

Client Interview Form

Date _____

Client

Spouse

Full name _____

Full name _____

Birth date _____

Birth date _____

Age _____

Age _____

Birth place _____

Birth place _____

Address _____

Address _____

Work phone _____

Work phone _____

Home phone _____

Home phone _____

Cell phone _____

Cell phone _____

Pager _____

Pager _____

E-mail address _____

E-mail address _____

Fax _____

Fax _____

Social Security no. _____

Social Security no. _____

Driver's License no. _____
State _____

Driver's License no. _____
State _____

Occupational License no(s). _____

Occupational License no(s). _____

Armed Forces status _____

Armed Forces status _____

Next of kin _____
Relation _____
Address _____

Next of kin _____
Relation _____
Address _____

MARRIAGE

Place _____
City/Village/Twp. County State/Foreign country

Date of marriage _____ Date of separation _____

Lived in Michigan 180 days? _____ County 10 days? _____

No. of previous marriages: yours _____ spouse _____

How terminated: yours _____ spouse _____

Maiden name _____

Name before this marriage _____

Does wife desire name change?

_____ Yes To what? _____

_____ No

Is there a prenuptial or postnuptial agreement?

_____ Yes Please attach a copy of the agreement.

_____ No

CHILDREN

1. Name _____ Birth date _____ Age _____

Living with _____ Client _____ Spouse Social Security no. _____

School _____ Grade _____

2. Name _____ Birth date _____ Age _____

Living with _____ Client _____ Spouse Social Security no. _____

School _____ Grade _____

3. Name _____ Birth date _____ Age _____

Living with _____ Client _____ Spouse Social Security no. _____

School _____ Grade _____

Residence of the children during the last five years:

Where

With whom

How long

Is wife pregnant?

_____ Yes When is birth expected? _____

_____ No

Name of health care insurance provider for children _____

Policy, group, or contract number _____

Paid by whom? _____

Does your / your spouse's health insurance require that you/he/she have the children as dependents to continue health insurance for them? (Check with employer benefits office.)

Child care

_____ Yes How many weeks per year? _____

Paid by whom? _____

Cost per week During school _____ Summer _____

_____ No

Are you *paying* or *receiving* support for other children (circle one)?

_____ Yes How much per week? \$ _____ No. of children _____

_____ No

Is your spouse *paying* or *receiving* support for other children (circle one)?

_____ Yes How much per week? \$ _____ No. of children _____

Provide copies of the court support orders.

_____ No

Does either party have children from a prior relationship?

Name _____ Birth date _____ Age _____

Living with _____ Client _____ Spouse Social Security no. _____

Name _____ Birth date _____ Age _____

Living with _____ Client _____ Spouse Social Security no. _____

Name _____ Birth date _____ Age _____

Living with _____ Client _____ Spouse Social Security no. _____

CUSTODY AND SUPPORT

How are the best interests of the children served regarding custody? (Who should have custody and why?)

If you and your spouse have agreed on custody, describe.

Do you know of anyone else who claims parenting time rights with your children?

Yes State the person's name, address, and relationship. _____

No

Has support been paid since separation?

Yes How much per week? \$ _____

No

If you and your spouse have agreed on child support, how much per week? \$ _____

PRIOR LITIGATION

Has either spouse previously filed for divorce, custody, etc., in this county or elsewhere?

Yes Indicate when and where filed, status of case, case number, and name of judge. _____

No

Has there been any previous domestic relations case filed in this county involving you and/or your spouse or any other family member?

Yes Indicate when and where filed, status of case, case number, and name of judge. _____

No

Does anyone else claim custody over children of you or your spouse?

Yes Indicate when and where filed, status of case, case number, and name of judge. _____

No

Is there an order/judgment for continuing jurisdiction over children of you or your spouse for any other reason?

Yes Indicate when and where filed, status of case, case number, and name of judge. _____

No

Is there presently on file a case where one of the parties is currently paying support for another child not of this marriage?

