

# AMICK & STEVENS

ATTORNEYS AT LAW

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## CONFIDENTIAL INTERVIEW INFORMATION - DIVORCE

(Please print clearly - Thank you)

Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_

Mobile: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_ Best # to be reached at: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_

General Nature of Consultation: \_\_\_\_\_

Name, Address, and Telephone Number of Someone Who Can Always Contact You: \_\_\_\_\_

How Did You Hear about Us:

- Internet / Firm Web site
- Phone Book
- Plano Profile Magazine
- Referred by \_\_\_\_\_ (May we send a thank you letter? Yes No)

### CONSULTATION NOTICE

The charge for the initial 50-minute consultation is \$200.00 and is payable prior to the consultation. After 50 minutes, the attorney's regular hourly rate will apply. No services will be performed after the initial consultation without a written employment contract. Your questions about legal fees and the professional services to be rendered are invited. The attorney-client relationship is better served by an open discussion of these matters.

The State Bar investigates and prosecutes professional misconduct committed by Texas attorneys. Although not every complaint against or dispute with a lawyer involves professional misconduct, the State Bar's office of general counsel will provide you with information about how to file a complaint if you feel one is warranted. You may call 1-800-932-1900 for more information.

ALL ATTORNEYS ARE REQUIRED BY LAW TO REPORT ANY FORM OF CHILD OR ELDER ABUSE. ANY CONVERSATIONS WITH THE ATTORNEYS REGARDING CHILD OR ELDER ABUSE ARE NOT PRIVILEGED. THE ATTORNEYS IN THIS OFFICE MUST REPORT CHILD ABUSE OR ELDER ABUSE TO THE PROPER AUTHORITIES.

I have read and understand the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CLIENT INTERVIEW SHEET

Date: \_\_\_\_\_

*Please fully complete this questionnaire. If you will take the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your family law problem. All information will be held in strict confidence.*

### CLIENT VITAL STATISTICS

1. Please give your full name, date and place of birth, and Social Security number.
  - a. Name: \_\_\_\_\_  
First Middle Last Maiden
  - b. Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age \_\_\_ Place of Birth: \_\_\_\_\_
  - c. SSN: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_  
State
  - d. Do you wish to restore a prior name? ( )Yes ( )No  
If yes, to what full name? \_\_\_\_\_

### JURISDICTION AND VENUE

2. How long have you lived in Texas? \_\_\_\_\_
  - a. In what County do you reside? \_\_\_\_\_
  - b. How long have you lived in that County? \_\_\_\_\_

### CLIENT RESIDENCE/PHONE INFORMATION

3. Where are you living now?
  - a. Address: \_\_\_\_\_
  - b. City, State, Zip: \_\_\_\_\_Residence telephone number: (\_\_\_\_) \_\_\_\_\_ May we leave a message? ( )Yes ( )No  
Mail (If other than your place of residence): \_\_\_\_\_

### CLIENT EMPLOYMENT AND EDUCATION INFORMATION

4. Please complete the following concerning your employment:
  - a. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_
  - b. Street Address: \_\_\_\_\_
  - c. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  - d. Work Telephone number: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
May we call you at work? ( )Yes ( )No  
Work days and hours? \_\_\_\_\_
  - e. Work Fax Number \_\_\_\_\_ Can you receive faxes at work? ( )Yes ( )No
  - f. Gross salary: \$ \_\_\_\_\_ per ( ) month or ( ) annually?
  - g. Net Salary: \$ \_\_\_\_\_ (circle one): weekly / monthly / every two wks / 1<sup>st</sup> & 15<sup>th</sup>
  - h. Length of employment: \_\_\_\_\_

- i. Education: \_\_\_\_\_
- j. Military Status: Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rank: \_\_\_\_\_  
 ( ) Active Time in Service: \_\_\_\_ years \_\_\_\_ months  
 ( ) Retired  
 ( ) Reserves Base Pay: \$ \_\_\_\_\_ BAS: \$ \_\_\_\_\_ BAQ: \$ \_\_\_\_\_

**SPOUSE'S VITAL STATISTICS:**

5. Please give your spouse's full name, date and place of birth, and Social Security number.

- a. Name: \_\_\_\_\_  
 First Middle Last Maiden
- b. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Place of Birth: \_\_\_\_\_
- c. SSN: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_  
 State
- d. Does your spouse wish to restore a prior name? ( )Yes ( )No  
 If yes, to what full name? \_\_\_\_\_

