

INITIAL INTERVIEW - DIVORCE

Referred to our office by: _____

Petitioner (spouse who files divorce): _____

Respondent (spouse who responds to divorce): _____

Legal Name: _____
Address: _____

Legal Name: _____
Address: _____

Maiden Name: _____
SS#: _____ TXDL# _____ [last 3-digits]

Maiden Name: _____
SS: _____ TXDL# _____ [last 3-digits]

Home Phone: _____
Work Phone: _____

Home Phone: _____
Work Phone: _____

Cell Phone: _____
Birth Date: _____

Cell Phone: _____
Birth Date: _____

Birth Place: City: _____ State: _____
Annual Gross Income: \$ _____

Birth Place: City: _____ State: _____
Annual Gross Income: \$ _____

Employer: _____
Address: _____

Employer: _____
Address: _____

*Your email address: _____ @ _____ . _____

Service: A. Personal service at home or work: _____ Address _____ B. Waiver of Service: _____

Grounds: Date of Marriage _____ Place _____
Date of Separation _____ City _____ State _____

Table with 5 columns: Children: Name(first, middle, last), Birth Date, Place of Birth, Sex, SS# [last 4-digits]

- A. Do child(ren) reside with Petitioner/Respondent/Other: _____
B. Do the child(ren) own any property (specify if any): _____
C. Are the child(ren) covered by health insurance: Yes ___ No ___ Medicaid ___ CHIPS ___
D. Is health insurance provided by: Employer policy: ___ Individual policy: _____
E. Name of health insurance provider: _____
E. If through employer: Husband's employer ___ Wife's employer: ___ Both: _____
F. Cost for health coverage for the child(ren) only: \$ _____ per month

Conservatorship and Support:

- A. Joint Managing Conservator and support to Petitioner C. Agreed Conservator and Support
B. Joint Managing Conservator and support to Respondent D. Contested conservatorship and support

Division of Property (check any major assets that apply to your estate):

Real Property _____ Rental Property _____ Automobiles _____ Recreation Vehicles _____
Retirement: Pension _____ 401K _____ 403b _____ IRA _____ Stocks & Bonds _____ 529Plan _____
Life Insurance: _____ Other assets: _____

Injunctive Relief: A. Temporary Restraining Order B. Other _____
1) Property 2) Personal

Bankruptcy: Are you and/or your spouse currently involved in a BANKRUPTCY proceeding? Yes _____ No _____
If Yes, did you file under Chapter 7 ___ or Chapter 13 ___?
Name and phone number of your bankruptcy attorney: _____ (____) _____

Restore maiden name or other: _____

Other:

- 1) Have you or the other parent ever received Public Assistance payments (AFDC or TANF)? ___ yes ___ no
2) Have you, the other parent, or the child ever been on Medicaid? ___ yes ___ no
3) Have you or the other parent ever made an application for services with the Office of the Attorney General? ___ yes ___ no
4) Have you or the other parent ever made an application for services with a child support office of another state? ___ yes ___ no
If yes, what state? _____

Opposing Counsel: _____ Phone #: _____