

# Lawyers *toGo*

A Professional Limited Company

## *DOMESTIC RELATIONS INTERVIEW SHEET*

DATE: \_\_\_\_\_

*official use, file no.:* \_\_\_\_\_

### GENERAL INFORMATION

Client: \_\_\_\_\_

Home Phone No. \_\_\_\_\_

Work Phone No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Pager No. \_\_\_\_\_

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

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

SSN: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_

Spouse: \_\_\_\_\_

Home Phone No. \_\_\_\_\_

Work Phone No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Pager No. \_\_\_\_\_

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

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

SSN: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_

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### INFORMATION NEEDED TO PREPARE PETITION

Plaintiff is resident of \_\_\_\_\_ County, Oklahoma and has resided in that county for 30 days (yes/no) and the State of Oklahoma for 6 months (yes/no).

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

Place: \_\_\_\_\_

### SERVICE INSTRUCTIONS

SERVE DEFENDANT THE SUMMONS AT: \_\_\_\_\_

(or) PREPARE ENTRY OF APPEARANCE \_\_\_\_\_

**INFORMATION REGARDING CHILDREN**

1. Complete this section only if there are minor children born or adopted in this marriage.

Child's Full Name	Age	DOB	Social Security Number	Was Child Born of this Marriage or Previous Marriage	Was Child Adopted by You or Your Spouse
1.					
2.					
3.					

List all addresses that you, your spouse and the minor children have lived for the past five (5) years. Give dates for each address in chronological order, with your last and current address first.

Dates (To – From)	Address	City	State
1.			
2.			
3.			

3. Have either you or your spouse participated as a party, witness or in any other capacity, in any type of litigation concerning the custody of your child(ren) in this state or any other state?  Yes  No  
 a. If your answer is YES, give complete details: \_\_\_\_\_  
 \_\_\_\_\_
4. Is there any type of custody proceeding concerning your child(ren) now pending in any Court of this State or any other State to your knowledge?  Yes  No  
 a. If your answer is YES, give complete details: \_\_\_\_\_  
 \_\_\_\_\_
5. Is there any other person or entity who has physical custody of your child(ren) OR claims some right to have custody or visitational privileges with respect to your child(ren)?  Yes  No  
 a. If your answer is YES, give complete details: \_\_\_\_\_  
 \_\_\_\_\_
6. Who do you propose be the custodial parent?  Father  Mother  Joint
7. If joint custody, what percentage of time will the children live with each parent?  
 a. Father \_\_\_\_\_%  
 b. Mother \_\_\_\_\_%
8. Please express your proposed Child Visitation \_\_\_\_\_  
 \_\_\_\_\_

### INDIAN HERITAGE

1. Are you of Indian descent:  Yes  No
2. Is your spouse of Indian decent?  Yes  No
3. If your answers to both of these questions were NO, then skip to the next series of questions, otherwise complete the following:
  - a. If either of you and/or your spouse is of Indian descent, Name of Tribe: \_\_\_\_\_
  - b. Are you or your spouse properly enrolled on the Tribal Rolls?  Yes  No
  - c. Are the children currently enrolled on the Tribal Rolls to your knowledge?  Yes  No
  - d. What is your or your spouse's percentage of Indian blood? \_\_\_\_\_

### HEALTH INSURANCE POLICY

1. Do you or your spouse maintain health insurance on your children?  I do  Spouse does
2. Is the health insurance provided, through a private plan or through the employer?
  - a.  Provided by me
  - b.  Provided by spouse
  - c.  Provided through my employer
  - d.  Provide by spouse's employer
3. What is the total cost (premium) of the health insurance per month? \$ \_\_\_\_\_
4. What is the cost (premium) of the health insurance for the children only per month? \$ \_\_\_\_\_
5. If the health insurance is provided by your employer or your spouse's employer, does the employer pay the employee's, i.e. yours or your spouse's health insurance premium?  
 Yes  No
6. How many individuals covered by this health insurance policy? \_\_\_\_\_
7. Are there any individuals covered under this policy who are not children of this marriage?  
 Yes  No

### DAY CARE FOR CHILDREN

1. If your children are in day care, what is the name of the Day Care Center? \_\_\_\_\_
2. Which children are in day care? \_\_\_\_\_
3. What is the weekly cost of the day care? \_\_\_\_\_
4. Who currently pays for the day care?  Mother  Father
5. Does this amount take into consideration any "extras" (field trips, birthday parties, etc.) that the day care provider may charge?  Yes  No
  - a. If your answer is NO, what is the average amount per month that the day care provider charges each month? \$ \_\_\_\_\_

**PRIOR MARRIAGE**  
**(if applicable)**

1. Former Spouse's Name: \_\_\_\_\_
2. Is prior spouse living? (Yes/No) If dead, give date of death: \_\_\_\_\_

**MILITARY HISTORY**  
**(prior service/present status)**

1. You: \_\_\_\_\_
2. Spouse: \_\_\_\_\_

**FAMILY'S PRESENT HEALTH**  
**(good/poor – explanation)**

1. Yours: \_\_\_\_\_
2. Spouse: \_\_\_\_\_
3. Children: \_\_\_\_\_

**INCOME INFORMATION**

1. Attach copies of State and Federal Income Tax Returns for last three (3) taxable years.
2. Attach wage statements from your employer of last four (4) pay periods.

