INTERVIEW SHEET

I. GENERAL INFORMATION

Client:	Spouse:			
Name:	Name:			
Address:	Address:			
County	County			
County	County			
Home Phone	Home Phone:			
Work Phone	Work Phone:			
Cell Phone	Cell Phone:			
Fax Phone	Fax Phone			
Date of Birth	Date of Birth:			
Social Security No	Social Security No.			
Highest Educational Degree	Highest Educational Degree:			
Number of previous marriages:	Number of previous marriages:			
How was previous marriage dissolved?				
When previous marriage was dissolved	When previous marriage was dissolved			
Current health	Current health			
Date of marriage:	RNING PRESENT MARRIAGE Place of marriage:			
Date of separation:				
Children of this marriage:				
<u> </u>	assets date of birth age			
Are there any children by a previous ma	arriage of yours?			
Are there any children by a previous ma	arriage of your spouse?			
Are there any health problems of the ch	ildren? If so, what are they?			

III. WORK EXPERIENCE

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Client	Spouse				
Current or last employer:	Current or last employer				
Position:	Position:				
How long:	How long:				
Past employment:	Past employment:				
Income last year	Income last year:				
From what sources	Income last year: From what sources:				
Year of purchase: Purchase price: Down Payment: Source of funds for down Balance owed on first mo Balance owed on second Property is in the name of	payment:				
2. Have you and your sp If so, identify the property and h	oouse owned houses together in the past? ow it was titled.				
	ise own any other real property?it is titled, and the value of the equity				
B. HOUSEHOLD GOOD AN1. What percentage was	ND FURNISHINGS: purchased after the marriage?				
2. What percentage was	given by or inherited from your family?				

	3. What percentage was given by or inherited from your spouse's family						
Are any household goods unusually valuable? (such as antiques, art collections)							
		V. OTHER AS	<u>SETS</u>				
	ase list any other assets, in use. This may include boo	_	ce and pensions of you or your , CDs, stocks and bonds.				
		VI. AUTOMOE	BILES .				
1.	Year Make Purchase price	Model	In name of Paid for?				
2.	Year Make Purchase price	Model	In name of Paid for?				
	<u>v</u>	II. BANK ACC	<u>OUNTS</u>				
1.	Checking Accounts:						
	Bank Name		Account # Balance				
	Bank Name		Account# Balance				
2.	Savings Accounts:						
	Bank Name		Account # Balance				
	Bank Name		Account # Balance				

VIII. DEBTS

	Creditor	Current Balance	•	In your name or your spouse		
		IX. INSURA	NCE			
	Homeowners: Company and agent					
	On household goods: Company and agent:					
	Automobiles: Company and agent:					
).	Medical Coverage Your			Spouse's		
	Company		Company	<u>'</u>		
	Group No.		Group No	0. 0.		
	Names of Depend	ents:	Names o	of Dependents:		
	Life Insurance: List all policies, values and beneficiaries:					
		XI. REASONS FO	R DIVORCE			

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