

DIANE M. WANGER, PC

Litigation and Collaborative Family Attorneys

Fort Worth, Texas Magazine 2007, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016 Top Family Law Attorneys

**CLIENT INTERVIEW SHEET
DIVORCE WITH CHILDREN**

WHERE DID YOU HEAR ABOUT US?

DATE: _____, 2017

_____ Drove by Office
_____ Google Search

_____ Phonebook
_____ Avvo.com

_____ Internet
_____ Yelp

_____ Church Bulletin
_____ Referral

Referred by: _____

Other: _____

Have you heard of Collaborative Law? Yes/No

Was Board Certification a reason you choose this office? Yes/ No

*****IT IS THE POLICY OF THIS FIRM TO PREPARE AND ENTER INTO A WRITTEN FEE AGREEMENT WITH EACH CLIENT ON A CASE BY CASE BASIS PRIOR TO ACCEPTING REPRESENTATION. YOU WILL BE CHARGED ON AN HOURLY BASIS FOR INITIAL CONSULTATIONS AS WELL AS OTHER REQUESTED SERVICES PROVIDED TO YOU PRIOR TO ENTRY OF A WRITTEN FEE AGREEMENT*****

HAVE YOU LIVED IN TARRANT COUNTY, TEXAS FOR THE PAST SIX (6) MTHS? Yes/No

Your full name: _____

Residence address: _____ City/zip _____

Social Security # last 3 digits _____ Driver's License #TX _____ Mobile # _____

Wk #: _____ Home #: _____ Preferred Method of Contact _____

E-mail _____ Date and City/State of Birth: _____

Employer: _____ Length of Time Employed by this Employer: _____

Full Address _____ Hours: _____

Position: _____ Does your job require overnight travel? _____

Gross Salary per Month/year: \$ _____ Net Month/year \$ _____

Highest Level of Education (Degrees, Etc) _____ Do you like your job? Yes/No

Spouse`s Full Name: _____

Residence Address: _____ City/zip _____

Social Security # _____ Driver's License #TX _____

Home Telephone: _____ Work Telephone _____ Mobile # _____

Date and Place of Birth of Birth: _____

Employer: _____ Position: _____

Full Address _____

Gross Salary per Month/year: \$ _____ Net Month/year \$ _____

Highest Level of Education (Degrees, Etc) _____

Length of Time Employed by this Employer: _____

Retirement

Amount of Retirement, Profit-sharing, or Other Employee Benefits You and Your Spouse Have If You Left Employment Today?

Client: Lump Sum \$ _____

Is There a Pension/Annuity? Yes/No

Spouse: Lump Sum \$ _____

Is There a Pension/ Annuity? Yes/No

Was any of this retirement earned before marriage? Yes/No

Marriage & Separation

Date of Marriage: _____ City/state _____ Date of Separation: _____

Circle Your Marital Difficulties as Appropriate:

- | | | |
|-----------------------|-----------------------------|-----------------------|
| Drugs | Alcohol | Sexual Disappointment |
| Internet Usage | Sexual Infidelity | Financial Disputes |
| Religion | Physical Violence | Mental Abuse |
| Incompatibility | Problems with Step Children | Pornography |
| Other:(Explain) _____ | | |

Is Your Spouse Aware That You Wish to File for Divorce? _____ Is Wife Pregnant? _____

Wife's Maiden Name? _____ If you are the wife, should your maiden name be restored? Yes/No

Child(ren) of this Marriage THAT ARE UNDER 18 OR STILL IN HIGH SCHOOL

<u>Full Name</u>	<u>Sex</u>	<u>Birth Date</u>	<u>Birth Place</u>	<u>SS #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Continue on additional Page if necessary Do you have any other children? Yes/No

Do Any Children Have Physical or Mental Disabilities That Require Special Care? Yes/No If yes, please give short statement of challenges.

