

OFFICE USE ONLY:
RETAINER QUOTED: _____
DATE SEEN: _____

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FAMILY LAW CLIENT INTERVIEW FORM

I HAVE BEEN SERVED WITH DOCUMENTS IN THIS MATTER __YES __NO
I HAVE A COURT DATE SET FOR: _____, IN _____ COUNTY
NAME OF CURRENT OR FORMER ATTORNEY: _____
NAME OF OTHER PARTY'S ATTORNEY: _____

*INSTRUCTIONS: Please complete this confidential questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your family law problem. All information will be held in strict confidence. If fully answering any item requires more room, please attach one or more separate sheets of paper, as necessary. **If you don't know the answer to the question or don't have documents readily to hand, please give me your best recollection/estimate as an answer and provided updated information as soon as possible. Please print out and bring the completed form with you to your initial consultation or appointment.***

QUESTIONS ABOUT YOU

1. Please provide your full name, date and place of birth, the last four digits of your Social Security number, and indicate whether or not you have a driver's license.
 - a. Name (First, Last, Middle) : _____
Maiden Name, if any: _____
 - b. Date of Birth : _____
 - c. Place of Birth : _____
 - d. Last Four Digits of SSN: _____
 - e. Valid Driver's License? : __yes __no If no, why not? _____
 - f. If other party is not your current partner, please identify any current partner here, the type of relationship (e.g., spouse, girlfriend/boyfriend, etc.) and if you live together, please tell me that as well: _____

2. Where are you living now?
 - a. Address (including county): _____

- b. OK to send you documents and communications by US Mail? __yes __no
 - b. How long in State : _____
 - d. How long in County : _____
 - e. Residence telephone: _____
 - f. Mobile telephone : _____
 - g. OK to leave a voicemail for you? __yes __no
 - h. Email address : _____
 - i. OK to send you an e-mail about your matter?: __yes __no
3. Please complete the following concerning your employment:
- a. Employer : _____
 - b. Job title : _____
 - c. Address : _____
 - d. Telephone number : _____
 - e. How often are you paid?(weekly, bi-weekly, twice a month, etc.) _____
 - f. What was your gross income from all sources last year? _____
 - g. How many paychecks have you received this year, and what are your gross earnings as of the date of the last check? \$ _____
 - h. Length of employment : _____
 - i. Education/Training (High School diploma, some college, degree, certificate, etc): _____
 - j. Do you earn money from any source other than your main employer?
__yes __no
 - k. Please identify source and amount of all other earnings: _____
 - l. Have you ever earned more money than you currently earn? If so, tell me what you used to do and how much you earned:

 - m. If you are currently not employed, tell me why, tell me the last time you held a job, and tell me how much that job paid: _____

QUESTIONS ABOUT THE OTHER PARTY

4. Please provide the other party's full name, date and place of birth, the last four digits of his/her Social Security number, and indicate whether or not this person has a driver's license.
- a. Name (First, Last, Middle) : _____
Maiden Name, if any: _____
 - b. Date of Birth : _____
 - c. Place of Birth : _____
 - d. Last Four Digits of SSN: _____
 - e. Valid Driver's License? : __yes __no If no, why not? _____

f. If this person is not your current partner, please identify any current partner this party has, the type of relationship (e.g., spouse, girlfriend/boyfriend, etc.), and whether they live together: _____

5. Where is this other party living?

- a. Address : _____
- b. How long in state : _____
- c. County of residence: _____
- d. How long in County : _____

6. Please complete the following concerning the other party's employment:

- a. Employer : _____
- b. Job title : _____
- c. Address : _____
- d. Telephone number : _____
- e. How often is this person paid (weekly, bi-weekly, twice a month, etc.)? : _____
- f. What was his or her gross income from all sources last year? _____
- g. How many paychecks has this person received this year, and what are his/her gross earnings as of the date of the last check?
\$ _____
- h. Length of employment : _____
- i. Education/Training (High School diploma, some college, degree, certificate, etc): _____
- j. Does this person earn money from any source other than a main employer?
__ yes __ no
- k. Please identify source and amount of all other earnings: _____
- l. Has this person ever earned more money than they currently earn? If so, tell me what they used to do and how much they earned:

- m. If this person is currently not employed, tell me why, tell me the last time they held a job, and tell me how much that job paid: _____

