

CONFIDENTIAL INTERVIEW SHEET

Date: _____

STATISTICS: (This information is necessary for the State Division of Vital Records.)

CLIENT NAME: _____ (Maiden Name _____)

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: Home: _____ Work: _____ Fax: _____ Cell: _____

SOCIAL SECURITY NO.: _____ Residence in IL: ____ yr./ in Lake County: __ yr.

STATE OF BIRTH: _____ DATE OF BIRTH: _____ AGE NOW: _____

RACE: _____ If Hispanic, specify Cuban, Mexican, Puerto Rican, etc.: _____

NO. OF THIS MARRIAGE: ____ LAST MARRIAGE ENDED BY: Death ____ Dissolution ____ Invalidation ____ Date: ____

EDUCATION (Specify Highest Grade Completed): Elementary or High: 0-12 ____ College ____

OCCUPATION: _____ EMPLOYER: _____

EMPL. ADDRESS: _____

YRS. EMPLOYED: ____ HOURS/WEEK: ____ EARNINGS -- NET: ____ GROSS: ____

SPOUSE NAME: _____ (Maiden Name _____)

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: Home: _____ Work: _____ Fax: _____ Cell: _____

SOCIAL SECURITY NO.: _____ Residence in IL: ____ yr./ in Lake County: __ yr.

STATE OF BIRTH: _____ DATE OF BIRTH: _____ AGE NOW: _____

RACE: _____ If Hispanic, specify Cuban, Mexican, Puerto Rican, etc.: _____

NO. OF THIS MARRIAGE: ____ LAST MARRIAGE ENDED BY: Death ____ Dissolution ____ Invalidation ____ Date: ____

EDUCATION (Specify Highest Grade Completed): Elementary or High: 0-12 ____ College ____

OCCUPATION: _____ EMPLOYER: _____

EMPL. ADDRESS: _____

YRS. EMPLOYED: ____ HOURS/WEEK: ____ EARNINGS -- NET: ____ GROSS: ____

DATE OF MARRIAGE: _____ DATE LAST TOGETHER AS HUSBAND AND WIFE: _____

PLACE OF MARRIAGE: City: _____ County: _____ State: _____

CHILDREN:

NAME: _____ DOB: _____ AGE NOW: _____

NAME: _____ DOB: _____ AGE NOW: _____

NAME: _____ DOB: _____ AGE NOW: _____

NAME: _____ DOB: _____ AGE NOW: _____

CHILDREN OF PREVIOUS MARRIAGE(s):

NAME: _____ DOB: _____ AGE NOW: _____

NAME: _____ DOB: _____ AGE NOW: _____

IS WIFE PREGNANT? _____ CHILDREN ADOPTED? _____

CUSTODY OF CHILDREN: _____

IF JOINT, RESIDENTIAL CUSTODIAN: _____ WILL SPOUSE CONTEST CUSTODY? _____

WHICH WILL TAKE CHILDREN AS TAX EXEMPTIONS? _____

PARENTING CLASS

(MANDATORY/WAIVER) _____

GROUNDS: _____

SPECIFIC INCIDENTS: _____

DOES CLIENT LOVE SPOUSE? _____ IS LOVE RETURNED? _____ HOW AND WHEN TROUBLE BEGAN: _____

PREVIOUS SEPARATIONS: WHEN? _____ WHY? _____

COMPLAINTS AGAINST SPOUSE: _____

Money Management _____
Bad Temper _____
Sexual Problems _____
Mental Abuse _____

Infidelity _____
Excessive Drinking _____
Physical Abuse _____

DOES SPOUSE WANT DIVORCE? _____

SPOUSE: COMPLAINTS AGAINST CLIENT: _____

BANKRUPTCY DECLARED: _____ YES _____ NO WHEN _____ FINALIZED _____

SERVICE OF SUMMONS AND PETITION:

Where to serve spouse: _____

Day/Time: _____ Special Instructions: _____

PROPERTY: REAL ESTATE:

MARITAL RESIDENCE: _____

HOW TITLED: _____

PURCHASE PRICE: _____ PRESENT VALUE: _____ MORTGAGE BALANCE: _____

OTHER PROPERTY: _____

HOW TITLED: _____

PURCHASE PRICE: _____ PRESENT VALUE: _____ MORTGAGE BALANCE: _____

VEHICLES:

HIS: Year, Make, Model _____

How Titled: _____ Loan Balance: _____ Owed to: _____

HERS: Year, Make, Model _____

How Titled: _____ Loan Balance: _____ Owed to: _____

OTHER (boats, motorcycles, etc.): _____

CHECKING/SAVINGS ACCOUNTS/BALANCES:

JOINT: _____

HIS: _____

HERS: _____

OTHER: _____

STOCKS/MUTUAL FUNDS/MONEY MARKET/CDs/etc.:

JOINT: _____

HIS: _____

HERS: _____

OTHER: _____

LIFE INSURANCE POLICES:

HIS: WHOLE _____ TERM _____ BENEFICIARY _____

HERS: WHOLE _____ TERM _____ BENEFICIARY _____

CASH VALUES FOR WHOLE: HIS _____ HERS _____

DEFERRED COMPENSATION:

JOINT: _____

HIS: _____

HERS: _____

OTHER: _____

RETIREMENT:

HIS: _____

HERS: _____

OTHER: _____

FREQUENT FLYER

MILES: _____

DEBTS:

DIVISION OF PROPERTY REQUESTED:

