

DOMESTIC CLIENT INTERVIEW FORM #12

CONRAD TROSCH & KEMMY, P.A.

DOMESTIC CLIENT INTERVIEW FORM

For Office Use Only:

Interview Date: _____

Referred By: _____

Case Caption: _____

Court File #: _____

CLIENT INFORMATION

Client Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (City) (State) (Zip Code)

Mailing Address: _____
(If different from above) (Street) (City) (State) (Zip Code)

Home Phone #: _____ Cell #: _____ Business #: _____

Fax #: _____ Which phone number is secure for office use? _____

Email Address: _____ Is this a secure e-mail address? _____

Employer: _____ Address: _____

Position: _____ Annual Gross Income: _____

Social Security Number: _____ Date of Birth: _____

Length of residency in NC: _____ Maiden Name: _____

INFORMATION REGARDING OPPOSING PARTY

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

Email Address: _____ Cell #: _____ Business #: _____

Employer: _____ Address: _____

Position: _____ Annual Gross Income: _____

Social Security Number: _____ Date of Birth: _____

Maiden Name: _____ Spouse's Attorney: _____

CLIENT'S N.C. RESIDENCES FOR THE PAST FIVE (5) YEARS:

ADDRESS

DATES

_____	_____
_____	_____
_____	_____
_____	_____

CHILD(REN) OF THE PRIOR MARRIAGE/RELATIONSHIP

Full Name of Child

Date of Birth(& Age)

1. _____
2. _____
3. _____
4. _____

1. _____
2. _____
3. _____
4. _____

Place of Birth

Social Security Number

1. _____
2. _____
3. _____
4. _____

1. _____
2. _____
3. _____
4. _____

State each address where each child(ren) has lived for the past five (5) years, the years lived there and with whom:

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

CHILDREN OF PRIOR RELATIONSHIP(S)

Are there any children from a another relationship? _____ If so, please insert the following:

Child 1: Name _____ Birth date: _____

Address _____ Living with you? _____

Do you pay child support for their benefit? _____ Monthly Amount _____

Child 2: Name _____ Birth date: _____

Address _____ Living with you? _____

Do you pay child support for their benefit? _____ Monthly Amount _____

Child 3: Name _____ Birth date: _____
Address _____ Living with you? _____
Do you pay child support for their benefit? _____ Monthly Amount _____

COURT INFORMATION REGARDING CHILDREN IN THIS CASE

1. Has client participated as a party, witness or in any other capacity in any other litigation concerning the custody of any of client's minor children in this or in any other state (besides the present action)?

Yes ____ No ____ If yes, for which children? _____

In what state? _____ Case Title & #: _____

2. Does client have information of any custody proceedings concerning any of the client's minor children pending in a court of this or any other state?

Yes ____ No ____ If yes, for which children? _____

In what state? _____ Case Title & #: _____

3. Does client know of any other person, not a party to these proceedings, who has physical custody of any of client's minor children or who claim to have custody or visitation rights with respect to any of the client's minor children?

Yes ____ No ____ If yes, name person(s): _____

OTHER INFORMATION

1. Has client signed or executed a Separation Agreement, Property Settlement Agreement and/or any other contract between yourself and the other parent? Yes ____ No ____

If yes, date of Contract or Agreement: _____

If yes, were you or your spouse represented during that process? Yes ____ No ____

2. Have you had previous counsel related to your domestic problems?

Yes ____ No ____ If yes, name of former counsel? _____

3. Spouse's former counsel: _____

CONRAD TROSCH

& KEMMY, P.A.