

INTERVIEW FORM - NO MINOR CHILDREN

DATE OF INTERVIEW _____

REFERRED BY _____

GENERAL INFORMATION

Your full name _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Place of Birth (City and State) _____

Phone Numbers: Home _____ Work _____
Pager _____ Cell _____
Home Fax _____ Work Fax _____

Do you want to be notified before faxes are sent to you so that you
can be "standing by" at the fax machine? _____

E-Mail Address: _____

Social Security # _____ Driver's License # _____

Eye Color Hair Color Height Weight Race Scars, Tattoos
_____/_____/_____/_____/_____/_____

INFORMATION REGARDING SPOUSE

Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Place of Birth (City and State) _____

Home Telephone _____ Work Telephone _____

Social Security # _____ Driver's License # _____

Eye Color Hair Color Height Weight Race Scars, Tattoos
_____/_____/_____/_____/_____/_____

Other Distinguishing Features _____

Place of marriage (City and State) _____

Date of marriage _____

Wife's maiden name _____

Would you like to have your maiden name restored? _____

Date of separation (note: if you or your spouse are currently residing in the same household, please indicate the date in which you first felt that your marriage was over) _____

Date you last resided in same household _____

No. of minor children living in household at time of separation _____

Are there any adult children from this marriage? If so, please specify their names and ages:

INCOME INFORMATION

Your occupation _____

Your employer (if unemployed, name of last employer) _____

Employer's address _____

Employer's Phone No. _____ Employer's Tax Identification No. _____

Date hired _____

Gross earnings per pay period (earnings before taxes) \$ _____

Weekly _____ Bi-weekly _____ Bi-monthly _____ Monthly _____

Hourly pay rate (including shift premium and Cola _____). Total regular hours worked per pay period _____. Average monthly gross income from overtime, if any _____

Second Job

Your occupation _____

Your employer _____

Employer's address _____

Date hired _____

Employer's Phone No. _____ Employer's Tax Identification No. _____

Gross earnings per pay period (earnings before taxes) \$ _____

Weekly _____ Bi-weekly _____ Bi-monthly _____ Monthly _____

Hourly pay rate (including shift premium and Cola) _____. Total regular hours worked per pay period _____.

List MONTHLY income from all other sources, such as government benefits, commissions, bonuses, interests, pensions, child support, etc. _____

Do you have any medical conditions/restrictions that affect your ability to work? _____

If yes, please explain _____

INCOME INFORMATION REGARDING YOUR SPOUSE

Spouse's occupation _____

Spouse's employer (if unemployed, name of last employer) _____

Employer's address _____

Date hired _____

Gross earnings per pay period (earnings before taxes) \$ _____

Weekly _____ Bi-weekly _____ Bi-monthly _____ Monthly _____

Hourly pay rate (including shift premium and Cola) _____. Total regular hours worked per pay period _____.

Spouse's Second Job

Spouse's occupation _____

Spouse's employer _____

Employer's address _____

Employer's Phone No. _____ Employer's Tax Identification No. _____

Date hired _____

Gross earnings per pay period (earnings before taxes) \$ _____

Weekly _____ Bi-weekly _____ Bi-monthly _____ Monthly _____

List MONTHLY income from all other sources, such as government benefits, commissions, bonuses, interests, pensions, child support, etc.

HEALTH CARE INSURANCE INFORMATION

Medical insurance company name & policy numbers _____
Which spouse carries this insurance? _____

Dental insurance company name & policy numbers _____
Which spouse carries this insurance? _____

Optical insurance company name & policy numbers _____
Which spouse carries this insurance? _____

EDUCATION

Highest grade achieved _____
Degrees: date, type, date, name of college/ university _____
Did your spouse put you through school? _____

SPOUSE'S EDUCATION

Highest grade achieved _____
Degrees: date, type, date, name of college/ university _____
Did you put your spouse through school? _____

DEBTS (NOT INCLUDING MORTGAGE ON HOME)

<u>Creditor</u>	<u>Amount Owed</u>	<u>Nature of Debt</u>	<u>Whose name is this debt in? (You, spouse, both)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL PROTECTION ORDER

Has your spouse been violent towards you and/or do you fear future violence from him/her? If so, please provide details _____

When was the most recent act of violence? _____

Do you now have, or have you in the past had or applied for Personal Protection Order? If so, please provide details: _____