QUESTIONS ABOUT THE RELATIONSHIP

7. Were or are you married to this person? If so, please provide the date and place of your marriage:

- a. Date : _____
- b. City, County, State : _____

7a. If never married, please provide date you began relationship: _____

8. Date of separation/end of relationship _____

8a. Date of divorce, if applicable: _____

9. If applicable, do you believe that counseling would help, or is reconciliation with your spouse or partner a possibility? _____

10. If there are any children of this marriage/relationship, please provide all requested information:

	Full Name:	Sex :	D.O.B.:	Age Now	Place of Birth:	Lives with:
1						
2						
3						

10a. Are any of the above children adopted? If so, name the child and provide the adoption date: _____

10b. Is the female partner of this relationship now pregnant? _____

10c. If so, is the other party the father of the child? __yes __no

11. Do the child(ren) have health insurance or the Medical Card? _____

a. Name of insurance company: _____

b. Group number: _____

c. Party responsible for premium: _____

d. Monthly cost of premium \$ _____

e. Is the insurance covered through a parent's employment? _____

f. Is insurance available to the other party through employment? _____

12. Will there be a dispute over the parenting time arrangement or decision-making with respect to the children? __yes __no __don't know

What should the parenting plan be (e.g., who should have the child or children, and on what days and times, and how should holidays and summers be shared)?
If you are not certain, we can discuss these terms and ideas for allocation of parenting time (formerly known as physical custody/visitation):

Who will make decisions?

Education	Mom _____	Dad _____	Joint _____
Medical	Mom _____	Dad _____	Joint _____

Religion	Mom____	Dad____	Joint____
Extra-curricular	Mom____	Dad____	Joint____

13. Special circumstances of children and/or spouses/partners:
- a. Anyone with special needs? : _____
 - b. Do you anticipate conflicts with respect to religion of child or children? ____
 - c. Does anyone involved in this matter, including children, have a pending lawsuit, workmen's comp matter, or other claim involving money? If so, tell me about it:

 - d. Does anyone in the family receive social security benefits? If so tell me who and for what reason:_____
 - e. Does anyone in the family have money or property being held in trust for them? If so, describe briefly:_____
14. If you were married to or in a civil union with the other party to this action, have you or your spouse ever filed for a divorce before? __yes __no
If so, when and where? _____
15. Name of your spouse's attorney or attorney consulted, if any: _____
16. If a divorce is granted, should the wife's maiden or prior name be restored?_____
If so, what name will be used (first, middle, last)?_____
17. If you or the other party have been married before, for each marriage, please tell me the name of the former spouse, the date of marriage, the date of divorce, and the county and state where the divorce was finalized:

If there are children from a previous marriage or other relationship, please provide all requested information:

	Name:	Sex:	D.O.B.:	Age:	Your Child or Other Party's Child?	Residence:
1						
2						
3						

18. Do you pay or receive child support? _____
Is the child support for children in this matter? yes no
Describe child support payments \$_____ per _____
Is the child support current? yes no
If there are child support arrears, provide an approximate dollar amount of the
arrearage:_____

**IF YOU HAVE COME TO SEE ME ABOUT A DIVORCE, CIVIL UNION
DISSOLUTION, POST-DIVORCE MATTER INVOLVING SUPPORT, OR A
CHILD SUPPORT MATTER, PLEASE COMPLETE THIS SECTION;
OTHERWISE, SKIP TO THE LAST QUESTION.**

19. Please list all Real Estate Owned:
Real Estate Property #1
- a. Address : _____
 - b. Name of Mortgage company/Bank: _____
 - i. How much did you borrow: \$ _____
 - ii. Whose Name is on the Mortgage?: _____
 - iii. Year Mortgage Obtained: _____
 - iv. Whose Name is on the Deed? _____
 - d. Year property was bought : _____
 - e. Estimated current market value\$ _____
 - f. Monthly payments \$ _____
 - g. Taxes and Insurance Per Year \$ _____
 - h. Included in Mortgage Payment? yes no
 - i. Are all taxes on the property currently paid? yes no
 - j. If property taxes are owed, how much and for what year(s)? _____

Please answer the same questions on an additional sheet of paper if you have more than one parcel of real estate or another home.

20. List all Bank Accounts.
Account #1
- a. Name of bank : _____
 - b. Account type (checking, savings, etc.): _____
 - c. Account number : _____
 - d. Amount on deposit \$ _____
 - e. Authorized users : _____
- Account #2
- a. Name of bank : _____
 - b. Account type (checking, savings, etc.): _____

- c. Account number : _____
d. Amount on deposit \$ _____
e. Authorized users : _____

Account #3

- a. Name of bank : _____
b. Account type (checking, savings, IRA, etc.): _____
c. Account number : _____
d. Amount on deposit \$ _____
e. Authorized users : _____

21. List all Motor Vehicles, Boats, Airplanes, Cycles, Trailers:

Vehicle #1

- a. Year, make and model : _____
b. In whose Possession: : _____
c. Who usually drives it: : _____
d. Car loan lender : _____
e. Loan balance \$ _____
f. Estimated value \$ _____
g. Titled in Whose Name? _____

Vehicle #2

- a. Year, make and model : _____
b. In whose Possession: : _____
c. Who usually drives it: : _____
d. Car loan lender : _____
e. Loan balance \$ _____
f. Estimated value \$ _____
g. Titled in Whose Name? _____

Vehicle #3

- a. Year, make and model : _____
b. In whose Possession: : _____
c. Who usually drives it: : _____
d. Car loan lender : _____
e. Loan balance \$ _____
f. Estimated value \$ _____
g. Titled in Whose Name? _____

22. List all Retirement, Pensions, and Savings Plans:

- a. Do you participate in any retirement plan or company savings plan? _____

If so, please describe the type of plan(s), e.g., 401(k), pension, IRA, etc.:

Approximate value of your retirement account(s): _____

- b. Does the other party participate in any retirement plan or company savings plan? _____

If so, please describe the type of plan(s), e.g., 401(k), pension, IRA, etc.:

Approximate value of other party's retirement account(s): _____

23. List any other work benefits you or the other party have, such as workers' compensation, disability benefits, bonuses and other items paid to you or paid by your employer for you

- a. Name or type of your benefit: _____
Please describe the benefit: _____

- b. Name or type of the other party's benefit: _____
Please describe the benefit: _____

24. List all Life Insurance or Annuities You or the Other Party Have:

Insurance #1

- a. Insurance company : _____
b. Policy number : _____
c. Insuring life of : _____
d. Beneficiary : _____
e. Type of policy (Whole Life) (Term) (Universal)
f. Cash value \$ _____
g. Loans against policy, if any, and purpose for which loans were used: _____

Insurance #2

- a. Insurance company : _____
b. Policy number : _____
c. Insuring life of : _____
d. Beneficiary : _____
e. Type of policy (Whole Life) (Term) (Universal)
f. Cash value \$ _____

g. Loans against policy, if any, and purpose for which loans were used: _____

25. List any Investment Accounts other than the Retirement Accounts Listed Above:
Account #1

a. Name of account : _____

b. Estimate amount invested \$ _____

Account #2

a. Name of account : _____

b. Estimate amount invested : _____

26. List all Stocks, Bonds, and Other Securities (include securities not previously disclosed:

Investment #1

a. Name of stock : _____

b. Estimate amount invested \$ _____

Investment #2

a. Name of stock : _____

b. Estimate amount invested \$ _____

27. Does anyone owe you or the other party money? _____

a. How much is owed? \$ _____

b. Owed by whom to Whom? : _____

28. If you or the other party are involved in any lawsuits, please explain:

29. Describe any farming, livestock or mineral interest that you or the other party own: _____

30. List any and all other major assets or property not named above:

DEBTS

31. List charge cards/personal loans, attorney fees, and other debts other than mortgage and car payments:

Creditor Name	Purpose of debt (e.g., loan, household goods, clothing, miscellaneous, etc.)	Amount Owed	Monthly Payment	Debt is in Whose Name?

32. Income Tax:

- a. Have you filed taxes for all previous years? _____
- b. Prepared by whom?: _____
- c. Refund received/owed taxes last year? : _____
- d. If so, how much? \$ _____
- e. What was your filing status (Married, Single, Head of Household)? : _____

33. Last Will and Testament:

- a. Do you have a will? : _____
- b. Prepared by whom?: _____
- c. Does your spouse have a will? _____
- d. Prepared by whom?: _____
- e. Do you need an updated will? : _____
- f. Do you need a power of attorney for healthcare or financial matters or a standby guardianship designation? : _____

34. Separate Property:

Do you own any separate property (property owned before marriage or property received during marriage as a gift or inheritance)? _____

If so, detail property : _____

35. Does the other party own separate property? _____

If so, detail property : _____

36. What does this questionnaire fail to ask you that you think I need to know?