

**DOMESTIC RELATIONS  
INITIAL INTERVIEW SHEET**

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

**I. CLIENT BACKGROUND:**

Legal Name: \_\_\_\_\_  
First M.I. Maiden Last D.O.B.

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

Telephone: Home : \_\_\_\_\_

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

Other: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ DL#: \_\_\_\_\_

Client's Employer: \_\_\_\_\_  
Name

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Length of Service/Years \_\_\_\_\_

\$ \_\_\_\_\_ / \$ \_\_\_\_\_ Pay Period: \_\_\_\_\_  
Gross Wages Net Wages

Last year's gross wages: \$ \_\_\_\_\_

**II. SPOUSE:**

Legal Name: \_\_\_\_\_  
First M.I. Maiden Last D.O.B.

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

Social Security No.: \_\_\_\_\_ DL#: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_  
Name

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Length of Service/Years \_\_\_\_\_

\$ \_\_\_\_\_ / \$ \_\_\_\_\_ Pay Period: \_\_\_\_\_  
Gross Wages Net Wages

Last year's gross wages: \$ \_\_\_\_\_

**III. BACKGROUND:**

Date of Marriage: \_\_\_\_\_  
Month Day Year

Place of Marriage: \_\_\_\_\_  
City State County

Client's age when married: \_\_\_\_\_ Spouse's age: \_\_\_\_\_

Legal Names of Children (Natural/Adopted):

1. \_\_\_\_\_  
Name D.O.B. Social Security No.

2. \_\_\_\_\_  
Name D.O.B. Social Security No.

3. \_\_\_\_\_  
 Name D.O.B. Social Security No.

4. \_\_\_\_\_  
 Name D.O.B. Social Security No.

5. \_\_\_\_\_  
 Name D.O.B. Social Security No.

\*\*\* If adopted, please provide the date of the adoption, the presiding Court, and a copy of the Court Order.

Child Care/Daycare Costs:

Payable to Whom: \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ Phone No.

\$ \_\_\_\_\_ Per: \_\_\_\_\_ Paid by: \_\_\_\_\_  
 Amount (Week, Month, etc.)

Previous Marriages:

Of Client: \_\_\_\_\_  
 Name of prior spouse Date & place of divorce

Of Spouse: \_\_\_\_\_  
 Name of prior spouse Date & place of divorce

Children of Previous Marriage(s):

Of Client: \_\_\_\_\_  
 Name D.O.B. With Whom

\_\_\_\_\_ Name D.O.B. With Whom

Of Spouse: \_\_\_\_\_  
 Name D.O.B. With Whom

\_\_\_\_\_ Name D.O.B. With Whom

IV. **(A) REAL ESTATE:**

Parcel 1: \_\_\_\_\_  
 Location Owners Market Value

\$ \_\_\_\_\_  
 Purchase Price Downpayment Information

Name of Mortgage: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

Balance of Mortgage: \$ \_\_\_\_\_

Equity: \$ \_\_\_\_\_

Parcel 2: \_\_\_\_\_  
 Location Owners Market Value

\$ \_\_\_\_\_  
 Purchase Price Downpayment Information

Name of Mortgage: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

Balance of Mortgage: \$ \_\_\_\_\_

Equity: \$ \_\_\_\_\_

**(B) AUTOMOBILES:**

1. \_\_\_\_\_  
 Make Owner Driver Market Value

Secured Loan With: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ Balance of Secured Loan: \$ \_\_\_\_\_

2. \_\_\_\_\_  
Make Owner Driver Market Value

Secured Loan With: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ Balance of Secured Loan: \$ \_\_\_\_\_

3. \_\_\_\_\_  
Make Owner Driver Market Value

Secured Loan With: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ Balance of Secured Loan: \$ \_\_\_\_\_

4. \_\_\_\_\_  
Make Owner Driver Market Value

Secured Loan With: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ Balance of Secured Loan: \$ \_\_\_\_\_

5. \_\_\_\_\_  
Make Owner Driver Market Value

Secured Loan With: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ Balance of Secured Loan: \$ \_\_\_\_\_

