

Their position: _____ Length of Employment: _____

Gross Monthly Salary: \$ _____ Education: _____

COUNSELING

If you, the opposing party and/or the child(ren) have received counseling, please provide the name of the counselor, the dates and the parties attending the counseling:

PROPERTY AGREEMENT

If you and your spouse signed any agreement prior to your marriage or after your marriage regarding ownership of any property, please provide:

Date of the Agreement: _____ Do you have a copy? Yes No

COUNSEL FOR OPPOSING PARTY

If you believe the opposing party has consulted an attorney, please provide:

Name of attorney: _____

PROVIDE INFORMATION FOR EACH CHILD SUBJECT TO THIS SUIT

1.	Name:	<input type="radio"/> Female	<input type="radio"/> Male
		— —	/ /
	<i>City and State of Birth</i>	<i>Social Security Number</i>	<i>Date of Birth</i>
Describe any disability of the child:			

2.	Name:	<input type="radio"/> Female	<input type="radio"/> Male
		— —	/ /
	<i>City and State of Birth</i>	<i>Social Security Number</i>	<i>Date of Birth</i>
Describe any disability of the child:			

3.	Name:	<input type="radio"/> Female	<input type="radio"/> Male
		— —	/ /
	<i>City and State of Birth</i>	<i>Social Security Number</i>	<i>Date of Birth</i>
Describe any disability of the child:			

NOTE: Use the reverse side to list additional children.

Have any of the children changed residences in the last five years? Yes No

If “yes”, please list prior residences of the children on the reverse side.

ASSETS OF THE CHILD(REN)

If the child(ren) own assets (other than the normal bedroom furnishings, clothing and toys) please describe each asset, the child to whom each asset belongs and state the value of the asset.

MEDICAL INSURANCE

Provide the following information for each policy providing health insurance coverage for any member of the household:

Carrier: _____ Who is covered: _____

Policy No: _____ How is premium paid: _____ Cost per Month: \$ _____

Is there another policy providing health coverage for any member of the household? Yes No

If “yes,” please provide information on the reverse side.