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CLIENT INTERVIEW SHEET FOR DIVORCE WITH CHILD(REN)

CLIENT NAME:

DATE:

INSTRUCTIONS: Please complete this questionnaire. If you will spend 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 and so we may provide you with the best representation possible. All questions must be answered fully and accurately. If a question does not apply to your situation, please write "N/A" in the space. All information will be held in strict confidence. It is essential that you notify us of any change of address, telephone number, employment and/or salary of either you or yours spouse. Please print your answers.

NOTICE: Pursuant to Texas Rule of Civil Procedure 192.5 along with all corresponding Rules of Evidence associated herewith, the information contained within this document comprise the work product of the attorney whose client name is referred above. All information herein has been prepared in anticipation of litigation or for trial by or for a party or a party's representatives, including the party's attorneys, consultants, sureties, indemnitors, insurers, employees, or agents.

Referral

Who referred you to this office?

: My friend whose name is _____

: An Attorney whose name is _____

: The Yellow Pages of the _____ directory

: The Dallas Bar Association

: A Judge by the name of _____

: Other _____

1. Please give **your full** name, date and place of birth, Social Security number and drivers license number:

- a. Name : _____
Maiden Name : _____
- b. Date of Birth & Age : _____
- c. Place of Birth : _____
- d. Social Security # : _____
- e. Driver's License # : _____

2. Where are you living now?

- a. Street Address : _____
- b. City : _____
- c. State : _____
How long in State : _____
- d. County of Residence : _____
How long in County : _____
- e. Mobile telephone : _____
- f. Residence telephone : _____
- g. Email Address : _____
- h. List the names of all persons living with you at the above address and their relationship to you : _____

3. Please complete the following concerning your employment:

- a. Employer : _____
- b. Job title : _____
- c. Full address : _____
- d. Telephone number : _____
- e. Gross salary/monthly : _____
- f. Annual gross (including bonuses, stock options, etc.) : _____

- g. Length of employment : _____
 - h. Education/Training : _____
4. Please give your **spouse's full** name, date and place of birth, Social Security number and drivers license number:
- a. Name : _____
Maiden Name : _____
 - b. Date of Birth & Age : _____
 - c. Place of Birth : _____
 - d. Social Security # : _____
 - e. Driver's License # : _____
5. Where is your spouse living and what is your spouse's telephone number?
- a. Street Address : _____
 - b. City : _____
 - c. State : _____
How long in State : _____
 - d. County of Residence : _____
How long in County : _____
 - e. Mobile telephone : _____
 - f. Residence telephone : _____
 - h. List the names of all persons living with your spouse at the above address and their relationship to your spouse : _____
6. Please complete the following concerning your spouse's employment:
- a. Employer : _____
 - b. Job title : _____
 - c. Full address : _____
 - d. Telephone number : _____
 - e. Gross salary/monthly : _____
 - f. Annual gross (including bonuses, stock options, etc.)

- : _____
- g. Length of employment : _____
- h. Education/Training : _____

7. Please give the date and place of your marriage:

- a. Date : _____
- b. City, State : _____

8. Date of separation : _____

9. Enter name of Marriage Counselor, if applicable : _____

10. For any children of this marriage, thoroughly answer all questions.

Child #1

- a. Name of Child : _____
- b. Sex of Child : _____
- c. Date of Birth : _____
- d. Place of Birth : _____
- e. Social Security # : _____
- f. Disability, if any : _____
- g. Child's Address : _____
- h. Driver's License # : _____

Child #2

- a. Name of Child : _____
- b. Sex of Child : _____
- c. Date of Birth : _____
- d. Place of Birth : _____
- e. Social Security # : _____
- f. Disability, if any : _____
- g. Child's Address : _____
- h. Driver's License # : _____

Child #3

- a. Name of Child : _____
- b. Sex of Child : _____
- c. Date of Birth : _____
- d. Place of Birth : _____
- e. Social Security # : _____
- f. Disability, if any : _____
- g. Child's Address : _____
- h. Driver's License # : _____

Child #4

- a. Name of Child : _____
- b. Sex of Child : _____
- c. Date of Birth : _____
- d. Place of Birth : _____
- e. Social Security # : _____
- f. Disability, if any : _____
- g. Child's Address : _____
- h. Driver's License # : _____

11. Will there be a dispute over custody of the child(ren)? _____

12. If not, who will have custody? _____

13. Religious preference:

- a. your preference : _____
- b. your spouse's : _____

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

- _____ Drugs/alcohol
- _____ Physical violence
- _____ Financial dispute
- _____ Incompatibility
- _____ Sexual infidelity

_____ Sexual disappointment
_____ Religion
_____ Other _____

15. Have you or your spouse ever filed for a divorce? _____
If so, when and where? _____
16. Does your spouse have an attorney? _____ If so, whom? _____
17. If a divorce is granted, should the wife's maiden or prior name be restored?
If so, what full name will be used? _____
18. Have you been married before? _____ If so, how many times? _____