Yes Indicate when and where filed, status of case, case number, and name of judge. _____

No

FAMILY HEALTH AND SOCIAL ISSUES

Do you, your spouse, or your children have

1. Any serious physical or mental disability, disorder, handicap or incurable disease?

_____ Yes Please explain. _____

_____ No

2. Any problems with substance abuse (drugs, alcohol)?

_____ Yes What type of drugs? _____

What treatment and by whom? _____

When? _____

Place of treatment _____

_____ No

Any particular interest in another person by either party

Any problems with debts _____ Gambling _____

Any marriage counseling _____

Personal counseling (yours/spouse's) _____

Would you begin or continue counseling? _____

Would you sign a waiver of confidentiality so that we may have access to your records?

_____ Yes _____ No

Attitudes (yours/spouse's) toward reconciliation

Are you or your spouse receiving ADC?

_____ Yes Caseworker _____ Case no. _____

_____ No

PHYSICAL INJUNCTION INFORMATION

What physical abuse, if any, has occurred and on what dates?

Has either spouse ever been arrested, convicted, imprisoned, or placed on probation?

_____ Yes Explain. _____

_____ No

Physical Description of Client:

Race _____ Height _____ Weight _____ Eye color _____ Hair color _____

Glasses

_____ Yes Worn all the time? _____ Yes _____ No

_____ No

Mustache/beard

_____ Yes Color _____

_____ No

Distinguishing scars or tattoos _____

Any current restraining orders? _____

Physical Description of Spouse:

Race _____ Height _____ Weight _____ Eye color _____ Hair color _____

Glasses

_____ Yes Worn all the time? _____ Yes _____ No

_____ No

Mustache/beard

_____ Yes Color _____

_____ No

Distinguishing scars or tattoos _____

Any current restraining orders? _____

Is carrying a weapon a condition of his/her employment?

_____ Yes

_____ No

EMPLOYMENT

Client

Spouse

Employer _____

Employer _____

Address _____

Address _____

Date of hire _____

Date of hire _____

Occupation _____

Occupation _____

Weekly gross pay _____

Weekly gross pay _____

| | |
|---|---|
| Weekly take home _____ | Weekly take home _____ |
| Pension _____ | Pension _____ |
| Early retirement benefits _____ | Early retirement benefits _____ |
| Signing bonus or any special payment _____ | Signing bonus or any special payment _____ |
| Profit-sharing _____ | Profit-sharing _____ |
| Recognition or other awards _____ | Recognition or other awards _____ |
| Income last year _____ | Income last year _____ |

Please attach a copy of your last three pay stubs. Indicate if any deductions are mandatory (other than taxes), for example, union dues, pension, etc. Please attach the last two income tax returns (personal and business) with their schedules and W-2 forms.

| | |
|-------------------------|-------------------------|
| Previous Employer _____ | Previous Employer _____ |
| Address _____ _____ | Address _____ _____ |
| Annual Income _____ | Annual Income _____ |

Other income sources (pension, retirement, public assistance or ADC, veterans= benefits, Social Security, annuity funds):

1. Type (wage/dividend) _____
Gross per year _____ In whose name

2. Type (wage/dividend) _____
Gross per year _____ In whose name

3. Type (wage/dividend) _____
Gross per year _____ In whose name

EDUCATION

Client

Spouse

| | |
|--|--|
| Highest degree obtained _____ | Highest degree obtained _____ |
| High school _____ Date of diploma or GED _____ | High school _____ Date of diploma or GED _____ |
| Univ./College _____ Degree _____ Date obtained _____ | Univ./College _____ Degree _____ Date obtained _____ |
| Univ./College _____ Degree _____ Date obtained _____ | Univ./College _____ Degree _____ Date obtained _____ |
| Additional training _____ _____ _____ | Additional training _____ _____ _____ |

Did either spouse contribute to the education of the other?

____ Yes Describe. _____
 ____ No

ASSETS
(Attach additional sheets if necessary.)
A. Real property

Resident address

 Date purchased _____ Purchase price _____
 Mortgage co. _____ Account no. _____ In whose name _____

 Monthly payments _____ Balance due _____

 Paid by ____ Husband ____ Wife ____ Both
 Land contract _____ In whose name _____
 Home equity loan ____ Account no. _____ In whose name _____
 Amount of property taxes _____ Are they included in monthly payment? _____
 Additional real estate
 Address _____

Date purchased _____ Purchase price _____

Mortgage co. _____ Account no. _____ In whose name _____

Monthly payments _____ Balance due _____

Paid by _____ Husband _____ Wife _____ Both _____

Land contract _____ In whose name _____

Home equity loan _____ Account no. _____ In whose name _____

Amount of property taxes _____ Are they included in monthly payment? _____

Attach copies of deeds or land contracts.

