

DIVORCE INTERVIEW FORM

Client's name: _____

Date of interview: _____

Referral: () no () yes _____

County: _____

Plaintiff's name: _____

Social Security No.: _____

Driver's License No.: _____

Address: _____

Phone: _____

Date and Place of birth: _____

Contact Person/Closest Relative: _____

Address: _____

Phone: _____

Employer: _____

Address: _____

Phone: _____

Take Home Pay: \$_____ () weekly () bi-weekly () monthly

Health Care Coverage: _____

Education: _____ Number of this marriage: _____

Age: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Defendant's name: _____

Social Security No.: _____

Driver's License No.: _____

Address: _____

Phone: _____

Date and Place of Birth: _____

Contact Person/Closest Relative: _____

Address: _____

Phone: _____

Employer: _____

Address: _____

Phone: _____

Take Home Pay: \$ _____ () weekly () bi-weekly () monthly

Health care coverage: _____

Education: _____ Number of this marriage: _____

Age: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Date of **Marriage**: _____

Type of Official Performing Marriage: _____

City, County, State of Marriage: _____

Wife's Name previous to marriage: _____

Resident of _____, _____ County,

Since _____. County more than 10 days, State of Michigan more than 180 days.

Date of Separation: _____

Name, Date of Birth, Social Security Number of **Minor Children**: _____

Residence of minor children for last five years: _____

Childcare expenses: _____ Healthcare expenses: _____

Property and Furniture: _____

Automobiles: _____

Name on title: _____

Amount owed: _____ To Whom: _____

Bonds/Stocks: _____

_____ Value: _____

Debts: _____

_____ Value: _____

Insurance Policy: _____

_____ Value: _____

Real Estate: _____

_____ Value: _____

Bank Accounts:

Bank Name/Address: _____

Checking: _____ Joint: _____

Savings: _____ Joint: _____

Pension/Retirement Plan:

Name of Plan: _____

Number of years of service: _____ Value: _____

Extraordinary circumstances: _____

Health Concerns: _____

Relief requested:

Divorce: _____ Separate Maintenance: _____

Custody to: _____

Child Support: _____

Alimony: _____

Attorney Fees: _____

Maiden Name Restored: _____

Property Settlement: _____

Other: _____

Injunctive Relief: _____

Fee Arrangements:

Retainer: _____

Hourly Rate: _____

Lien's authorized: _____

Written Fee Agreement signed: _____

Checklist for pleadings:

Previous action () Yes () No

Summons: _____

Complaint: _____

Verified Statement: _____

Injunction: _____

Ex-Parte Order: _____

Affidavit for Ex-Parte Order: _____

Further Relief Requested: _____
