

INTERVIEW FORM

Date: _____

CLIENT

SPOUSE

Full Name: _____

Full Name: _____

Birth date: _____

Birth date: _____

Age: _____

Age: _____

Birthplace: _____

Birthplace: _____

Current Address: _____

Current Address: _____

Can we send mail to this address Yes NO

Address we can mail to: _____

Please call us, if you do not want mail sent to you.

What is the best way to reach you?

If by phone, may we leave a message?

Work Phone: _____

Work Phone: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell 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: _____

MARRIAGE

Place: _____
(City/Village/Twp.) (County) (State/Foreign Country)

Date of Marriage: _____ Date of _____

Lived in Michigan 180 days? _____ Lived in County 10 days? _____

Number of previous marriages: yours _____ spouse's _____

How terminated: yours _____ How terminated: spouse's _____

Maiden Name: _____ Name prior to this marriage: _____

Does wife desire name change? Yes _____ No _____ If yes, what name? _____

Is there a prenuptial or postnuptial agreement? Yes _____ No _____

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: _____

Residence of the children during the last five (5) years:

<u>Where</u>	<u>With Whom</u>	<u>Dates</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

Is wife pregnant? _____ If yes, when is birth expected? _____

Health Care Insurance

Do you have health care insurance? Yes ___ No ___ Name _____

Policy, Group or Contract Number: _____

Premiums paid by whom: _____ **Cost:** _____

Does your spouse have health care insurance? Yes ___ No ___ Name _____

Policy, Group or Contract Number: _____

Premiums paid by whom: _____ **Cost:** _____

Name of health care insurance for child(ren): _____

Policy, Group or Contract Number:

Premiums paid by whom: _____ **Cost:** _____

Does your/spouse's health insurance require that he/she have the child(ren) as a dependent in order to continue health insurance for them? Yes ___ No ___

If you do not know, please check with insurance benefits office.

Do you have Dental and Optical Insurance?

Yes ___ No ___ Name _____

Policy, Group or Contract Number. _____

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

Does your spouse have Dental and Optical Insurance?

Yes _____ No _____ Name _____

Policy, Group or Contract Number. _____

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

Do you have Dental and Optical Insurance for the child(ren)?

Yes _____ No _____ Name _____

Policy, Group or Contract Number. _____

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

Custody and Support

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

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

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

If the court ordered reasonable rights of visitation as the parties may mutually arrange, letting you work out visitation on your own, what, if any, problems do you foresee?

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): _____

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): _____

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?

PRIOR LITIGATION

Has either spouse previously filed for divorce, or custody in this county or elsewhere?

Yes _____ No _____ If so, please state who filed, when, where, status of case, case number, and name of Judge:

Have you participated in or do you have any other custody litigation concerning your child(ren): Yes ___ No ___ If so, please state who filed, when, where, status of case, case number, and name of Judge:

Do you know of anyone else who has possession or claims custody of your child(ren)?

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

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):

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? _____ Spouse? _____

Any problem with debts? Client? _____ Spouse? _____

Any problem with gambling? Client? _____ Spouse? _____

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

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 ___

Attitudes towards reconciliation: yours _____ spouse's _____

Are you or your spouse receiving ADC? Yes ___ No ___ If yes, Caseworker's name: _____ and Case 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- Husband

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 - Wife

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

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: _____

Previous Employer: _____

Previous Employer: _____

Address: _____

Address: _____

Annual Income: _____

Annual Income: _____

Is it necessary for you or your 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? _____

3. Type: _____

Gross per year? _____ In whose name? _____

Education

Client

Spouse

Highest degree obtained: _____ Highest degree obtained: _____

University/College: _____ University/College: _____

Degree(s): _____ Degree(s): _____

Date obtained: _____ Date obtained: _____

Certificate/License: _____ University/College: _____

Other Degree(s): _____ Degree(s): _____

Date obtained: _____ Date obtained: _____

Additional training: _____ Additional training: _____

Did either spouse contribute to the education of the other? Yes ____ No ____

If yes, describe: _____

Relief to be Requested

_____ Divorce

_____ Separate Maintenance

_____ Annulment

_____ Custody of child(ren)

_____ Parenting time/Visitation rights

_____ Child support payments

_____ Alimony/spousal support

_____ Spouse to vacate home

_____ Contribution to your attorney fees

_____ Restoration of former name

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

_____ Property division

_____ Property injunction

_____ Personal Protection Order (for domestic assault)

_____ Health insurance for child(ren) -- for self _____

_____ Home utility payments

_____ Home insurance (PL/PD)

_____ Mortgage payments

_____ Debts paid -- specify:

_____ Other -- describe:

_____ Attorney fee arrangement

You're done! Thank you so much for all the time and effort put into this form.
This will save a lot of time in the long run!