PROPERTY OWNED

Marital Home

Address _____

When purchased _____ Purchase Price _____

Down payment _____ Source of Payment _____

Amount Owed _____ Mortgage ___ Land Contract

Mortgage Payments _____ Does payment include taxes and insurance? _____

Do you have a home equity loan outstanding? ____ If so, what is the balance owed and amount of monthly payments? _____

Improvements to house since purchased _____

Legal title in whose name _____

Fair Market Value _____ Assessed Value _____

Other Real Estate

Address _____

When purchased _____ Purchase Price _____

Down payment _____ Source of Payment _____

Amount Owed _____ Mortgage ___ Land Contract

Mortgage Payments _____ Does payment include taxes and insurance? _____

Improvements to property since purchased _____

Legal title in whose name _____

Fair Market Value _____ Assessed Value _____

Vehicles

Please list vehicles owned:

Vehicle 1. Make, Model and Year of Vehicle _____
In whose name _____
Who drives _____
Paid for? _____ If not, amount of monthly payment _____.
Balance owed: _____ Current Market Value: _____
Mileage _____ VIN # _____
General Condition: Excellent, Fair, or Poor _____

Vehicle 2. Make, Model and Year of Vehicle _____
In whose name _____
Who drives _____
Paid for? _____ If not, amount of monthly payment _____.
Balance owed: _____ Current Market Value: _____
Mileage _____ VIN # _____
General Condition: Excellent, Fair, or Poor _____

Vehicle 3. Make, Model and Year of Vehicle _____

In whose name _____
Who drives _____
Paid for? _____ If not, amount of monthly payment _____
Balance owed: _____ Current Market Value: _____
Mileage _____ VIN # _____
General Condition: Excellent, Fair, or Poor _____

Vehicle 4. Make, Model and Year of Vehicle _____
In whose name _____
Who drives _____
Paid for? _____ If not, amount of monthly payment _____.
Balance owed: _____ Current Market Value: _____
Mileage _____ VIN # _____
General Condition: Excellent, Fair, or Poor _____

Law Suits

Have you or your spouse received any proceeds from any law suits during the course of this marriage? _____ If so, please indicate:

1. The nature of the lawsuit _____
 2. When monies were received _____
 3. The amount received after attorney fees and costs: _____
 4. What was done with the monies received _____
- _____

Inheritance

Have you or your spouse inherited any property during the course of the marriage? If so, please indicate what property was inherited, when it was inherited, and how the inheritance has been invested, used, etc.

Furniture

Do you have any household furniture of particular value, i.e. new furniture or antiques? If so, please provide details _____

PENSION/RETIREMENT PLANS

Do you have a pension, profit sharing, deferred compensation, IRA, etc. account(s) for yourself? If so, please provide whatever details you can regarding this _____

Does your spouse have a pension, profit sharing, deferred compensation, IRA, etc. account(s) for yourself? If so, please provide whatever details you can regarding this _____

PRENUPTIAL AGREEMENT

Did you and your spouse execute a Prenuptial or Antenuptial Agreement? If so, please bring a copy to the interview.

BANK ACCOUNTS

JOINT CHECKING What bank _____ Branch _____
Approximate balance _____ Account # _____

JOINT SAVINGS What bank _____ Branch _____
Approximate balance _____ Account # _____

WIFE CHECKING What bank _____ Branch _____
Approximate balance _____ Account # _____

WIFE SAVINGS What bank _____ Branch _____
Approximate balance _____ Account # _____

HUSBAND CHECKING What bank _____ Branch _____
Approximate balance _____ Account # _____

HUSBAND SAVINGS What bank _____ Branch _____
Approximate balance _____ Account # _____

STOCKS _____

BONDS _____

MONEY MARKET _____

OTHER ASSETS OF PARTICULAR VALUE (i.e. boats, tool collections, art work, etc.)

MARITAL HISTORY

Wife

No. of this marriage _____ If previously married, how many ended in: divorce _____ death

Husband

No. of this marriage _____ If previously married, how many ended in: divorce _____ death

LIFE INSURANCE

Do you or your spouse have any life insurance policies? If so, please indicate:

1. Insurance Company _____ Insured _____
Cash Surrender Value _____ Beneficiary _____

2. Insurance Company _____ Insured _____
Cash Surrender Value _____ Beneficiary _____

MARRIAGE COUNSELING

Have you had marriage counseling? _____

Attitude Towards Reconciliation

Client _____

Spouse _____