If there are children from a previous marriage, please provide the following information:

Child #1

- a. Name of Child : _____
b. Sex of Child : _____
c. Date of Birth : _____

Child #2

- a. Name of Child : _____
b. Sex of Child : _____
c. Date of Birth : _____

Child #3

- a. Name of Child : _____
b. Sex of Child : _____
c. Date of Birth : _____

Child #4

- a. Name of Child : _____
b. Sex of Child : _____
c. Date of Birth : _____

With whom do these children reside? _____

19. Do you pay or receive child support? _____
Describe Child Support payment-- \$ _____ per month

20. Has your spouse been married before? _____ If so, how many times? _____

If there are children from a previous marriage of your spouse, please provide the following:

Child #1

- a. Name of Child : _____
- b. Sex of Child : _____
- c. Date of Birth : _____

Child #2

- a. Name of Child : _____
- b. Sex of Child : _____
- c. Date of Birth : _____

Child #3

- a. Name of Child : _____
- b. Sex of Child : _____
- c. Date of Birth : _____

Child #4

- a. Name of Child : _____
- b. Sex of Child : _____
- c. Date of Birth : _____

With whom do these children reside? _____

21. Does your spouse pay or receive child support? _____

Describe Child Support payment-- \$ _____ per month

IF YOU ARE REQUESTING THE COURT TO RESTRICT/LIMIT/or SUPERVISE

VISITATION: The non-custodial parent typically has standard visitation rights with their child(ren). The law presumes that it is in the best interest of the child(ren) to have a meaningful relationship with both parents. Would you have any reason to ask the Court to set aside this presumption in favor of standard visitation for the non-custodial parent (e.g., such as family violence) and to limit/restrict/supervise the non-custodial parent's rights to visitation and access with the child(ren)? If so, please list reasons why you are seeking restricted and/or supervised visitation and access by your spouse and attach any proof you may have, such as police reports, criminal records, CPS reports and findings, restraining orders, protective orders, photographs, names, addresses and phone numbers of witnesses, etc.: _____

PRIOR CASES: Are there any prior court actions filed concerning custody, child support or parent-child relationship involving the child(ren) of this marriage? _____ If yes, please describe the type of action and the status of the case: _____

HEALTH INSURANCE FOR CHILD(REN):

Is the child(ren) currently enrolled in a health plan? _____
If yes, who is the provider? MOTHER / FATHER / OTHER _____ (Circle One)
What is the cost to cover the child(ren)? \$ _____ per month
Name and address of insurance company: _____

What is the insurance Group Number? _____ Policy Number: _____

PREGNANCY: Are you pregnant? _____ If yes, when is the baby due? _____
Is this child your spouse's biological child? _____
If no, who is the child's biological father? _____

PROPERTY: Community property is property that you and your spouse **acquired** during your marriage--regardless of whose name the property is in or who paid for it. Please list the community property you and your spouse have accumulated since your marriage started:

22. Please list all Real Estate Property:

- Real Estate Property #1
- a. Address : _____
 - b. Legal Description : _____

 - c. Mortgage Company : _____
Amount of original note: _____
Note executed by : _____
Date of original note : _____

- d. Year bought : _____
- e. Estimated Current Market Value: _____

Real Estate Property #2

- a. Address : _____
- b. Legal Description : _____

- c. Mortgage Company : _____
Amount of original note: _____
Note executed by : _____
Date of original note : _____

- d. Year bought : _____
- e. Estimated Current Market Value: _____

23. List all Bank Accounts, Savings Accounts, C.D's, Credit Union, Savings Bonds:

Account #1

- a. Name of Bank : _____
Address : _____
- b. Account type & # : _____
(checking, savings, IRA, etc.): _____
- c. Amount on deposit : _____
- d. Authorized users : _____

Account #2

- a. Name of Bank : _____
Address : _____
- b. Account type & # : _____
(checking, savings, IRA, etc.): _____
- c. Amount on deposit : _____
- d. Authorized users : _____

Account #3

- a. Name of Bank : _____
Address : _____
- b. Account type & # : _____
(checking, savings, IRA, etc.): _____
- c. Amount on deposit : _____
- d. Authorized users : _____

Account #4

- a. Name of Bank : _____
Address : _____
- b. Account type & # : _____
(checking, savings, IRA, etc.): _____
- c. Amount on deposit : _____
- d. Authorized users : _____

Account #5

- a. Name of Bank : _____
Address : _____
- b. Account type & # : _____
(checking, savings, IRA, etc.): _____
- c. Amount on deposit : _____
- d. Authorized users : _____

