

EASLEY & MARQUIS

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DIVORCE

Client Initial Interview Form

PERSONAL AND CONFIDENTIAL

Please complete this 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 matter. All information will be held in strict confidence. Many of your answers provide information that must be included in Court required forms.

1. CLIENT

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

Age: _____ Place of Birth: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

Education: High School _____
College (years) _____
Degree _____
Graduate Degrees _____

County of Residence: _____ How long: _____

2. CLIENT'S RESIDENCE

Current residence:

Address: _____

City, state & zip: _____

Residence Telephone _____ Fax _____
Business Telephone _____ Fax _____
E-Mail _____ Cell Phone _____

Address at which you wish to receive mail from this office if different from your residence address.

Address: _____
City, State & Zip: _____

3. CLIENT'S EMPLOYMENT

Employer: _____ Job title: _____
Street Address: _____
City, state & zip: _____

Gross salary per month or annually: _____
Net pay per period: _____ Paid how often: _____
Length of employment: _____

4. SPOUSE

NAME: _____

(First) (Middle) (Last) (Maiden)
Age: _____ Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Driver License Number: _____

Education: High School _____
College (years) _____
Degree _____
Graduate Degrees _____

5. SPOUSE'S RESIDENCE, IF DIFFERENT FROM YOUR OWN

Address: _____
City, state & zip: _____

Residence Telephone Number: _____

6. SPOUSE'S EMPLOYMENT

Employer: _____ Job title: _____

Street Address: _____
City, State & Zip: _____

Gross salary per month or annually: _____

Net Pay per period: _____ Paid how often: _____

Length of employment: _____

7. MARRIAGE

Date: _____ / _____ / _____ City and State: _____

Do you and your spouse have a premarital agreement? YES / NO

Are you now separated from your spouse? YES / NO

If so, date of separation: _____ / _____ / _____

8. CHILDREN OF THIS MARRIAGE

Name: _____ Sex: _____

Social Security Number: _____

Place of Birth (City, County & State): _____

Date of Birth: _____ / _____ / _____ Age: _____

School: _____ Grade: _____

Significant Property belonging to child: _____

Name: _____ Sex: _____

Social Security Number: _____

Place of Birth (City, County & State): _____

Date of Birth: _____ / _____ / _____ Age: _____

School: _____ Grade: _____

Significant Property belonging to child: _____

Name: _____ Sex: _____

Social Security Number: _____

Place of Birth (City, County & State): _____

Date of Birth: _____ / _____ / _____ Age: _____

School: _____ Grade: _____

Significant Property belonging to child: _____

9. CHILDREN BY A PREVIOUS MARRIAGE

Do you have any children by a previous marriage? YES / NO

If so, please give the full name, date and place of birth, sex, and social security number of each child of your previous marriage:

Name: _____ Sex: _____

Social Security Number: _____ / _____ / _____ Date of Birth: _____
Place of Birth (City, County & State): _____

Name: _____ Sex: _____
Social Security Number: _____ / _____ / _____ Date of Birth: _____
Place of Birth (City, County & State): _____

Where and with whom do these children reside? _____

Do you pay / receive child support? _____ If so, how much? _____ per month.

10. PROPERTY SKETCH

Gross value of Real estate? _____ Value of Liquid Assets? _____

Do you want your house sold? YES / NO

Briefly describe and give an estimated value of any retirement plans of you and/or spouse: _____

Do you have significant Frequent Flyer Miles? YES / NO

Your car (make, model, value, title in your name/spouse's name/jointly): _____

Spouse's car (make, model, value, title in your name/spouse's name/jointly): _____

Other vehicles owned: _____

Please provide a general description of any other assets or investments owned and your opinion of value: _____

Please estimate the total liabilities/debts of you and your spouse, including real estate mortgages: _____

11. Have you seen a marriage counselor? YES / NO

If so, give name: _____

12. Briefly describe the circumstances of your current marital difficulties: _____

13. Will there be a dispute over custody of the children? YES / NO
If not, custody will be with whom? MOM / DAD

14. Where are the children living at this time? _____

15. Have you or your spouse ever filed for a divorce? Spouse: YES / NO
You: YES / NO
If so, when and where? Spouse: _____ You: _____

16. Does your spouse now have an attorney? YES / NO
If so, whom? _____

17. ATTORNEYS

If you have consulted with another attorney on this matter give that attorney's name:

If your spouse has consulted with an attorney on this matter give that attorney's name: _____

18. If a divorce is granted, should the wife's maiden name be restored? YES / NO
If so, what name should be used? _____

I UNDERSTAND that if the initial consultation is longer than one hour I will be charged for the additional time at the following rates:

Sharon Easley -	\$350.00	Lisa Marquis -	\$300.00
Casey Davis -	\$200.00	Kelly Martin -	\$200.00

I ACKNOWLEDGE that the additional charge, if any, will be paid by me at the conclusion of the consultation or debited from my retainer if I hire the attorney.

DATE: _____ SIGNATURE: _____

PLEASE FILL OUT BELOW:

Easley & Marquis strives to help as many people as possible through these hard times. Please help us in our efforts by telling us how you heard about our firm. (Please circle the correct referral source)

INTERNET SEARCH

(Please specify which search engine ie: Google, MSNBC etc.) _____

YELLOW PAGES

PLANO PROFILE

INSIDE COLLIN COUNTY BUSINESS

REFERRED BY A FORMER/CURRENT CLIENT

(Please give name) _____

OTHER

(Please Specify) _____

Please return this form to the receptionist with your consultation fee.

For Internal Use Only:

Attorney: _____

Type of Case: (Please Circle One):

HCL

LCL

COLLABORATIVE