Do you currently have any viable eggs/sperm stored? Yes/No

Do You Anticipate a Dispute over Primary Custody of the Child(ren)? Yes/No

If Not, Primary Custody Will Be with Whom? _____

With Whom Are the Child(ren) Living at this Time? _____

If the Child(ren) Own Property Other than Personal Effects, Please List:

How is health insurance provided for the family? _____

Prior Marriages

How many times have you been married? Circle as appropriate 1 2 3 4

Do You Have Children by a Previous Relationship? Yes/No If So, do They Reside with You? Yes/No

Please give their Name, Age and Sex:

Do You Pay/Receive Child Support for the(se) Child(ren)? _____ If So, How Much? \$ _____ per _____

Has Your Spouse Been Married Before? Yes/No If Yes, How Many Times? _____

Does Your Spouse Have Children by a Previous Relationship? /Yes/No If Yes, Do They Reside with You? Yes/No

If so, give their name, age and sex:

Does Your Spouse Pay/receive Child Support for These Children? Yes / No. If So, How Much? \$_____ per _____

Property

Are you renting or buying your home? Renting/Buying

Name of mortgage company _____ Estimated fair market value of property \$ _____
Year purchased _____ Purchase price \$ _____ Mortgage Balance \$ _____

Is your property subject to a mineral/gas lease? _____ If so, please give details: _____

List any additional real estate property owned, including market value, mortgage company, year bought, and mortgage balance:

Have either you or your spouse received any large gifts or inheritance during the marriage? If so, please explain:

Did either you or your spouse own any real estate, retirement, or financial accounts (savings) when you were married? If so, please explain:

Do you or your spouse own or currently possess guns or ammunition? YES / NO

Vehicles

List Any Motor Vehicles, Boats, Airplanes, Cycles, Trailers:

1) Vehicle (List Year and Model): _____ Who Drives? _____
Financed with _____
Value of Vehicle \$ _____ Payment per Month \$ _____
Year Purchased _____ Payoff Amount on Loan _____

2) Vehicle (List Year and Model): _____ Who Drives? _____
Financed with _____
Value of Vehicle \$ _____ Payment per Month \$ _____
Year Purchased _____ Payoff Amount on Loan \$ _____

3) Vehicle (List Year and Model): _____ Who Drives? _____
Financed with _____
Value of Vehicle \$ _____ Payment per Month \$ _____
Year Purchased _____ Payoff Amount on Loan \$ _____

Financial

Please List the Following Information for All Checking Accounts, Savings Accounts, CDs, IRAs or Savings Bonds. Please Circle Authorized Persons to Withdraw Funds (I.e. (H) Husband, (W) Wife, or (J) Joint - Circle One)

<u>Bank or Institution</u>	<u>Type of Account</u>	<u>Amount</u>
_____ H W J	_____	\$ _____
_____ H W J	_____	\$ _____
_____ H W J	_____	\$ _____
_____ H W J	_____	\$ _____

Debts

(Include House & Auto)

Min. Mthly
Payment

Total Due

Account #

1. _____	\$ _____	\$ _____	_____
2. _____	\$ _____	\$ _____	_____
3. _____	\$ _____	\$ _____	_____
4. _____	\$ _____	\$ _____	_____
5. _____	\$ _____	\$ _____	_____
6. _____	\$ _____	\$ _____	_____
7. _____	\$ _____	\$ _____	_____

Attorneys

If you have consulted with another attorney on this matter, please give attorney's name: _____

Does your spouse have an attorney? _____ If so, please give the attorney's name _____

To your knowledge, has your spouse ever used Diane Wanger? Yes/No

Miscellaneous

Are you or your spouse in bankruptcy? Yes/No

Have you and your spouse sought marriage counseling? Yes/No If so, with whom? _____

Is your spouse willing to participate in counseling? _____

Is there one particular Incident which prompted your visit today? Yes/No

If So, Please Explain Briefly: _____

Are you definitely seeking a divorce or just needing general information about your rights?

Do you or your spouse have a MySpace, Facebook, Twitter, Instagram, Pinterest or any other internet based networking group of the like? Yes/No

If yes, please list the owner of the account, the screen name, and type of account:

Are there any specific questions you want answered? Yes/No If so, list here

Do you have health problems, are you on medications? Yes/No If so, please list medicines prescribed

What do you like to do in your free time? _____

What is your expectation for this visit? _____