

Date of Interview \_\_\_\_\_, 200\_\_

CLIENT'S INFORMATION

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

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

Maiden name (if applicable) \_\_\_\_\_

Ph#: \_\_\_\_\_ Mobile \_\_\_\_\_

Wk#: \_\_\_\_\_ Pager \_\_\_\_\_

e-mail: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

Birth date: \_\_\_\_\_

SS#: \_\_\_\_\_

Birth place: \_\_\_\_\_

DL#: \_\_\_\_\_ State \_\_\_\_\_

Contact name and number of someone who will always know how to get in touch with you: \_\_\_\_\_

RESPONDENT'S INFORMATION

Respondent's Name: \_\_\_\_\_

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

Respondent's Phone Number: \_\_\_\_\_

Maiden name (if applicable) \_\_\_\_\_

Birth date: \_\_\_\_\_

SS#: \_\_\_\_\_

Birth Place: \_\_\_\_\_

DL#: \_\_\_\_\_ State \_\_\_\_\_

IF WE ARE SERVING THE RESPONDENT, WE WILL NEED:

Physical Description: Height \_\_\_\_\_ Weight \_\_\_\_\_

Caucasion - Black - Asian - Hispanic - Indian (Circle One)

Hair Color \_\_\_\_\_ Hair Length \_\_\_\_\_

Mustache or Beard (Describe) \_\_\_\_\_

Glasses or Tatoos \_\_\_\_\_

Eyes: \_\_\_\_\_ Identifying marks \_\_\_\_\_

What name does he/she answer to: \_\_\_\_\_

What kind of vehicle does he/she drive: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

Work Phone#: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Date of Separation: \_\_\_\_\_

CHILDREN

CHILD ONE:

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

Sex: \_\_\_\_\_

Birth Place: \_\_\_\_\_

Birth date: \_\_\_\_\_

SS#: \_\_\_\_\_

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

CHILD TWO:

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

Sex: \_\_\_\_\_

Birth Place: \_\_\_\_\_

Birth date: \_\_\_\_\_

SS#: \_\_\_\_\_

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

CHILD THREE:

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

Sex: \_\_\_\_\_

Birth Place: \_\_\_\_\_

Birth date: \_\_\_\_\_

SS#: \_\_\_\_\_

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

ARE CHILDREN CURRENTLY COVERED BY HEALTH INSURANCE? \_\_\_\_\_

IF SO, WHAT IS THE NAME OF THE INSURANCE CO? \_\_\_\_\_

WHO PAYS FOR THE INSURANCE? \_\_\_\_\_

IS IT THROUGH THEIR EMPLOYER? \_\_\_\_\_ IF YES, WHAT IS THE NAME

OF THE EMPLOYER AND ADDRESS? \_\_\_\_\_

CUSTODY OF CHILDREN:

Joint MC: \_\_\_\_\_  
\_\_\_\_\_

Who is Primary Joint MC: \_\_\_\_\_

Sole MC: \_\_\_\_\_

PC: \_\_\_\_\_

Amount of Child support: \_\_\_\_\_

Based upon Gross wages of: \_\_\_\_\_

Debts? LIST NAME OF CREDITOR, APPROXIMATE BALANCE  
AND WHO WILL BE PAYING

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

SEPARATE PROPERTY?

IS RESTRAINING ORDER NEEDED? \_\_\_\_\_

FOR PROPERTY ONLY \_\_\_\_\_ FOR PERSON & PROPERTY \_\_\_\_\_

DO WE RESTORE MAIDEN NAME: \_\_\_\_\_

DO WE REQUEST ANY NAME CHANGE: \_\_\_\_\_

Wife's Car: Make \_\_\_\_\_ Model \_\_\_\_\_  
Year \_\_\_\_\_ Color: \_\_\_\_\_  
Debt?: Yes/No  
Debt owed to whom: \_\_\_\_\_

Husband' Car: Make \_\_\_\_\_ Model \_\_\_\_\_  
Year \_\_\_\_\_ Color: \_\_\_\_\_  
Debt?: Yes/No  
Debt owed to whom: \_\_\_\_\_

Real Estate: Homestead?: Yes/No  
Address: \_\_\_\_\_  
\_\_\_\_\_

Other Real Estate:  
\_\_\_\_\_  
\_\_\_\_\_

Other Items to be specifically awarded:

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RETIREMENT

Through Employment? yes/no

If yes, name of plan: \_\_\_\_\_

address of plan: \_\_\_\_\_

Is it a 401K or Defined contribution plan? \_\_\_\_\_

Is it a regular pension plan? \_\_\_\_\_

Military Retirement? \_\_\_\_\_

STOCK:

Trading company? \_\_\_\_\_

Will a QUADRO be needed? yes/no