B. Vehicles (car, boat, trailer, motorcycle, snowmobile, etc.)

1. Year/make _____

Vehicle identification number _____

In whose name _____ Possession _____

Purchase price _____ Monthly payments _____

Lien holder _____ Balance due _____

2. Year/make _____

Vehicle identification number _____

In whose name _____ Possession _____

Purchase price _____ Monthly payments _____

Lien holder _____ Balance due _____

3. Year/make _____

Vehicle identification number _____

In whose name _____ Possession _____

Purchase price _____ Monthly payments _____

Lien holder _____ Balance due _____

4. Year/make _____

Vehicle identification number _____

In whose name _____ Possession

Purchase price _____ Monthly payments

Lien holder _____ Balance due _____

5. Year/make _____

Vehicle identification number _____

In whose name _____ Possession

Purchase price _____ Monthly payments

Lien holder _____ Balance due _____

C. Bank accounts or credit union accounts

1. Name of bank and branch _____

Account number _____

Type of account (savings, checking, money market) _____

Signatories _____

Source of monies _____ Balance _____

2. Name of bank and branch _____

Account number _____

Type of account (savings, checking, money market) _____

Signatories _____

Source of monies _____ Balance _____

3. Name of bank and branch _____

Account number _____

Type of account (savings, checking, money market) _____

Signatories _____

Source of monies _____ Balance _____

D. Individual retirement accounts

1. Financial institution _____

Account number _____ Balance _____ In whose name _____

2. Financial institution _____

Account number _____ Balance _____ In whose name _____

E. Retirement plans, pensions, Keoghs, 401(k) plans, profit-sharing plans, stock bonus or option plans, etc.

(attach copies of plan descriptions and annual reports for each)

1. Employer or financial institution _____
Name and type of plan _____ Vested _____
Value _____ Account no. _____ In whose name _____
2. Employer or financial institution _____
Name and type of plan _____ Vested _____
Value _____ Account no. _____ In whose name _____
3. Employer or financial institution _____
Name and type of plan _____ Vested _____
Value _____ Account no. _____ In whose name _____

F. Corporate stocks, bonds, notes, securities, bills, brokerage accounts

1. Name of broker and firm holding investments _____
Type of investment _____

Account no. _____ In whose name _____
Type of account (savings, checking, money market) _____

Purchase price _____ Current value _____
What was source of stock or funds to purchase? _____
2. Name of broker and firm holding investments _____
Type of investment _____

Account no. _____ In whose name _____
Type of account (savings, checking, money market) _____

Purchase price _____ Current value _____
What was source of stock or funds to purchase? _____

G. Patents, inventions, copyrights, etc.

H. Life insurance

| <i>Client</i> | <i>Spouse</i> |
|---|---|
| Name of insurer _____ | Name of insurer _____ |
| Name of insured _____ | Name of insured _____ |
| Name of beneficiary _____ | Name of beneficiary _____ |
| Type of insurance (term, whole life, etc.) _____ | Type of insurance (term, whole life, etc.) _____ |
| Policy no. _____ | Policy no. _____ |
| Amount of policy _____ | Amount of policy _____ |
| Cash surrender value _____ | Cash surrender value _____ |
| Loans against policy _____ | Loans against policy _____ |

I. Business interests (corporations, partnerships, sole proprietorships, etc.)

Name and type of business interest _____
Type of ownership interest _____
Value of interest _____
Initial investment and when _____
Additional amounts invested and when _____

J. Community property (property acquired with your spouse)

Have you ever lived in a state that has a community property law (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin)?

_____ Yes Provide details and the status of assets brought into this state.

_____ No

K. Miscellaneous assets

Jewelry _____
_____ Value _____

Art work _____
_____ Value _____

Antiques _____

_____ Value _____

Coin and other collections _____

_____ Value _____

Inheritance _____

_____ Value _____

Annuities _____

_____ Value _____

Safe deposit box _____ Location _____

Accounts receivable

L. Gifts

Have you or your spouse made any substantial gifts in the past or placed property in joint names with anyone other than the spouse?

_____ Yes Provide details. _____

_____ No

M. Trust beneficiaries

Are you or your spouse the beneficiary under any trust?

