

Interview Date: _____
Date Retained: _____
Interviewer: _____

HAMMERLE FINLEY CLIENT INTERVIEW SHEET

(PLEASE PRINT)

CIRCLE ONE CATEGORY FOR YOURSELF: (HUSBAND) (WIFE)

Full Name: _____ Maiden Name _____

Address: _____ Apt: _____ City: _____ County: _____

State: _____ Zip code: _____ How Long In County? _____ Yrs. _____ Mos. _____

Home Phone (____) _____ Work Phone: (____) _____ Mobile/Pager or
Other number: (____) _____

SSN: _____ DL#: _____ Date of Birth: _____ Age: _____ Race: _____

Birth Place: City: _____ State: _____ Country: _____

Employer: _____ How Long on job? _____ Address: _____

City: _____ State: _____ Zip Code: _____ Gross Monthly Pay: \$ _____

Contact Person: _____ Relation: _____ Phone No. (____) _____

Address: _____

City: _____ State: _____ Zip code: _____ E-mail: _____

CIRCLE ONE CATEGORY FOR OPPOSING PARTY: (Husband) (Wife)

Full Name: _____ Maiden Name _____

Address: _____ Apt: _____ City: _____ County: _____

State: _____ Zip code: _____ How Long In County? _____ Yrs. _____ Mos. _____

Home Phone (____) _____ Work Phone: (____) _____ Mobile/Pager or
Other number: (____) _____ Education level _____

SSN: _____ DL#: _____ Date of Birth: _____ Age: _____ Race: _____

Birth Place: City: _____ State: _____ Country: _____

Employer: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Gross Monthly Pay: \$ _____ How long at job? _____

Physical description: _____

CHILDREN OF THIS RELATIONSHIP

Where do the children reside? _____ With Whom? _____

In your opinion, will there be a dispute over custody of the child(ren)? ___yes ___no With Whom will they reside? _____

1. Full Name: _____ Middle: _____ Last: _____
Sex: _____ SSN: _____ Date of Birth: _____
Birthplace: City: _____ County: _____ State: _____ Country: _____

2. Full Name: _____ Middle: _____ Last: _____
Sex: _____ SSN: _____ Date of Birth: _____
Birthplace: City: _____ County: _____ State: _____ Country: _____

3. Full Name: _____ Middle: _____ Last: _____
Sex: _____ SSN: _____ Date of Birth: _____
Birthplace: City: _____ County: _____ State: _____ Country: _____

4. Full Name: _____ Middle: _____ Last: _____
Sex: _____ SSN: _____ Date of Birth: _____
Birthplace: City: _____ County: _____ State: _____ Country: _____

What informal agreements have you had regarding visitation? (use the back of this page if needed) _____

Are/is the child(ren) currently covered by a health insurance policy? Yes or No

If so, name of company _____ Policy number: _____

Has a protective order ever been entered? Yes or No

If so, when? _____ Against whom? _____

DIVORCE INFORMATION

(Please circle one): Ceremonial or Common Law Marriage

Date of Marriage: _____ Date of Separation: _____

City of Marriage: _____ State: _____ Country: _____

PROPERTY/DEBTS OF PARTIES:

Vehicles (use the back of this form for additional vehicles):

Yours: Year: _____ Make: _____ Model: _____ Titled: _____

Spouse: Year: _____ Make: _____ Model: _____ Titled: _____

Is your property already divided by agreement: Yes or No If so, is the agreement in writing? Yes or No

Client: _____

Date: _____

Do you have any outstanding traffic tickets? _____

If so, where? _____

Do you have any outstanding warrants, of any kind? _____

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

Have you ever been arrested for family violence? _____

If so, when, where, what happened? _____

Were you convicted? _____

Has your spouse ever been arrested for family violence? _____

If so, when, where, what happened? _____

Was your spouse convicted? _____

Do you have **ANY** criminal history in the past? _____

If so, explain: _____

Does your spouse have **ANY** criminal history in the past? _____

If so, explain: _____

OFFICE USE ONLY

Non Contested Divorce: _____
Contested Divorce: _____
Child Custody: _____
Paternity: _____
Modification: _____ Increase? _____ Decrease? _____
Contempt - Movant: _____ AG a Party? _____
Contempt - Defense: _____ AG a Party? _____
Adoption: _____
Termination: _____
Name Change: _____
Other: _____

Petition _____ Answer _____ Waiver _____ Citation _____ TRO _____ PO _____ C/Action _____ Appearance _____

Modification _____ Contempt _____ Affidavit _____ Set Hearing _____

County to file _____

Insupportability: _____ Adultery: _____ Mental Cruelty: _____ Other: _____

No Service: _____ OP & Waiver to: _____

Personal Service: _____ Home _____ Work _____ Time _____ Alternate Service: Publication _____ Posting _____

Opposing Counsel _____ Long Arm _____

Non-Contested Atty Fee:	\$ _____	Contested Retainer:	\$ _____
Court Costs:	\$ _____	Court Costs:	\$ _____
Total Retainer:	\$ _____	Total Retainer:	\$ _____

Payments: \$ _____ Weekly/ Bi-Weekly/ Monthly

QDRO: \$ _____ Number _____

Deed: \$ _____ Number _____

Other fees: Substituted service/ Ad Litem/ Social Study/ Counseling/ Mediation/ Investigators/ Deposition

COMMENTS:

