

**DIVORCE INTERVIEW**

Please complete the following information. If there is something that you are not sure of, please leave it blank at this time. An attorney will assist you with the items that you are not sure of. Thank you!

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

Did anyone refer you to the law firm of Femminineo Attorneys, PLLC? \_\_\_\_\_

If the above answer was yes, would you please write the name of the person who referred you? \_\_\_\_\_

If you were not referred to us by someone, please write down how you come to see us regarding your legal matter. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Divorce Questionnaire**

Plaintiff

Defendant

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Soc. Sec.: \_\_\_\_\_

Soc. Sec.: \_\_\_\_\_

Driver License No. \_\_\_\_\_

Driver License No. \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

Earnings: \_\_\_\_\_

Earnings: \_\_\_\_\_

Gross: \_\_\_\_\_

Gross: \_\_\_\_\_

Net: \_\_\_\_\_

Net: \_\_\_\_\_

How are you paid? (Circle One)

How are you paid? (Circle One)

Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_

Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_

Monthly \_\_\_\_\_ Bi-Monthly \_\_\_\_\_

Monthly \_\_\_\_\_ Bi-Monthly \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Any other income?

\_\_\_\_\_  
\_\_\_\_\_

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

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

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Race: \_\_\_\_\_

Scars, Tattoos, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Last School Grade Completed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of Marriages: \_\_\_\_\_

Any other income?

\_\_\_\_\_  
\_\_\_\_\_

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

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

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Race: \_\_\_\_\_

Scars, Tattoos, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Last School Grade Completed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of Marriages: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of this marriage: \_\_\_\_\_

Place of this marriage: \_\_\_\_\_

Married by: \_\_\_\_\_

Date of Separation: \_\_\_\_\_

Desire Restoration of Maiden Name: \_\_\_\_\_

Are you still living in the marital home: \_\_\_\_\_

Name and address of person(s) other than the parties that may have custody of minor children during the pendency of this case \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Children Information**

Child's Name                      D.O.B.                      Living With                      Soc. Sec. No.

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Any other actions in regard to the children in this or any other state? If so, explain: \_\_\_\_\_

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Present address of the child(ren): \_\_\_\_\_

Address of the child(ren) for the last five (5) years: \_\_\_\_\_

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Any other divorce actions: \_\_\_\_\_

County/State: \_\_\_\_\_ Case No. \_\_\_\_\_

**Health Care Coverage Available for Each Minor Child**

Name of Policy Holder                      Name of Insurance Co.                      Policy No.

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Has husband or wife applied for or does he/she receive public assistance? If so, please specify kind.

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Vehicle                      Make                      Year                      Owner                      Lien

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**Stocks and Bonds**

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**Checking and Savings Accounts**

Bank                      Address                      Type                      Acct. No.                      Balance

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**Certificates or Deposit**

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**Safety Deposit Boxes**

Jointly or Separately: \_\_\_\_\_

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Please list any and all life insurance policies in either your name or your spouse's name. \_\_\_\_\_

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