

THE LAW FIRM  
**VICTORIA**<sup>®</sup>

Divorce & Family Law for Women

**CLIENT INTERVIEW FORM (PART 1)**

**Please complete this form FULLY AND COMPLETELY—The Court will require this information for the initial filings.** Answer the questions as completely as possible. If a question does not apply, please indicate so.

Date \_\_\_\_\_

*Client*

Full name \_\_\_\_\_

Maiden name \_\_\_\_\_

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

Age \_\_\_\_\_

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

Home Address \_\_\_\_\_

\_\_\_\_\_

Work phone \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Fax \_\_\_\_\_

Social Security no. \_\_\_\_\_

Driver's License no. \_\_\_\_\_

Occupation \_\_\_\_\_

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

Gross Weekly Income \_\_\_\_\_

Next of kin \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

*Spouse*

Full name \_\_\_\_\_

Any prior name \_\_\_\_\_

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

Age \_\_\_\_\_

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

Home Address \_\_\_\_\_

\_\_\_\_\_

Work phone \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Fax \_\_\_\_\_

Social Security no. \_\_\_\_\_

Driver's License no. \_\_\_\_\_

Occupation \_\_\_\_\_

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

Gross Weekly Income \_\_\_\_\_

Next of kin \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

## PHYSICAL DESCRIPTION

### OF CLIENT:

Eye color \_\_\_\_\_ Hair color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_

Glasses

\_\_\_\_\_ Yes Worn all the time? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ No

Distinguishing scars or tattoos \_\_\_\_\_

### OF SPOUSE:

Eye color \_\_\_\_\_ Hair color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_

Glasses

\_\_\_\_\_ Yes Worn all the time? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ No

Mustache/beard

\_\_\_\_\_ Yes Color \_\_\_\_\_

\_\_\_\_\_ No

Distinguishing scars or tattoos \_\_\_\_\_

## MARRIAGE

Place \_\_\_\_\_  
City/Village/Twp. County State/Foreign country

Date of marriage \_\_\_\_\_ Date of separation \_\_\_\_\_

Lived in Michigan 180 days? \_\_\_\_\_ County 10 days? \_\_\_\_\_

No. of previous marriages: client \_\_\_\_\_ spouse \_\_\_\_\_

How terminated: client \_\_\_\_\_ spouse \_\_\_\_\_

Name before this marriage \_\_\_\_\_

Does client desire name change?

\_\_\_\_\_ Yes - To what? \_\_\_\_\_

\_\_\_\_\_ No

Is there a prenuptial or postnuptial agreement?

\_\_\_\_\_ Yes - Please attach a copy of the agreement.

\_\_\_\_\_ No

Have either you or your spouse filed for divorce or separations while you have been married?

\_\_\_\_\_ Yes - Indicate where and when filed, status of case, and case number \_\_\_\_\_

\_\_\_\_\_ No

## CHILDREN

1. Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
 Living with \_\_\_ Client \_\_\_ Spouse Social Security no. \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_
2. Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
 Living with \_\_\_ Client \_\_\_ Spouse Social Security no. \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_
3. Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
 Living with \_\_\_ Client \_\_\_ Spouse Social Security no. \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_

Residence of the children during the last five years:

<i>Where</i>	<i>With whom</i>	<i>How long</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is client pregnant?

\_\_\_ Yes When is birth expected? \_\_\_\_\_

\_\_\_ No

Child care

\_\_\_ Yes How many weeks per year? \_\_\_\_\_

Paid by whom? \_\_\_\_\_

Cost per week During school \_\_\_\_\_ Summer \_\_\_\_\_

\_\_\_ No

Are you *paying* or *receiving* support for other children (circle one)?

\_\_\_ Yes How much per week? \$ \_\_\_\_\_ No. of children \_\_\_\_\_

\_\_\_ No

Is your spouse *paying* or *receiving* support for other children (circle one)?

\_\_\_ Yes How much per week? \$ \_\_\_\_\_ No. of children \_\_\_\_\_

Provide copies of the court support orders.

\_\_\_ No

Does either spouse have minor children from a prior relationship?

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Living with \_\_\_\_\_ Social Security no. \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Living with \_\_\_\_\_ Social Security no. \_\_\_\_\_

## CUSTODY AND SUPPORT

How are the "best interests of the children" served regarding custody? (Who should have custody and why?)

---

---

If you and your spouse have agreed on custody, describe the agreement.

---

---

If the court ordered "reasonable" visitation for your spouse, what arrangement would you want the court to impose?

---

---

Do you know of anyone else who claims parenting time rights with your children?

Yes - State the person's name, address, and relationship. \_\_\_\_\_

No

If you and your spouse have separated, has support been paid since separation?

Yes How much per week? \$ \_\_\_\_\_

No

If you and your spouse have agreed on child support, how much per week? \$ \_\_\_\_\_

## PRIOR LITIGATION

Has either spouse previously filed for divorce, custody, etc., in this county or elsewhere?

Yes Indicate when and where filed, status of case, case number, and name of judge. \_\_\_\_\_

No

Has there been any previous domestic relations case filed in this county involving you and/or your spouse or any other family member?

Yes Indicate when and where filed, status of case, case number, and name of judge. \_\_\_\_\_

No

Does anyone else claim custody over children of you or your spouse?

Yes Indicate when and where filed, status of case, case number, and name of judge. \_\_\_\_\_

No

Is there an order/judgment for continuing jurisdiction over children of you or your spouse for any other reason, including a Personal Protection Order, or probation of some kind?

Yes Indicate when and where filed, status of case, case number, and name of judge. \_\_\_\_\_

No

Is there presently on file a case where one of the parties is currently paying support for another child not of this marriage?

