

CLIENT INTERVIEW SHEET

For Divorce / Domestic Relations

CLIENT INFORMATION

Name: _____ Tel: _____

Social Security No: _____ Date of Birth: _____

Driver's License No: _____ Iss. State: _____

Address: _____

Employer: _____ Tel: _____

How Long: _____ Title: _____

Address: _____

Contact Email: _____ Alternate Contact Tel: _____

SPOUSE INFORMATION

Name of Spouse: _____ Tel: _____

Social Security No: _____ Date of Birth: _____

Driver's License No: _____ Iss. State: _____

Last Known Address: _____

CHILDREN(S) INFORMATION

How many child(ren) are the Spouse? _____

Where do the child(ren) currently reside? _____

Does your Spouse pay child support? YES / NO If yes, how much? \$ _____ per month.

Do you pay child support? YES / NO If yes, how much? \$ _____ per month.

Child Name: _____ Date of Birth: _____ Age: _____ SS#: _____

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Child Name: _____ Date of Birth: _____ Age: _____ SS#: _____

PROPERTY AND DEBT DIVISION

	WIFE	HUSBAND
Property (List Address, and Value)	_____ _____ _____	_____ _____ _____
Vehicles (List Year, Make, Model, VIN)	_____ _____ _____	_____ _____ _____
Debts (List Company, Account Number, and Balance)	_____ _____ _____	_____ _____ _____
Other	_____ _____ _____	_____ _____ _____

Date of Formal Separation: _____ In Las Vegas Since: _____

Date of Marriage: _____ Place of Marriage: _____ Restrain. Order Needed: Y / N

Grounds for Divorce: _____

Will wife resume maiden name? _____ Maiden Name: _____

Spouse's Attorney: _____ Telephone: _____

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(TO BE COMPLETED BY THE ATTORNEY ONLY)

Referred By: _____ Date of Interview: _____

Fee Quoted: _____ By: _____ Date File Opened: _____

Notes:

