

DOMESTIC CLIENT INTERVIEW FORM #13

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: _____

INFORMATION REGARDING MARRIAGE

Date of Marriage: _____ Date of Separation: _____

Place of Marriage (City/County/State): _____

	<u>CLIENT</u>	<u>OTHER PARTY</u>
State/County of Birth:	_____	_____
# of Previous Marriages:	_____	_____
# Ended in Death:	_____	_____
# Ended in Divorce:	_____	_____

If you are seeking a divorce, if so, do you want to resume your maiden name?

Yes ___ No ___ If the answer is yes, what name _____

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

<u>ADDRESS</u>	<u>DATES</u>
_____	_____
_____	_____
_____	_____
_____	_____

CHILD(REN) OF THE MARRIAGE

<u>Full Name of Child</u>	<u>Date of Birth(& Age)</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

<u>Place of Birth</u>	<u>Social Security Number</u>
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

Thank You for Choosing
CONRAD TROSCH

& KEMMY, P.A.