

AMICK, STEVENS & GADNESS

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 / 1st & 15th
 - 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

Please list all outstanding financial obligations, including IRS obligations. (Do not list information previously listed, but **please do list all credit cards and/or personal or unsecured debts including student loans**):

	<u>Creditor</u>	<u>Appx. Amount</u>	<u>Specify His/Hers/Joint</u>
1.	_____	\$ _____	_____
2.	_____	\$ _____	_____
3.	_____	\$ _____	_____
4.	_____	\$ _____	_____
5.	_____	\$ _____	_____
6.	_____	\$ _____	_____
7.	_____	\$ _____	_____

Firearms

- Do you currently own or possess a firearm? Yes No
 Is it registered? Yes No
 In whose name is it registered? _____
 Where is the weapon stored? _____
- Does your spouse currently own or possess a firearm? Yes No
 Is it registered? Yes No
 In whose name is it registered? _____
 Where is the weapon stored? _____

Separate Property

- Do you own any separate property (property owned before marriage or property received during marriage by gift or inheritance)? _____
 If so, detail your separate property: _____

- Does your spouse own any separate property? _____
 If so, detail the separate property: _____

Last Will and Testament:

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