

INTERVIEW FORM- POST JUDGMENT

Date: _____

CLIENT

FORMER SPOUSE

Full Name: _____

Full Name: _____

Birth date: _____

Birth date: _____

Age: _____

Age: _____

Birthplace: _____

Birthplace: _____

Current Address: _____

Current Address: _____

Work Phone: _____

Work Phone: _____

Home Phone: _____

Home Phone: _____

Fax: _____

Fax: _____

E-Mail: _____

E-Mail: _____

Social Security: _____

Social Security: _____

Driver License #: _____

Driver License #: _____

State: _____

State: _____

Occupational License(s)#: _____

Occupational License(s)#: _____

Armed Forces Status: _____

Armed Forces Status: _____

Next of Kin: _____

Next of Kin: _____

Divorce Information

Date of Marriage: _____

Date of Divorce: _____

Case Number#: _____

County Divorce Case was in: _____

Is there a Settlement Agreement/Memorandum Yes _____ No _____

If yes, please attach a copy of the agreement.

Please attach a copy of your Judgment of Divorce.

Children

1. Name: _____ Birth date: _____ Age: _____

Living with: you _____ spouse _____ S.S. No. _____

School: _____ Grade: _____

2. Name: _____ Birth date _____ Age _____

Living with: you _____ spouse _____ S.S. No. _____

School: _____ Grade: _____

3. Name: _____ Birth date: _____ Age: _____

Living with: you _____ spouse _____ S.S. No. _____

School: _____ Grade: _____

Does your former spouse's provide health insurance for the minor child/children?

Yes ___ No ___

If yes, please write the Policy Name, Group and/or Contract Number. _____

Premiums paid by whom: _____ **Costs:** _____

Child Care used: Yes _____ No _____ How many weeks per year? _____

Paid by whom? _____ Cost per week: during summer _____ school _____

Are you **paying or receiving** support for any other children? Paying ___ Receiving _____

How much per week? _____ No. of children: _____

Name(s): _____ DOB(s): _____

S.S. #(s): _____ Residence(s): _____

Please provide copies of any support orders, if available.

Is your spouse **paying or receiving** support for other children? Paying ___ Receiving ___

How much per week? _____ No. of children: _____

Name(s): _____ DOB(s): _____

S.S. #(s): _____ Residence(s): _____

Please provide copies of any support orders.

Modification of Custody and/or Support

How are the best interests of the child(ren) served regarding custody? Who should have custody and why? _____

If you and your former spouse have agreed on custody, describe: _____

If you and your former spouse have agreed on visitation, please describe the arrangement: _____

Do you know of anyone else who claims visitation rights with your child(ren)?

Yes ___ No ___ If yes, state name, address and relation of such person(s):

Has support been paid since separation? Yes ___ No ___ If yes, how much per week? _____ If you and your spouse have agreed on child support, how much per week? _____

Family Health and Social Issues

Do you, your spouse or your child(ren) have any serious physical or mental disability, disorder, handicap or incurable disease? Yes ___ No ___ If yes, please explain:

Any problem with substance abuse (drugs, alcohol)? _____ If yes, please explain: (who has problem, type of drugs, etc.) _____

Has there been or is there treatment? _____ If yes, what kind of treatment, with

whom was/is treatment, when was/is treatment and where was/is treatment?

Any particular interest in another person by Client? _____ Former Spouse?

Any personal counseling? Yes _____ No _____ If yes, with whom: _____
from what agency? _____

Would you begin or continue counseling? Yes _____ No _____ If yes, would you like a
referral? Yes _____ No _____

Would you sign a waiver of confidentiality so that we may have access to your
counseling records? Yes _____ No _____

Physical Injunction Information

What physical abuse, if any, has occurred and on what date(s): _____

Has either spouse ever been arrested, convicted, imprisoned or placed on
probation? Yes _____ No _____ If yes, please explain: _____

Physical Information- Client

Race: _____ Height: _____ Weight: _____ Eye color: _____

Hair color: _____ Glasses: Yes _____ No _____ Worn all the time? Yes _____ No _____

Mustache/beard: Yes _____ No _____ color _____

Any distinguishing scars or tattoos? Yes _____ No _____ If yes, please describe:

Physical Information - Former Spouse

Race: _____ Height: _____ Weight: _____ Eye color: _____

Hair color: _____ Glasses: Yes _____ No _____ Worn all the time? Yes _____ No _____

Any distinguishing scars or tattoos? Yes ____ No ____ If yes, please describe:

Employment Information

Client

Former Spouse

Employer: _____

Employer: _____

Address: _____

Address: _____

Date of hire _____

Date of hire: _____

Occupation: _____

Occupation: _____

Weekly Gross Pay: _____

Weekly Gross Pay: _____

Weekly Take Home Pay: _____

Weekly Take Home Pay: _____

Pension: _____

Pension: _____

Income Last Year: _____

Income Last Year: _____

Please attach a copy of your last three (3) paystubs. Indicate if any deductions are mandatory (other than taxes). Include any union dues, pensions, etc.

Please attach the last three (3) income tax returns (personal and business, state and federal) with all schedules and W-2s attached.

Previous Employer: _____

Previous Employer: _____

Address: _____

Address: _____

Annual Income: _____

Annual Income: _____

Is it necessary for you or your former spouse to have a license to do your work?

Yes ____ No ____ If yes, what license? _____

Other income sources (pension, retirement, public assistance - ADC, veteran's benefits, Social Security, annuity funds?) Yes ____ No ____ If yes, please list:

1. Type: _____

Gross per year? _____ In whose name? _____

2. Type: _____

Gross per year? _____ In whose name? _____

Education

Client

Former Spouse

Highest degree obtained: _____

Highest degree obtained: _____

High School: _____

High School: _____

Date of Diploma or GED: _____

Date of Diploma or GED: _____

University/College: _____

University/College: _____

Degree(s): _____

Degree(s): _____

Date obtained: _____

Date obtained: _____

University/College: _____

University/College: _____

Degree(s): _____

Degree(s): _____

Date obtained: _____

Date obtained: _____

Additional training: _____

Additional training: _____

Life Insurance & Estate Planning

___ Will ___ Trust ___ Durable Power of Attorney ___ Medical Power of Attorney

Provide copies of all documentation pertaining to any of the above items.

Relief to be Requested

_____ Custody of child(ren)

_____ Modification of Parenting time/Visitation rights

_____ Modification of Child support payments

_____ Modification Alimony/spousal support

_____ Contribution to your attorney fees

_____ Procurement of \$_____ in life insurance to secure child support

_____ Personal Protection Order (for domestic assault)

_____ Health insurance for child(ren)

_____ Other -- describe: _____

_____ Attorney fee arrangement

Post Judgment Supplement Inventory

The items checked below are needed. Please collect the items which have been checked and bring in copies or originals to the paralegal as soon as possible:

**ITEMS
NEEDED**

**ITEMS
RECEIVED**

_____	Tax returns with schedules and W-2s for the last 3 years	_____
_____	Paycheck stubs for the last 2 months:	_____
	_____ client	_____
	_____ Former spouse- if available	_____
_____	Prenuptial or postnuptial agreement	_____
_____	Copy of Driver License	_____
_____	Copy of Health Insurance Card(s)	_____
_____	Copy of Judgment of Divorce	_____
_____	Copy of Settlement Agreement/Memorandum	_____