

**Domestic Relations Interview Form**

Date: \_\_\_\_\_  
How were you referred to the firm:  
\_\_\_\_\_

Consult Time:  
Attorney:

**Your Information:**

Name: \_\_\_\_\_ Maiden Name \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Wage/Salary: \_\_\_\_\_ Other Comp./Bonus/OT: \_\_\_\_\_

Education: Specify highest grade completed: Elementary or Secondary: \_\_\_\_\_ College: \_\_\_\_\_

**Other Party's Information:**

Name: \_\_\_\_\_ Maiden Name \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Address : \_\_\_\_\_ City/Town: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Wage/Salary: \_\_\_\_\_ Other Comp./Bonus/OT: \_\_\_\_\_

Education: Specify highest grade completed: Elementary or Secondary: \_\_\_\_\_ College: \_\_\_\_\_

Opposing Counsel\Firm: \_\_\_\_\_

**Children's Information:**

|       |      |      |              |
|-------|------|------|--------------|
| Name: | Age: | DOB: | SSN: xxx-xx- |
| Name: | Age: | DOB: | SSN: xxx-xx- |
| Name: | Age: | DOB: | SSN: xxx-xx- |
| Name: | Age: | DOB: | SSN: xxx-xx- |

**List the places where the minor child/ren of the parties has/have lived in the last five (5) years:**

| Dates<br>From/To | Town/City, State | Parent(s)/Caretaker | Current Address/Contact Address<br>of Parent/Caretaker | Which<br>Children |
|------------------|------------------|---------------------|--|-------------------|
|                  |                  |                     |  |                   |
|                  |                  |                     |  |                   |
|                  |                  |                     |  |                   |
|                  |                  |                     |  |                   |

Current Parenting Schedule: \_\_\_\_\_  
Guardian *ad Litem*: \_\_\_\_\_  
Current Child Support Order: \$ \_\_\_\_\_ per: week/bi-week/month

Did you complete the Child Impact Seminar: Yes/No \_\_\_\_\_ When: \_\_\_\_\_

**Other Information:**

Date of Marriage: \_\_\_\_\_ Location (city, state): \_\_\_\_\_  
Date of Separation: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_  
Reasons for Divorce: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of this Marriage: \_\_\_\_\_ How did marriage(s) end: \_\_\_\_\_  
Number of this Marriage for Other Party: \_\_\_\_\_ How did marriage(s) end: \_\_\_\_\_

**Court Information:**

Current Orders/Filings: \_\_\_\_\_  
Court Location: \_\_\_\_\_ Docket Number: \_\_\_\_\_  
Next Court Date: \_\_\_\_\_ Purpose of Hearing: \_\_\_\_\_  
Current Alimony Order: \$ \_\_\_\_\_ per: week/bi-week/month

**Asset Information:**

Real Estate Owned: \_\_\_\_\_  
Fair Market Value: \$ \_\_\_\_\_ Current Mortgage Balance: \$ \_\_\_\_\_

Name(s) on Mortgage: \_\_\_\_\_  
Names(s) on Deed: \_\_\_\_\_

Other Real Estate Owned: \_\_\_\_\_  
Fair Market Value: \$ \_\_\_\_\_ Current Mortgage Balance: \$ \_\_\_\_\_  
Name(s) on Mortgage: \_\_\_\_\_  
Names(s) on Deed: \_\_\_\_\_

Retirement Accounts: \_\_\_\_\_

Life Insurance Policies: \_\_\_\_\_

Stocks, bonds, collections, other: \_\_\_\_\_

Motor Vehicles (make/model/vin/possession or disposition): \_\_\_\_\_

Health Insurance Coverage (company/type of plan/who provides it): \_\_\_\_\_

Do you have any genetic materials (sperm, eggs, embryos), if yes, where are they stored? Please provide all paperwork in your possession regarding the genetic materials, if you do not have it, please indicate below where it is.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a Prenuptial or Post Nuptial Agreement? Yes/No

Do you have any Estate Planning Documents? Yes/No

**Debt Information:**

Credit Cards Balance(s) owed \$ \_\_\_\_\_

Other outstanding bills (medical, personal, student loans, etc.): \_\_\_\_\_

Miscellaneous Information/Notes: \_\_\_\_\_

**Emergency Contact (Closest Relative)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

I give permission to contact emergency contact should I be incapacitated or if the attorney cannot get ahold of me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STAFF USE ONLY:

Photo ID Received: \_\_\_\_\_