**SPOUSE'S RESIDENCE/PHONE INFORMATION:**

6. Where is your spouse living and what is your spouse's telephone number?

- a. Address: \_\_\_\_\_
- b. City, State, Zip: \_\_\_\_\_
- c. County of Residence: \_\_\_\_\_
- d. Residence telephone number: \_\_\_\_\_

**SPOUSE'S EMPLOYMENT AND EDUCATION INFORMATION:**

7. Complete the following concerning your spouse's employment.

- a. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_
- b. Street Address: \_\_\_\_\_
- c. City, State, Zip: \_\_\_\_\_
- d. Telephone number: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_  
 Work days and hours? \_\_\_\_\_
- e. Gross salary per (circle one) month or annually: \$ \_\_\_\_\_
- f. Length of employment: \_\_\_\_\_
- g. Education: \_\_\_\_\_

- h. Military Status: Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rank: \_\_\_\_\_  
( ) Active Time in Service: \_\_\_\_years \_\_\_\_months  
( ) Retired  
( ) Reserves Base Pay: \$\_\_\_\_\_ BAS: \$\_\_\_\_\_ BAQ: \$\_\_\_\_\_

**DATE AND PLACE OF MARRIAGE:**

8. Please give the date and place of your marriage.

Date: (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ City/State: \_\_\_\_\_

**SEPARATION:**

9. Are you now separated from your spouse? ( )Yes ( )No Date of separation: \_\_\_\_/\_\_\_\_/\_\_\_\_

**MARRIAGE COUNSELOR:**

10. Have you seen a marriage counselor? ( )Yes ( )No

If yes, please give name: \_\_\_\_\_ Date of Last Visit \_\_\_\_\_

Is your spouse seeing an individual therapist? ( )Yes ( )No

If Yes, please give name \_\_\_\_\_ Date of Last visit \_\_\_\_\_

Are you seeing an individual therapist? ( ) Yes ( ) No

If yes please give name: \_\_\_\_\_ Date of Last Visit \_\_\_\_\_

**PENDING DIVORCE:**

11. Has your spouse filed for a divorce? ( )Yes ( )No If so, when? \_\_\_\_\_

Have you been served with Court papers? ( )Yes ( )No

If yes, when were you served? \_\_\_\_\_

If known, please list your spouse's attorney: \_\_\_\_\_

Do you now have an attorney? ( )Yes ( )No

If yes, who is your attorney? \_\_\_\_\_

**CHILDREN:**

12. Please provide the following information for each child of this marriage.

A. CHILD'S FULL NAME: \_\_\_\_\_

SEX: \_\_\_\_\_ SSN: \_\_\_\_\_ AGE: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ BIRTH PLACE (City/County): \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

B. CHILD'S FULL NAME: \_\_\_\_\_

SEX: \_\_\_\_\_ SSN: \_\_\_\_\_ AGE: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ BIRTH PLACE (City/County): \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

C. CHILD'S FULL NAME: \_\_\_\_\_  
SEX: \_\_\_\_\_ SSN: \_\_\_\_\_ AGE: \_\_\_\_\_  
BIRTH DATE: \_\_\_\_\_ BIRTH PLACE (City/County): \_\_\_\_\_  
PRESENT ADDRESS: \_\_\_\_\_

**CUSTODY:**

13. Will there be a dispute over custody of the child(ren)? ( ) Yes ( ) No  
If not, primary custody will be with whom? \_\_\_\_\_

In most cases the court may restrict the children's residence to the county of the child's current residence and counties surrounding the county of residence – we refer to this as a "residency restriction". Will this restriction be a contested issue? ( ) Yes ( ) No  
If yes, please explain: \_\_\_\_\_

**PROPERTY OWNED BY CHILD(REN):**

14. List all property (other than furniture and clothing) owned by the child(ren). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRIOR MARRIAGES:**

15. Have you been married before? ( ) Yes ( ) No  
If so, how many times? \_\_\_\_\_  
Do you have children by a previous marriage? ( ) Yes ( ) No  
If yes, list names and ages: \_\_\_\_\_  
\_\_\_\_\_  
With whom do these children reside: \_\_\_\_\_

