

LAW OFFICE OF MARK C. THOMPSON

CLIENT INTERVIEW SHEET

Divorce

Date: _____

Please complete this questionnaire. **All information will be held in strict confidence.**

1. Information about you:

- a. Name: _____
First Middle Last Maiden
- b. Date and place of birth: _____
- c. Social Security number: _____
- d. Driver's License number: _____
- e. Address: _____
- f. Telephone number: _____
- g. Email: _____

2. Information about your employment:

- a. Employer: _____
- b. Job title/length of employment: _____
- c. Address: _____
- d. Telephone number: _____
- e. Gross salary per month or annually: \$ _____
- f. Education: _____
- g. Other sources of income: _____

3. Criminal background (if applicable):

4. Information about your spouse:

- a. Name: _____
First Middle Last Maiden
- b. Date and place of birth: _____
- c. Social Security number: _____
- d. Driver's License number: _____
- e. Address: _____
- f. Telephone number: _____
- g. Email: _____

5. Information about your spouse's employment:

- a. Employer: _____
- b. Job title/length of spouse's employment: _____
- c. Address: _____
- d. Telephone number: _____
- e. Spouse's gross salary per month or annually: \$ _____
- f. Education of spouse: _____
- g. Other sources of income: _____

6. Criminal Background (if applicable):

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

Date: _____
City, County, State: _____

Are you now separated from your spouse? _____. Date of separation: _____.

8. Have you and/or your spouse lived in Texas for at least 6 months? Yes/No

9. What county/counties do you and your spouse reside in? _____

10. How long have you each resided there? _____

11. Does your spouse now have an attorney? Yes/No/I don't know
Name of Attorney: _____

12. Information about each child of this marriage.

A. Name / Sex: _____
Birthplace: _____
Date of birth: _____
Social Security Number: _____

B. Name / Sex: _____
Birthplace: _____
Date of birth: _____
Social Security Number: _____

C. Name / Sex: _____
Birthplace: _____
Date of birth: _____
Social Security Number: _____

13. Do you have any other children?

A. Name: _____
Age: _____

B. Name: _____
Age: _____

C. Name: _____
Age: _____

With whom do these children reside: _____

14. Do you pay/receive child support? _____. How much per month? _____

15. Does your spouse have any other children?

A. Name: _____
Age: _____

B. Name: _____
Age: _____

C. Name: _____
Age: _____

With whom do these children reside? _____

16. Does your spouse pay/receive child support? _____ How much per month? _____

SUMMARY OF PROPERTY

Real Estate:

1. Address: _____
Mortgage balance: \$ _____
Names on Mortgage: _____
Monthly mortgage payments: \$ _____
Rental Income: \$ _____

2. Address: _____
Mortgage balance: \$ _____
Names on Mortgage: _____
Monthly mortgage payments: \$ _____
Rental Income: \$ _____

Motor Vehicles, Boats & Watercraft, Motorcycles, Trailers, etc.:

1. Year: _____ Make&Model: _____ VIN _____
In the Possession of: _____ Usually used by: _____
Loan with: _____

2. Year: _____ Make&Model: _____ VIN _____
In the Possession of: _____ Usually used by: _____
Loan with: _____

3. Year: _____ Make&Model: _____ VIN _____
In the Possession of: _____ Usually used by: _____
Loan with: _____

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

1. Name of bank: _____
Names on Account: _____
Balance: \$ _____
Authorized users: _____

2. Name of bank: _____
Names on Account: _____
Balance: \$ _____
Authorized users: _____

3. Name of bank: _____
Names on Account: _____
Balance: \$ _____
Authorized users: _____

4. Name of bank: _____
Names on Account: _____
Balance: \$ _____
Authorized users: _____

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/fund: _____
Value/Balance: \$ _____
2. Name of stock: _____
Value/Balance: \$ _____

Retirement:

1. You:
 - a. Type of Plan _____ Value/Balance: _____
 - b. Type of Plan _____ Value/Balance: _____
 - c. Type of Plan _____ Value/Balance: _____
 - d. Military Retirement
Branch: _____
Status (Active, Reserve, Retired): _____
Start Date: _____
Date of Marriage: _____
Current Rank: _____
HI-3 (Provide last 36 LES): _____
Date of Retirement: _____
Amount of monthly amount received: _____
2. Spouse:
 - a. Type of Plan _____ Value/Balance: _____
 - b. Type of Plan _____ Value/Balance: _____
 - c. Type of Plan _____ Value/Balance: _____
 - d. Military Retirement
Branch: _____
Status (Active, Reserve, Retired): _____
Start Date: _____
Date of Marriage: _____
Current Rank: _____
HI-3 (Provide last 36 LES): _____
Date of Retirement: _____
Amount of monthly amount received: _____

Miscellaneous:

1. Does anyone owe you or your spouse any money? _____
If so, whom? and how much? _____ \$ _____
2. Are you involved in any lawsuits? _____
If so, explain. _____
3. Do you own any animals (pets), livestock or mineral interests? _____

4. Do you belong to any clubs with an equity interest? _____
 If so, where? _____

Credit Cards, Student Loans, and Other Debts (Other than mortgage and car loans)

Lender	Balance	Names on Loan
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____
6. _____	\$ _____	_____
7. _____	\$ _____	_____
8. _____	\$ _____	_____

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: _____

Business Interests

Name of business: _____
 Structure (LLC, Corp, sole prop, etc.) _____
 Business Conducted: _____
 Earnings: _____
 Assets: _____

Last Will and Testament:

Do you have a will? _____
 Are you interested in me preparing one for you? _____

Mail:

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

Referral:

Who referred you to this office? _____