6. \_\_\_\_\_  
Make Owner Driver Market Value

Secured Loan With: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ Balance of Secured Loan: \$ \_\_\_\_\_

**(C) BOAT:**

1. \_\_\_\_\_  
Make Owner Market Value

Secured Loan With: \_\_\_\_\_

Balance of Secured Loan: \$ \_\_\_\_\_

**(D) JEWELRY:**

1. \_\_\_\_\_  
Item Owner Market Value

2. \_\_\_\_\_  
Item Owner Market Value

**(E) STOCKS:**

1. \_\_\_\_\_  
Name of Company No. of Shares Value Owner

2. \_\_\_\_\_  
Name of Company No. of Shares Value Owner

**(F) MUTUAL FUNDS:**

1. \_\_\_\_\_  
Name of Company No. of Shares Value Owner

2. \_\_\_\_\_  
Name of Company No. of Shares Value Owner

**(G) BONDS:**

1. \_\_\_\_\_  
Name of Company No. of Shares Value Owner

2. \_\_\_\_\_  
Name of Company No. of Shares Value Owner

**(H) U.S. SAVINGS BONDS:**

1.	_____	_____	_____	_____
	Name	No. of Shares	Value	Owner
2.	_____	_____	_____	_____
	Name	No. of Shares	Value	Owner

**(I) SAVINGS ACCOUNTS:**

1.	_____	_____	_____
	Bank	Amount	Name
2.	_____	_____	_____
	Bank	Amount	Name

**(J) CHECKING ACCOUNTS:**

1.	_____	_____	_____
	Bank	Amount	Name
2.	_____	_____	_____
	Bank	Amount	Name

**(K) INHERITANCES:**

_____	_____	_____
Name of Owner	Type	Value
_____	_____	_____
Name of Owner	Type	Value

**(L) TRUSTS:**

_____	_____	_____
Name of Owner	Type	Value
_____	_____	_____
Name of Owner	Type	Value

**(M) COLLECTIBLES/ANTIQUES:**

_____	_____	_____
Name of Owner	Type	Value
_____	_____	_____
Name of Owner	Type	Value

**(N) OTHER PERSONAL PROPERTY:**

_____	_____	_____
Name of Owner	Type	Value
_____	_____	_____
Name of Owner	Type	Value
_____	_____	_____
Name of Owner	Type	Value
_____	_____	_____
Name of Owner	Type	Value
_____	_____	_____
Name of Owner	Type	Value
_____	_____	_____
Name of Owner	Type	Value

**(O) RETIREMENT FUNDS:**

Of Client: _____	_____
Name	Value
_____	_____
Address	
_____	_____
Name	Value
_____	_____

Address

Of Spouse: \_\_\_\_\_  
Name Value

Address

\_\_\_\_\_  
Name Value

Address

**(P) LIFE INSURANCE:**

Owner Beneficiary C.S.V./N.C.S.V.

Owner Beneficiary C.S.V./N.C.S.V.

**(Q) HEALTH INSURANCE:**

Of Client: \_\_\_\_\_  
Name of Company

Address \$ Premium Paid

Of Spouse: \_\_\_\_\_  
Name of Company

Address \$ Premium Paid

**V. BUSINESSES:**

Of Client: \_\_\_\_\_  
Name of Company Owner of Company

Address Date Opened

Facts: \_\_\_\_\_

Of Spouse: \_\_\_\_\_  
Name of Company Owner of Company

Address Date Opened

Facts: \_\_\_\_\_

**VI. FAMILY DEBTS:**

1. \_\_\_\_\_ \$ \_\_\_\_\_  
Name of Creditor For Amount

2. \_\_\_\_\_ \$ \_\_\_\_\_  
Name of Creditor For Amount

3. \_\_\_\_\_ \$ \_\_\_\_\_  
Name of Creditor For Amount

4. \_\_\_\_\_ \$ \_\_\_\_\_  
Name of Creditor For Amount

5. \_\_\_\_\_ \$ \_\_\_\_\_  
Name of Creditor For Amount