16. Do you currently pay/receive child support? \_\_\_\_\_  
If so, how much? \$ \_\_\_\_\_ per \_\_\_\_ Is support withheld from obligor's pay? ( ) Yes ( ) No

17. Has your spouse been married before? ( ) Yes ( ) No  
If so, how many times? \_\_\_\_\_  
Does he/she have children by a previous marriage? ( ) Yes ( ) No  
If yes, list names and ages: \_\_\_\_\_  
With whom do these children reside: \_\_\_\_\_

18. Does your spouse pay/receive child support? \_\_\_\_\_  
If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_

**INFIDELITY/MARITAL CONFLICT:**

19. Does your spouse accuse you of having an extramarital relationship? ( ) **Yes** ( ) **No**  
If yes, please explain: \_\_\_\_\_

20. Do you suspect your spouse of having an extramarital relationship? ( ) **Yes** ( ) **No**  
If yes, please explain: \_\_\_\_\_

21. Check as appropriate if your marital difficulties involve any of the following:

- Drugs/alcohol
- Physical violence
- Sexual disappointment
- Religion
- Incompatibility
- Financial disputes
- Other: \_\_\_\_\_

**SPOUSAL MAINTENANCE (ALIMONY):**

22. Are you seeking spousal maintenance? ( ) **Yes** ( ) **No** If yes, answer the following questions:

- a) Has your spouse been convicted of or received deferred adjudication for an act of family violence within the past two (2) years? ( ) **Yes** ( ) **No**
- b) Are you the custodian of a child who requires substantial care and personal supervision because of a physical or mental disability? ( ) **Yes** ( ) **No**
- a) Do you have an incapacitating physical or mental disability? ( ) **Yes** ( ) **No**
- d) Have you been married ten (10) years or longer? ( ) **Yes** ( ) **No**

**PROTECTIVE ORDERS:**

23. Has there been any family violence in the past 30 days? ( ) **Yes** ( ) **No**  
If so, briefly describe the violence that occurred and whether any medical treatment was sought: \_\_\_\_\_

Do you have copies of any police reports and/or doctor's reports? ( ) **Yes** ( ) **No**

If so, please describe: \_\_\_\_\_

Are there any protective orders currently in place? ( ) **Yes** ( ) **No**

Are you seeking a protective order at this time? ( ) **Yes** ( ) **No**

**SUMMARY OF PROPERTY**

**Real Estate:**

1. Address: \_\_\_\_\_  
Own or Rent? \_\_\_\_\_  
Monthly payments: \_\_\_\_\_  
Who is currently making those monthly payments, you or your spouse? \_\_\_\_\_  
If you own your home, please identify the following:  
Mortgage company: \_\_\_\_\_  
Estimated fair market value: \_\_\_\_\_  
Year bought: \_\_\_\_\_  
Mortgage balance: \$ \_\_\_\_\_  
Was this property purchased with separate property funds? ( )Yes ( )No
  
2. Address: \_\_\_\_\_  
Own or Rent? \_\_\_\_\_  
Monthly payments: \$ \_\_\_\_\_  
If you own this home/property, please identify the following:  
Mortgage company: \_\_\_\_\_  
Estimated fair market value: \$ \_\_\_\_\_  
Year of purchase: \_\_\_\_\_  
Mortgage balance: \$ \_\_\_\_\_  
Was this property purchased with separate property funds? ( )Yes ( )No  
If you maintain this property for lease, is the property currently leased? ( )Yes ( )No  
If this property is leased, how much do you receive in rents? \_\_\_\_\_

**Motor Vehicles, Boats, Airplanes, Cycles, Trailers:**

1. Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Owned or leased? \_\_\_\_\_  
Who drives? \_\_\_\_\_ Name(s) on title/lease: \_\_\_\_\_  
Lien held by: \_\_\_\_\_ Amount Owed: \_\_\_\_\_  
Amount of Monthly payments? \_\_\_\_\_
  
2. Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Owned or leased? \_\_\_\_\_  
Who drives? \_\_\_\_\_ Name(s) on title/lease: \_\_\_\_\_  
Lien held by: \_\_\_\_\_ Amount Owed: \_\_\_\_\_  
Amount of Monthly payments? \_\_\_\_\_
  
3. Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Owned or leased? \_\_\_\_\_  
Who drives? \_\_\_\_\_ Name(s) on title/lease: \_\_\_\_\_  
Lien held by: \_\_\_\_\_ Amount Owed: \_\_\_\_\_  
Amount of Monthly payments? \_\_\_\_\_

**Bank Accounts, Savings Accounts, C.D.'s, Credit Union, Savings Bonds:**

1. Name of bank: \_\_\_\_\_  
Account name: \_\_\_\_\_  
Amount on deposit: \_\_\_\_\_  
Names on withdrawal Card: \_\_\_\_\_  
Source of Funds (circle one): marital income / gift or inheritance / owned before marriage

2. Name of bank: \_\_\_\_\_  
Account name: \_\_\_\_\_  
Amount on deposit: \$ \_\_\_\_\_  
Names on withdrawal Card: \_\_\_\_\_  
Source of Funds (circle one): marital income / gift or inheritance / owned before marriage

**Life Insurance:**

1. Name of company: \_\_\_\_\_  
Insuring Life of: \_\_\_\_\_  
Type of Policy: Term / Whole Life / Universal Cash Value (if any): \_\_\_\_\_
2. Name of company: \_\_\_\_\_  
Insuring Life of: \_\_\_\_\_  
Type of Policy: Term / Whole Life / Universal Cash Value (if any): \_\_\_\_\_

**Stocks, Mutual Funds:**

1. Name of stock: \_\_\_\_\_  
Estimated amount invested: \$ \_\_\_\_\_
2. Name of stock: \_\_\_\_\_  
Estimated amount invested: \$ \_\_\_\_\_

**Retirement, Pensions, Other Company Benefits:**

1. Do you participate in any retirement plan? \_\_\_\_\_  
Name of the Plan: \_\_\_\_\_  
Does your spouse participate in any plan? \_\_\_\_\_  
Name of the Plan: \_\_\_\_\_  
Did either of you have an interest in such plan before marriage? ( )Yes ( )No  
If Yes, which one of you had pre-marital interest?: \_\_\_\_\_
2. Do you participate in any company savings or pension plan? \_\_\_\_\_  
If so, how much do you have in that savings or pension plan? \$ \_\_\_\_\_
3. Does your spouse participate in any company savings or pension plan? \_\_\_\_\_  
If so, how much does your spouse have in that savings or pension plan \$ \_\_\_\_\_
4. Do either of you participate in an employer sponsored stock option or stock purchase plan?  
\_\_\_\_\_

**DEBTS AND OBLIGATIONS**

1. Does anyone owe you or your spouse any money? ( )Yes ( )No  
If so, how much? \$ \_\_\_\_\_  
Owed by whom? \_\_\_\_\_
2. Are you, or a business owned by you, involved in any lawsuits? ( )Yes ( )No  
If so, explain. \_\_\_\_\_
3. Do you own any livestock or mineral interests? ( )Yes ( )No



1. Do you have a will? ( )Yes ( )No If so, when was it written? \_\_\_\_\_

**I have read the foregoing and affirm that it is true and correct to the best of my knowledge and belief.**

—

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

**Exhibit "A"**

**Medical Insurance Information Statement**

Pursuant to Section 154.181(b) of the Texas Family Code, Petitioner/Respondent states the following:

1. If private medical insurance is in effect:
  - a. the name of the insurance company: \_\_\_\_\_;
  - b. the policy number: \_\_\_\_\_;
  - c. which parent is responsible for payment of premiums: \_\_\_\_\_;
  - d. coverage is/is not provided by a parent's employer: \_\_\_\_\_;
  - e. the cost of the monthly insurance premium (for the child(ren) only): \_\_\_\_\_;  
Medical: \_\_\_\_\_;  
Dental: \_\_\_\_\_;  
Vision: \_\_\_\_\_;  
Deductible: \_\_\_\_\_;  
Co-pay: \_\_\_\_\_;
  
2. If private medical insurance is not in effect:
  - a. that the child(ren) is/is not receiving medical assistance under Title 32, Human Resources Code (Medicaid): \_\_\_\_\_;
  - b. that the child is/is not receiving coverage under the Texas CHIPS or TexCare program, \_\_\_\_\_; and
  - c. does either parent have access to private insurance at a reasonable cost, i.e. costs that do not exceed 10% of the parent's net income per month: \_\_\_\_\_.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_.

\_\_\_\_\_  
NAME