Yes Indicate when and where filed, status of case, case number, and name of judge. \_\_\_\_\_

No

## FAMILY HEALTH AND SOCIAL ISSUES

Do you, your spouse, or your children have

any serious physical or mental disability, disorder, handicap or incurable disease?

\_\_\_\_ Yes Please explain. \_\_\_\_\_

\_\_\_\_ No \_\_\_\_\_

any problems with substance abuse (drugs, alcohol)?

\_\_\_\_ Yes What type of drugs? \_\_\_\_\_

What treatment and by whom? \_\_\_\_\_

When? \_\_\_\_\_

Place of treatment \_\_\_\_\_

\_\_\_\_ No

Any particular interest in another person by either you or your spouse?

Any problems with debts? \_\_\_\_\_ Gambling? \_\_\_\_\_

Spending? \_\_\_\_\_ Pornography? \_\_\_\_\_

Do either of you spend significant time on the Internet? \_\_\_\_\_

Any marriage counseling \_\_\_\_\_

Personal counseling (yours/spouse's) \_\_\_\_\_

Would you begin or continue counseling? \_\_\_\_\_

Would you sign a waiver of confidentiality so that we may have access to your records?

\_\_\_\_ Yes \_\_\_\_ No

Attitudes (yours/spouse's) toward reconciliation

Are you or your spouse receiving public assistance?

\_\_\_\_ Yes Caseworker \_\_\_\_\_ Case no. \_\_\_\_\_

\_\_\_\_ No

OR \_\_\_\_ Workers Comp \_\_\_\_ Unemployment \_\_\_\_ Soc. Sec. \_\_\_\_ Sick leave pay

Please specify \_\_\_\_\_

## PHYSICAL INJUNCTION INFORMATION

What physical abuse, if any, has occurred and on what dates?

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

Has either spouse ever been arrested, convicted, imprisoned, or placed on probation?

\_\_\_\_ Yes Explain. \_\_\_\_\_

\_\_\_\_ No

Any current restraining orders against either spouse? \_\_\_\_\_

Is carrying a weapon a condition of either spouse's employment?

\_\_\_\_ Yes Explain. \_\_\_\_\_

\_\_\_\_ No

# EMPLOYMENT

*Client*

*Spouse*

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Date of hire \_\_\_\_\_

Date of hire \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Weekly gross pay \_\_\_\_\_

Weekly gross pay \_\_\_\_\_

Weekly take home \_\_\_\_\_

Weekly take home \_\_\_\_\_

Pension \_\_\_\_\_

Pension \_\_\_\_\_

Early retirement benefits \_\_\_\_\_

Early retirement benefits \_\_\_\_\_

Signing bonus or any special payment  
\_\_\_\_\_

Signing bonus or any special payment  
\_\_\_\_\_

Profit-sharing \_\_\_\_\_

Profit-sharing \_\_\_\_\_

Recognition or other awards \_\_\_\_\_

Recognition or other awards \_\_\_\_\_

Income last year \_\_\_\_\_

Income last year \_\_\_\_\_

Please attach a copy of your last three pay stubs. Indicate if any deductions are mandatory (other than taxes), for example, union dues, pension, etc. Please attach the last two income tax returns (personal and business) with their schedules and W-2 forms.

Previous Employer \_\_\_\_\_

Previous Employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Annual Income \_\_\_\_\_

Annual Income \_\_\_\_\_

Other income sources (pension, retirement, public assistance or ADC, veterans' benefits, Social Security, annuity funds):

1. Type (wage/dividend) \_\_\_\_\_

Gross per year \_\_\_\_\_ In whose name \_\_\_\_\_

2. Type (wage/dividend) \_\_\_\_\_

Gross per year \_\_\_\_\_ In whose name \_\_\_\_\_

## EDUCATION

*Client*

*Spouse*

Highest degree obtained \_\_\_\_\_

Highest degree obtained \_\_\_\_\_

High school \_\_\_\_\_

High school \_\_\_\_\_

Date of diploma or GED \_\_\_\_\_

Date of diploma or GED \_\_\_\_\_

Univ./College \_\_\_\_\_

Univ./College \_\_\_\_\_

Degree \_\_\_\_\_

Degree \_\_\_\_\_

Date obtained \_\_\_\_\_

Date obtained \_\_\_\_\_

Univ./College \_\_\_\_\_

Univ./College \_\_\_\_\_

Degree \_\_\_\_\_

Degree \_\_\_\_\_

Date obtained \_\_\_\_\_

Date obtained \_\_\_\_\_

Additional training

Additional training

---

---

---

---

---

---

---

---

Did either spouse contribute to the education of the other?

\_\_\_\_\_ Yes Describe. \_\_\_\_\_

\_\_\_\_\_ No \_\_\_\_\_

## HEALTH CARE INSURANCE

Name of health care insurance provider for children \_\_\_\_\_

Policy, group or contract number \_\_\_\_\_

Through which parent \_\_\_\_\_

Does your/your spouse's health care insurance require that you/he have the children as dependents to continue health care insurance for them? (Check with employer benefits office.) If yes, please specify

\_\_\_\_\_

Name of health care insurance provider for client \_\_\_\_\_

Policy, group or contract number \_\_\_\_\_

Provided through client or spouse \_\_\_\_\_

Do you have health care available as a benefit of employment \_\_\_\_\_

Name of health care insurance provider for spouse \_\_\_\_\_

Policy, group or contract number \_\_\_\_\_

Provided through spouse or client \_\_\_\_\_

Does your spouse have health available as a benefit of employment \_\_\_\_\_