

LAW OFFICE OF MARK C. THOMPSON

CLIENT INTERVIEW SHEET

Divorce

Date: _____

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.**

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

a. Name: _____
First Middle Last Maiden

b. Date of birth: _____

c. Place of birth: _____

d. Social Security Number: _____

e. Driver's License Number: _____

f. Address: _____

g. City, State, Zip: _____

h. Residence telephone number: _____

i. Fax number: _____

j. Mobile phone: _____

k. Email: _____

4. 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: _____

5. Criminal Background (if applicable):

6. Please give your spouse's full name, date and place of birth, and Social Security number.

- a. Name: _____
First Middle Last Maiden
- b. Date of birth: _____
- c. Place of birth: _____
- d. Social Security Number: _____
- e. Driver's License Number: _____
- f. Address: _____
- g. City, State, Zip: _____
- h. Residence telephone number: _____
- i. Fax number: _____
- j. Mobile phone: _____

8. Complete the following concerning your spouse's employment.

- a. Employer: _____
- b. Job Title: _____

- c. Street Address: _____
- d. City, State, Zip: _____
- e. Telephone number: _____
- f. Spouse's gross salary per month or annually: \$ _____
- g. Length of spouse's employment: _____
- h. Education of spouse: _____

9. Criminal Background (if applicable):

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

Date: _____
City, County, State: _____

11. 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: _____
BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

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

C. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____

12. Are you now separated from your spouse? _____.
If so, give date of separation. _____.

13. Have you seen any marriage counselor? _____.
If so, give name _____.

14. What is your religious preference? _____.
What is your spouse's religious preference? _____.

15. 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: _____

16. Will there be a dispute over custody of the children? _____.
If not, custody will be with whom? _____

17. Where are the children living at this time? _____

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

19. How long have you lived in Texas? _____

20. What county do you reside in? _____.

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

22. Have you or your spouse ever filed for a divorce? _____.
If so, when and where? _____

23. Does your spouse now have an attorney? _____.
If so, who? _____.

24. 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: _____
BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

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

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

With whom do these children reside: _____

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

26. 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, date and place of birth, and sex of each child of spouse's previous marriages.

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

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

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

With whom do these children reside? _____

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

28. 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: _____
Estimated fair market value: \$ _____
Year bought: _____
Mortgage balance: \$ _____
Monthly payments: \$ _____

2. Address: _____
Mortgage company: _____
Estimated fair market value: \$ _____
Year bought: _____
Mortgage balance: \$ _____
Monthly payments: \$ _____

Motor Vehicles, Boats, Airplanes, Cycles, Trailers:

1. Year: _____ Model: _____
Who drives? _____
Note with: _____ VIN _____

2. Year: _____ Model: _____
Who drives? _____
Note with: _____ VIN _____

3. Year: _____ Model: _____
Who drives? _____
Note with: _____ VIN _____

4. Year: _____ Model: _____
Who drives? _____
Note with: _____ VIN _____

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: _____

3. Name of bank: _____
Account name: _____
Amount on deposit: \$ _____
Names on withdrawal card: _____

Life Insurance:

1. Name of company: _____ Face amount \$ _____
Insuring Life of: _____ Cash Value \$ _____

2. Name of company: _____ Face amount \$ _____
Insuring life of: _____ Cash Value \$ _____

Stocks, Mutual Funds:

1. Name of stock: _____
Estimated amount invested: \$ _____
2. Name of stock: _____
Estimated amount invested: \$ _____
3. Name of stock: _____
Estimated amount invested: _____
4. 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 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. _____ \$ _____

Income Tax:

Have you filed for all previous years? _____.

Prepared by whom? _____

Amount of refund received? _____

Separate Property:

1. Do you own any separate property (property owned before marriage or property received during marriage by gift or inheritance)? _____

If so, detail your separate property. _____

2. Does your spouse own any separate property? _____

If so, detail the separate property: _____

Last Will and Testament:

1. Do you have a will? _____.

If so, prepared by whom? _____

If not, are you interested in me preparing one for you? _____

2. Does your spouse have a will? _____.

If so, prepared by whom? _____

Mail:

At what address do you wish to receive mail from this office? _____

_____.

Referral:

Who referred you to this office? _____.