

**CLIENT INTERVIEW SHEET**  
**\* DIVORCE WITH CHILDREN \***

WHERE DID YOU HEAR ABOUT US?

DATE: \_\_\_\_\_, 2011

\_\_\_\_\_ Drove by Office  
\_\_\_\_\_ Google Search  
\_\_\_\_\_ Google Adwords  
\_\_\_\_\_ AVVO.com

\_\_\_\_\_ Phonebook  
\_\_\_\_\_ Internet  
\_\_\_\_\_ Lawyers.com

Referred by: \_\_\_\_\_ Other: \_\_\_\_\_

Have you heard of Collaborative Law?  Yes  No  
Was Board Certification a reason you choose this office?  Yes  No

**IT IS THE POLICY OF THIS FIRM TO PREPARE AND ENTER INTO A WRITTEN FEE AGREEMENT WITH EACH CLIENT ON A CASE BY CASE BASIS PRIOR TO ACCEPTING REPRESENTATION. YOU WILL BE CHARGED ON AN HOURLY BASIS FOR INITIAL CONSULTATIONS AS WELL AS OTHER REQUESTED SERVICES PROVIDED TO YOU PRIOR TO ENTRY OF A WRITTEN FEE AGREEMENT**

HAVE YOU LIVED IN TARRANT COUNTY, TEXAS FOR THE PAST SIX (6) MTHS?  Yes  No

Your full name: \_\_\_\_\_

Residence address: \_\_\_\_\_ City/zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License #TX \_\_\_\_\_

Telephone Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail \_\_\_\_\_ Date and City/State of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Length of Time Employed by this Employer: \_\_\_\_\_

Full Address \_\_\_\_\_ Hours: \_\_\_\_\_

Position: \_\_\_\_\_ Does your job require overnight travel? \_\_\_\_\_

Gross Salary per Month/year: \$ \_\_\_\_\_ Net Month/year \$ \_\_\_\_\_

Highest Level of Education (Degrees, Etc) \_\_\_\_\_ Do you like your job?  Yes  No

Spouse's Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City/zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License #TX \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_\_) \_\_\_\_\_ Cell # \_\_\_\_\_

Date and Place of Birth of Birth: \_\_\_\_\_

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

Full Address \_\_\_\_\_

Gross Salary per Month/year: \$ \_\_\_\_\_ Net Month/year \$ \_\_\_\_\_

Highest Level of Education (Degrees, Etc) \_\_\_\_\_

Length of Time Employed by this Employer: \_\_\_\_\_



If So, give Their Name, Age and Sex:

Does Your Spouse Pay/receive Child Support for These Children? Yes / No. If So, How Much? \$ \_\_\_\_\_ per \_\_\_\_\_

**Property**

Are You Renting or Buying Your Home?  Renting  Buying

Name of Mortgage Company \_\_\_\_\_ Estimated Fair Market Value of Property

\$ \_\_\_\_\_

Year Purchased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_

Is your property subject to a mineral/gas lease? \_\_\_\_\_ If so, please give details: \_\_\_\_\_

List Any Additional Real Estate Property Owned, Including Market Value, Mortgage Company, Year Bought, and Mortgage Balance:

Have Either You or Your Spouse Received Any Large Gifts or Inheritance During the Marriage? If So, Please Explain:

Did either you or your spouse own any real estate, retirement, or financial accounts (savings) when you were married? If so, please explain:

**Vehicles**

List Any Motor Vehicles, Boats, Airplanes, Cycles, Trailers:

1) Vehicle (List Year and Model): \_\_\_\_\_ Who Drives? \_\_\_\_\_

Financed with \_\_\_\_\_

Value of Vehicle \$ \_\_\_\_\_ Payment per Month \$ \_\_\_\_\_

Year Purchased \_\_\_\_\_ Payoff Amount on Loan \_\_\_\_\_

2) Vehicle (List Year and Model): \_\_\_\_\_ Who Drives? \_\_\_\_\_

Financed with \_\_\_\_\_

Value of Vehicle \$ \_\_\_\_\_ Payment per Month \$ \_\_\_\_\_

Year Purchased \_\_\_\_\_ Payoff Amount on Loan \$ \_\_\_\_\_

3) Vehicle (List Year and Model): \_\_\_\_\_ Who Drives? \_\_\_\_\_

Financed with \_\_\_\_\_

Value of Vehicle \$ \_\_\_\_\_ Payment per Month \$ \_\_\_\_\_

Year Purchased \_\_\_\_\_ Payoff Amount on Loan \$ \_\_\_\_\_

**Financial**

Please List the Following Information for All Checking Accounts, Savings Accounts, C.d.s, Iras or Savings Bonds. Please Circle Authorized Persons to Withdraw Funds (I.e. (H) Husband, (W) Wife, or (J) Joint - Circle One)

<u>Bank or Institution</u>	<u>Type of Account</u>	<u>Amount</u>
_____ H W J	_____	\$ _____
_____ H W J	_____	\$ _____
_____ H W J	_____	\$ _____
_____ H W J	_____	\$ _____

**Debts**

(Include House & Auto)

Min. Mthly  
Payment

Total Due

Account #

1. _____	\$ _____	\$ _____	_____
2. _____	\$ _____	\$ _____	_____
3. _____	\$ _____	\$ _____	_____
4. _____	\$ _____	\$ _____	_____
5. _____	\$ _____	\$ _____	_____
6. _____	\$ _____	\$ _____	_____
7. _____	\$ _____	\$ _____	_____

**Attorneys**

If you have consulted with another attorney on this matter, please give attorney's name: \_\_\_\_\_

Does your spouse have an attorney? \_\_\_\_\_ If so, please give the attorney's name \_\_\_\_\_

To your knowledge, has your spouse ever used Diane Wanger?  Yes  No

**Miscellaneous**

Are you or your spouse in bankruptcy?  Yes  No

Have you and your spouse sought marriage counseling?  Yes  No If so, with whom? \_\_\_\_\_

Is your spouse willing to participate in counseling? \_\_\_\_\_

Is there one particular Incident which prompted your visit today?  Yes  No

If So, Please Explain Briefly: \_\_\_\_\_

Are you definitely seeking a divorce or just needing general information about your rights? \_\_\_\_\_

Do you or your husband have a MySpace/Facebook or any other internet based networking group of the like ?  Yes  No

If yes, please list your screen name the owner, screen name and type of account: \_\_\_\_\_

Are there any specific questions you want answered?  Yes  No If so, list here

Do you have health problems, are you on medications?  Yes  No

What do you like to do in your free time? \_\_\_\_\_

What is your expectation for this visit? \_\_\_\_\_