

# RIVON LAW FIRM, PLLC

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## FAMILY LAW CLIENT INTERVIEW SHEET

**Check one** category for yourself:  Husband  Wife  Father  Mother

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

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long in County? \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile/ Other: \_\_\_\_\_

SSN: \_\_\_\_\_ DL #: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Email address: \_\_\_\_\_

### Birth Information:

Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

### Employer Information:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Gross Pay: \_\_\_\_\_ How long on job? \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.

### Emergency Contact Person:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Check one** category for the opposing party:  Husband  Wife  Father  Mother

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

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ How long in County? \_\_\_\_\_ Yrs. \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile/ Other: \_\_\_\_\_

Private Email: \_\_\_\_\_

SSN: \_\_\_\_\_ DL #: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

### Birth Information:

Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

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Employer Information:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Gross Pay: \_\_\_\_\_ How long on job? \_\_\_\_ Yrs. \_\_\_\_ Mos.

Physical Description of Opposing Party:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Tattoos: \_\_\_\_\_

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## **Children of the Relationship**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Sex: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth City: \_\_\_\_\_

Birth State: \_\_\_\_\_ Birth County: \_\_\_\_\_ Birth Country: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Sex: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth City: \_\_\_\_\_

Birth State: \_\_\_\_\_ Birth County: \_\_\_\_\_ Birth Country: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Sex: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth City: \_\_\_\_\_

Birth State: \_\_\_\_\_ Birth County: \_\_\_\_\_ Birth Country: \_\_\_\_\_

## **Custody Questions**

In your opinion, will there be a dispute over custody of the child(ren):  Yes  No

Where do the children reside? \_\_\_\_\_ With whom: \_\_\_\_\_

With whom will the child(ren) reside: \_\_\_\_\_

What informal agreements have you made regarding visitation:

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Are/ Is the child(ren) currently covered by health insurance policy:  Yes  No

If so, by whom: \_\_\_\_\_ Name of company: \_\_\_\_\_ Policy No. \_\_\_\_\_

Has a protective order ever been entered?  Yes  No

If so, when? \_\_\_\_\_ Against whom? \_\_\_\_\_

## **Child Support Information**

Office of Attorney General Case Number ("OAG"): \_\_\_\_\_ Cause Number: \_\_\_\_\_

OAG Customer Identification Number: \_\_\_\_\_ Arrearages Amount Owed: \_\_\_\_\_

## **Divorce Information**

Check one:  Ceremonial marriage  Common Law Marriage

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

City of Marriage: \_\_\_\_\_ State of Marriage: \_\_\_\_\_ Country: \_\_\_\_\_

## **Property/ Debts of Parties**

Vehicles: (List the vehicle **YOU** drive first)

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Titled: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Titled: \_\_\_\_\_

Is your property already divided by agreement:  Yes  No

If so, is the agreement in writing?  Yes  No If no, then how agreed? \_\_\_\_\_

Are you buying/ own your home?  Buying  Own Mortgage leader? \_\_\_\_\_

Do you and/or the opposing party have retirement benefits/ stocks of any kind?  Yes  No  Both

Please describe: \_\_\_\_\_

Do you and/ or the opposing party have any investments accounts?  Yes  No  Both

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Do you and/or the opposing party have credit card or other debts?  Yes  No  Both

Do you and the opposing party have a prenuptial or postnuptial agreement?  Yes  No

Does your spouse currently have an attorney?  Yes  No If so, whom? \_\_\_\_\_

## **Name Change Request**

Are you requesting the Court to grant a name change?  Yes  No

New Full Name: \_\_\_\_\_

## **Other Information**

Does your case involve allegations of:  Physical violence  Criminal Record  Excessive use of alcohol

Child abuse  Financial problems  Adultery  Sexual disappointment

Have you ever been charged with a crime other than traffic tickets?  Yes  No  Both

If so, please give details: \_\_\_\_\_

\_\_\_\_\_

Are there any other circumstances which may be a factor in your case? If so, please give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Mailing address:**

At what address do you wish to receive mail from this office?

\_\_\_\_\_

Is this address confidential?  Yes  No

**THE INFORMATION PROVIDED HEREIN IS ATTORNEY-CLIENT PRIVILEGED**

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Do you have any outstanding traffic tickets?  Yes  No

If so, where? \_\_\_\_\_

Do you have any outstanding warrants, of any kind?  Yes  No

If so, what kind of warrant and in what county/ state? \_\_\_\_\_

Have you ever been arrested for family violence?  Yes  No

If so, when, where, what happened? \_\_\_\_\_

\_\_\_\_\_

Were you convicted?  Yes  No

Does your spouse own a gun?  Yes  No Where is the gun located? \_\_\_\_\_

Has your spouse ever been arrested for family violence?  Yes  No

If so, when, where, what happened? \_\_\_\_\_

\_\_\_\_\_

Was your spouse convicted?  Yes  No

Do you have **any** criminal history in the past?  Yes  No

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your spouse have **any** criminal history in the past? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

\_\_\_\_\_