_____ Yes Provide details. _____

_____ No

N. Assets held at time of marriage

O. Are you aware of assets being given away, sold, or hidden from you?

_____ Yes Briefly explain. _____

_____ No

LIABILITIES

Please indicate with an asterisk any accounts that you have reason to believe are delinquent.

Indebtedness (i.e., credit cards, educational loans, personal loans, etc.)

1. Creditor _____ Account no. _____

Type of indebtedness (credit card, etc.) _____

Is the account current? ____ Yes ____ No Present balance due _____

Monthly payment _____ Named borrowers _____

Who will pay until the divorce judgment? _____

1. Creditor _____ Account no. _____

Type of indebtedness (credit card, etc.) _____

Is the account current? ____ Yes ____ No Present balance due _____

Monthly payment _____ Named borrowers _____

Who will pay until the divorce judgment? _____

3. Creditor _____ Account no. _____

Type of indebtedness (credit card, etc.) _____

Is the account current? ____ Yes ____ No Present balance due _____

Monthly payment _____ Named borrowers _____

Who will pay until the divorce judgment? _____

4. Creditor _____ Account no. _____

Type of indebtedness (credit card, etc.) _____

Is the account current? ____ Yes ____ No Present balance due _____

Monthly payment _____ Named borrowers _____

Who will pay until the divorce judgment? _____

5. Creditor _____ Account no. _____

Type of indebtedness (credit card, etc.) _____

Is the account current? ____ Yes ____ No Present balance due _____

Monthly payment _____ Named borrowers _____

Who will pay until the divorce judgment? _____

6. Creditor _____ Account no. _____

Type of indebtedness (credit card, etc.) _____

Is the account current? ____ Yes ____ No Present balance due _____

Monthly payment _____ Named borrowers _____

Who will pay until the divorce judgment? _____

Delinquent indebtedness How much? _____ How long overdue? _____

Mortgage _____

Property _____ How much? _____ How long overdue? _____

Income taxes _____ How much? _____ How long overdue? _____

Vehicle Loan _____ How much? _____ How long overdue? _____

Other _____ How much? _____ How long overdue? _____

Business debts

What kind? _____ How much? _____ How long overdue? _____

Other obligations (for example, spousal support to a former spouse) _____

Is anyone other than the spouse and identified children financially dependent on you?

_____ Yes Give details. _____

_____ No

On your spouse?

_____ Yes Give details. _____

_____ No

RELIEF TO BE REQUESTED

_____ Divorce

_____ Separate maintenance

_____ Annulment

_____ Custody of children _____

_____ Parenting time rights _____

_____ Child support payments _____

_____ Spousal support _____

_____ Spouse to vacate home _____

_____ Contribution to your attorney fees _____

_____ Restoration of former name _____

_____ Procurement of \$ _____ in life insurance to secure child support

_____ Property division

_____ Property injunction

_____ Domestic abuse injunction

_____ Health insurance for children or yourself _____

_____ Home utility payments _____

_____ Home insurance (Plaintiff/Defendant) _____

_____ Mortgage payments _____

_____ Debts _____

_____ Other _____

_____ Attorney fee arrangement _____

The items checked below are needed to complete your divorce case file. Please collect the items that have been checked and bring in copies or originals to the paralegal as soon as possible.

Items needed

Date given to paralegal

| | |
|--|-------|
| _____ Tax returns with schedules and W-2s-last two years | _____ |
| _____ Paycheck stubs-last two months | _____ |
| _____ You | |
| _____ Your spouse | |
| _____ Mortgage statement | _____ |
| Document showing legal description | |
| _____ Marital home | _____ |
| _____ Vacation property | _____ |
| _____ Income property | _____ |
| _____ Pension or retirement account statement | _____ |
| _____ You | |
| _____ Your spouse | |
| _____ Car titles | _____ |
| _____ You | |
| _____ Your spouse | |
| _____ Life insurance cash value statement | _____ |
| _____ Savings account statements | _____ |
| _____ Investment account balance statements | _____ |
| _____ Appraisal for _____ | _____ |
| _____ Appraisal for _____ | _____ |
| _____ Prenuptial or postnuptial agreement | _____ |
| _____ _____ | _____ |
| _____ _____ | _____ |
| _____ _____ | _____ |
| _____ _____ | _____ |