Account #6

- a. Name of Bank : _____
Address : _____
- b. Account type & # : _____
(checking, savings, IRA, etc.): _____
- c. Amount on deposit : _____
- d. Authorized users : _____

24. List all Motor Vehicles, Boats, Airplanes, Cycles, Trailers:

Vehicle #1

- a. Year and Model : _____
- b. Vehicle ID Number : _____
- c. Who drives the vehicle: _____
- d. Note with : _____
Address : _____
Loan Balance : _____

Vehicle #2

- a. Year and Model : _____
- b. Vehicle ID Number : _____
- c. Who drives the vehicle: _____
- d. Note with : _____
Address : _____
Loan Balance : _____

Vehicle #3

- a. Year and Model : _____
- b. Vehicle ID Number : _____
- c. Who drives the vehicle: _____
- d. Note with : _____
Address : _____
Loan Balance : _____

Vehicle #4

- a. Year and Model : _____
- b. Vehicle ID Number : _____
- c. Who drives the vehicle: _____
- d. Note with : _____
Address : _____
Loan Balance : _____

25. List all Retirement and Pension Plans:

- a. Do you participate in any retirement plan? _____
- b. If so, describe the plan and how much is in the plan: _____

- c. Does your Spouse participate in any retirement plan? _____
- d. If so, describe the plan and how much is in the plan: _____

- e. Do you participate in a company savings plan? _____
- f. How much is in the plan?: _____
- g. Does your Spouse participate in a company savings plan? _____
- h. How much is in the plan?: _____

26. List any other Deferred Compensation Benefits (e.g., workers' compensation, disability benefits, bonuses and other "special payments," employee stock options, and other forms of compensation):

- a. Name or Type of Your Benefit: _____
Please describe the benefit: _____
- b. Name or Type of Spouse's Benefit: _____
Please describe the benefit: _____

27. List all Life Insurance or Annuities:

Insurance #1

- a. Insurance Company : _____
Policy # : _____
- b. Insuring Life of : _____
- c. Beneficiary : _____
- d. Type of Policy (Whole Life) (Term) (Universal)
- e. Cash Value : _____
- f. Loans against policy : _____

Insurance #2

- a. Insurance Company : _____
- Policy # : _____
- b. Insuring Life of : _____
- c. Beneficiary : _____
- d. Type of Policy (Whole Life) (Term) (Universal)
- e. Cash Value : _____
- f. Loans against policy : _____

28. List any Brokerage or Mutual Fund Accounts:

Account #1

- a. Name of Account : _____
- b. Estimate amount invested : _____

Account #2

- a. Name of Account : _____
- b. Estimate amount invested : _____

Account #3

- a. Name of Account : _____
- b. Estimate amount invested : _____

Account #4

- a. Name of Account : _____
- b. Estimate amount invested : _____

29. List all Stocks, Bonds, and Other Securities (including securities not previously disclosed in this interview):

Account #1

- a. Name of Stock : _____
- b. Estimate amount invested : _____

Account #2

- a. Name of Stock : _____

b. Estimate amount invested : _____

Account #3

a. Name of Stock : _____

b. Estimate amount invested : _____

Account #4

a. Name of Stock : _____

b. Estimate amount invested : _____

30. Does anyone owe you or your spouse money? _____

If so, how much is owed? _____

Owed by whom? _____

31. Are you or your spouse involved in any lawsuits other than this divorce? _____

If so, please explain: _____

32. Do you own any livestock or mineral interest? _____

33. Do you belong to any clubs with an equity interest? _____

If so, where: _____

34. List any and all Other Assets – name any other assets or property not named above:

35. Do you believe that you and your spouse can agree to the division of your property? _____

If yes, what do you believe the agreement will be? _____

If no, what will you not be able to agree about? _____

36. Separate Property

a. Do you own any separate property (i.e. property owned before marriage or property received during marriage as a gift or inheritance)? _____

If so, detail property: _____

b. Does your spouse own separate property? _____

If so, detail property: _____

DEBTS:

Were any debts accumulated during the marriage? YES / NO (Circle One)

If yes, state the following:

CREDITOR **ACCOUNT NO.** **BALANCE OWED** **WHO SHOULD PAY**

<u>CREDITOR</u>	<u>ACCOUNT NO.</u>	<u>BALANCE OWED</u>	<u>WHO SHOULD PAY</u>

PUBLIC BENEFITS:

Have you or your spouse ever received public assistance (welfare) or benefits such as

TANF? _____ Medicaid? _____ Food Stamps? _____ Other? _____

If so, when and for how long (list dates)? _____

Has the Attorney General ever filed a child-support case on your behalf? YES / NO (Circle One)

If yes, when? _____

What happened? _____

FAMILY VIOLENCE:

Has there been any family violence involving you, your spouse, or your children within the past

two (2) years? _____ If so, please describe _____