<b>Income Information</b>	<b>Husband</b>	<b>Wife</b>
1. Gross monthly income from salary and wages, including commissions, bonuses, allowances and overtime		
2. Income is paid weekly, bi-weekly, or monthly		
3. Income from Pensions and Retirement		
4. Income from Social Security		
5. Income from Disability and Unemployment Insurance		
6. Income from Public Assistance (welfare, AFDC payments, etc.)		
7. Child Support from any prior marriage		
8. All other Sources: (Specify)		
<b>AMOUNT OF GROSS INCOME</b>		

**DEDUCTIONS FROM GROSS INCOME**

<b>Deductions</b>	<b>Husband</b>	<b>Wife</b>
1. State Income Taxes		
2. Federal Income Taxes		
3. Number of Exemptions		
4. Medical Insurance Premium		
5. Life Insurance Premium		
6. Union or Other Dues		
7. Retirement or Pension Fund		
8. Savings Plan		
9. 401 K Plan		
10. Credit Union		
11. Other Deductions: (Specify)		
<b>TOTAL DEDUCTIONS</b>		

**NET MONTHLY INCOME**

	<b>Husband</b>	<b>Wife</b>
<b>TOTAL GROSS INCOME LESS TOTAL DEDUCTIONS</b>		

**SEPARATE PROPERTY**

1. List all property which was acquired by either you or your spouse (1) prior to marriage, (2) by inheritance, or (3) since the date of separation:

<b>Asset</b>	<b>Date Acquired</b>	<b>Source of Acquisition</b>	<b>Current Possession</b>	<b>Current Value</b>
1.				
2.				
3.				

**MARITAL ASSETS**

1. On the attached **Schedule 1: “Asset and Secured Debts Acquired During Marriage”** complete all information for all property which was acquired by either you or your spouse from the date of marriage until the date of separation.

2. **Automobiles** (Year –Make):

<b>Automobile Year/Make</b>	<b>Vin No.</b>	<b>How is Title Held</b>	<b>Current Retail Value</b>	<b>Amount Owed</b>	<b>Monthly Payment</b>
1.					
2.					
3.					

3. **Securities – stocks, bonds:**

<b>Name of Company</b>	<b>Policy No.</b>	<b>Face Amount</b>	<b>Cash Value Accumulated</b>
1.			
2.			
3.			
4.			
<b>TOTAL</b>			

4. **Cash and Deposit Accounts** (banks, savings & loan, credit unions – savings and checking)

<b>Bank/Credit Union</b>	<b>Account No.</b>	<b>Type of Account</b>	<b>Balance on Date of Marriage</b>	<b>Balance on Date of Petition</b>
1.				
2.				

5. **Life Insurance**

<b>Name of Company</b>	<b>Policy No.</b>	<b>Owner &amp; Beneficiary</b>	<b>Face Amount</b>	<b>Cash Value Accumulated</b>

**6. Profit Sharing, 401K, or Retirement**

Name of Account	Owner	Balance on Date of Marriage	Balance on Date of Petition

**7. Real Estate:**

- a. Where more than one parcel of real estate owned, attach sheet with identical information for all additional property

1. Legal Description (attach copy of Deed)	
2. Street Address	
3. Type of Property	
4. Date of Acquisition	
5. Original Cost	
6. Cost of Additions	
7. Total Cost	
8. Total Present Value (attach most recent Appraisal)	
9. Mortgage Balance	
10. Other Liens	
11. Equity	
12. Monthly Mortgage Payment	
13. Mortgage Holder	
14. Taxes	
15. Individual Contributions	

**8. Business Interest**

Name of Business	Share	Type of Business	Current Value	Debt

9. **Other assets not specified above:**

Asset	Date Acquired	Source of Acquisition	Current Possession	Current Value
1.				
2.				
3.				
4.				

**SEPARATE DEBTS**

1. List all debts which were acquired by either you or your spouse prior to marriage or since the date of separation:

Creditor's Name	For	Date Acquired	Balance	Monthly Payment
1.				
2.				
3.				
4.				

