

Law Office of Kent Lee PC
DOMESTIC RELATIONS INTERVIEW FORM

CLIENT:

PERSONAL INFORMATION:

Name: _____
Address: _____

Home phone: _____
Work phone: _____
Cell phone: _____
E-mail: _____
No. of years at this address? _____
Date of birth: _____ Age: _____
SSN: _____
Emergency Contact _____
Emergency No.: _____
(In case we cannot reach you at any of the numbers listed above)
Race: _____ Weight: _____
Height: _____
Eye/Hair Color: _____

EDUCATION:

School: Diploma or GED
College: Undergraduate: _____
Graduate: _____
Certificate: _____
Trade School: _____

PRESENT EMPLOYER:

Employer Name: _____
Address: _____

Telephone: _____
Facsimile: _____
E-mail: _____
Income: Gross Monthly: _____
Gross Annually: _____
Job title/position: _____
Length of Time at Job: _____

PREVIOUS EMPLOYER:

Employer Name: _____
Address: _____

Telephone: _____
Income: Gross Monthly: _____
Job title/position: _____
Length of Time at Job: _____

OPPOSING PARTY:

PERSONAL INFORMATION:

Name: _____
Address: _____

Home phone: _____
Work phone: _____
Cell phone: _____
E-mail: _____
No. of years at this address? _____
Date of birth: _____ Age: _____
SSN: _____
Race: _____ Weight: _____
Height: _____
Eye/Hair Color: _____

EDUCATION:

School: Diploma or GED
College: Undergraduate: _____
Graduate: _____
Certificate: _____
Trade School: _____

PRESENT EMPLOYER:

Employer Name: _____
Address: _____

Telephone: _____
Facsimile: _____
E-mail: _____
Income: Gross Monthly: _____
Gross Annually: _____
Job title/position: _____
Length of Time at Job: _____

PREVIOUS EMPLOYER:

Employer Name: _____
Address: _____

Telephone: _____
Income: Gross Monthly: _____
Job title/position: _____
Length of Time at Job: _____

MARRIAGE/RELATIONSHIP INFORMATION:

Date of present marriage/relationship
(Date of marriage or date cohabitation began): _____
Place of present marriage: _____
Date parties separated: _____

Domestic Violence: __ Y __ N
Police Called: __ Y __ N
Which Department: _____
Order of Protection in Effect: __ Y __ N
What Court:
Case Number:
CPS Involvement: __ Y __ N
Illegal Activity (Either side): __ Y __ N
Arrests (Either side): __ Y __ N

If so, what activity: _____

INFORMATION REGARDING CHILDREN OF THIS MARRIAGE/RELATIONSHIP:

Name	DOB	Age	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address where children of this marriage currently reside:

Address(es) where child(ren) of this marriage have resided for past five (5) years:

Who will provide health insurance for the children? _____
Cost of health care insurance for child(ren) per month? _____
Do the child(ren) require child care? _____. If so, what is the monthly cost? _____

INFORMATION REGARDING ANY OTHER CHILDREN:

Name	DOB
_____	_____
_____	_____
_____	_____

ASSETS:

Real Property Address	Balance Owed	Monthly Payment

PERSONAL PROPERTY:

Property	Your Best Estimate of the Current Market Value
Autos, Furniture, Boats, Etc.	
Checking, Savings or Credit Union Accounts	
Annuities, IRA's, Retirement Plans, Stocks, Bonds, Certificates of Deposit, etc.:	
Special items (coin collections, gold or silver, jewelry, antiques etc.):	

DEBTS:

Creditor Name	Purpose of Debt	Unpaid Balance	Monthly Payment