**MARITAL DEBTS**

1. On attached **Schedule 2: “Outstanding Debts Incurred During Marriage”** complete all information for all debts which were acquired by either you or your spouse from the date of marriage until the date of separation.

**BUDGET**

1. Number of Persons Living in Household: \_\_\_\_\_
2. Which party is the custodial parent? \_\_\_\_\_
3. List names and relationship of all members of the household whose expenses are included: \_\_\_\_\_

Expense	Husband	Wife
Rent or mortgage payments (residence)		
Real property taxes (residence)		
Real property insurance (residence)		
Maintenance (residence)		

<b>Expense</b>	<b>Husband</b>	<b>Wife</b>
Food and household supplies		
Utilities including water, electricity, gas and heat		
Telephone, mobile phone and pager		
Laundry and cleaning		
Clothing		
Uninsured medical		
Uninsured dental		
Insurance (life, health, accident, comprehensive, liability, and disability) EXCLUDE payroll deductions		
Child Care		
Payment of Child Support/Spousal (Prior Marriage)		
School		
Entertainment (includes clubs, social obligations, travel and recreation)		
Incidental (grooming, tobacco, alcohol, gifts and donations)		
Transportation (other than auto)		
Auto expense (gas, oil, repair, insurance, tag)		
Auto payments		
Installment payments (insert total and attach an itemized schedule)		
Other expenses (insert total and attach an itemized schedule)		
<b>TOTAL</b>		

**TEMPORARY ORDERS**

1. If you want a temporary order for support or restraining order, please indicate if, while this proceeding is pending, you want the court to give you:

<b>Request of the Court</b>	<b>Yes</b>	<b>No</b>
1. Possession of the marital residence		
2. Custody of the minor children		
3. Temporary Child Support		
4. Temporary Spousal Support		
5. Possession of Vehicle (Describe)		
6. Temporary attorney fees and court costs		

<b>Request of the Court</b>	<b>Yes</b>	<b>No</b>
7. Order directing your spouse to:		
(a) Leave the home immediately	(a)	(a)
(b) Remain away from you and/or children	(b)	(b)
(c) Restrain from selling or disposing of any asset	(c)	(c)

**TEMPORARY SUPPORT**

1. Since the date of your separation, have you received OR paid any Child Support to your spouse?
  - a.  Yes  No
  - b. If your answer is YES, how much have you received or paid, give dates and amounts:

<b>Date</b>	<b>Amount</b>	<b>Received or Paid</b>

- c. If your answer is NO, why have you not paid or received child support from your spouse?  
\_\_\_\_\_

**CONTESTED ISSUES**

1. Will your spouse contest this divorce action as to the custody of the child(ren)?
  - a.  Yes  No
  - b. If your answer is YES, state the reasons: \_\_\_\_\_
2. Will your spouse contest this divorce action as to the division of property?
  - a.  Yes  No
  - b. If your answer is YES, state the reasons: \_\_\_\_\_
3. If your spouse will NOT contest this action, will he/she execute a WAIVER?  Yes  No
4. If your spouse will NOT sign a wavier, where is the best place to have him/her served with the Divorce Petition (address)? \_\_\_\_\_
5. Have you or your spouse ever filed for Divorce from the other?  Yes  No
  - a. If your answer is YES, in what State and County was the action filed: \_\_\_\_\_
  - b. Date the action was filed: \_\_\_\_\_

**WIFE'S MAIDEN NAME**

1. **Wife Only:** At the time of the final Decree, do you wish to be restored to your maiden name?
  - Yes  No
  - a. Maiden name: \_\_\_\_\_

**COMMENTS**

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**I have read the above and foregoing document and have provided the information as requested.  
The information is true and correct to the best of my knowledge and belief.**

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

Client Signature: \_\_\_\_\_



**SCHEDULE "2"**

**OUTSTANDING DEBTS INCURRED DURING MARRIAGE**

- a. List all outstanding debts whether (a) account is held solely in husband's name (b) account is held solely in wife's name or (c) account is held jointly
- b. Attach to this sheet a copy of the most recent bill from each creditor
- c. If the debt is based on a promissory note, attach a copy of the promissory note and mortgage or security agreement.
- d. If the debt is based on a written agreement to repay, indicate if both or just one of you signed the written agreement.
- e. Your comments or explanation:

Creditor	Account Number	Purpose of Debtor	Collateral Given	Total Amount Due	Monthly Payment	Request Court Award to Husband or Wife

Mail To: 423 Rogers Avenue, Suite 104    OR    Fax to: 303.749.2313  
Fort Smith, Arkansas 72901