

# EASLEY & MARQUIS

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## VISITATION/SUPPORT MODIFICATION

### 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

a. Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

b. Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

c. Date of Birth: \_\_\_\_\_

d. Social Security Number: \_\_\_\_\_

e. Driver's License Number: \_\_\_\_\_

f. Education: High School \_\_\_\_\_  
College (years) \_\_\_\_\_  
Degree \_\_\_\_\_  
Graduate Degrees \_\_\_\_\_

g. Are you currently married: \_\_\_\_\_  
If so, name of current spouse: \_\_\_\_\_  
Date married: \_\_\_\_\_  
Current spouse's employer: \_\_\_\_\_

2. CLIENT'S RESIDENCE

- a. Address: \_\_\_\_\_
- b. City, state & zip: \_\_\_\_\_
- c. Has county of residence changed since previous order: \_\_\_\_\_  
If so, when: \_\_\_\_\_ and from where: \_\_\_\_\_
- d. Residence Telephone Number: \_\_\_\_\_
- e. Residence FAX Number: \_\_\_\_\_
- f. Cell Phone Number: \_\_\_\_\_
- g. Email Address: \_\_\_\_\_

3. CLIENT'S EMPLOYMENT

- a. Employer: \_\_\_\_\_
- b. Job title: \_\_\_\_\_
- c. Nature of Job: \_\_\_\_\_
- d. Street Address: \_\_\_\_\_
- e. City, state & zip: \_\_\_\_\_
- f. Telephone number: \_\_\_\_\_  
Fax number: \_\_\_\_\_  
Can we fax you at work? \_\_\_\_\_
- g. Gross salary per month or annually: \_\_\_\_\_
- h. Net pay per period: \_\_\_\_\_ Paid how often: \_\_\_\_\_
- i. Length of employment: \_\_\_\_\_

4. MAIL

a. Address at which you wish to receive mail from this office:

\_\_\_\_\_

\_\_\_\_\_

5. PRIOR MARRIAGE INFORMATION

a. Date of divorce: \_\_\_\_\_

b. Court and/or place of divorce: \_\_\_\_\_

6. OTHER PARENT/FORMER SPOUSE INFORMATION

a. Name of other parent (former spouse): \_\_\_\_\_

b. Education:           High School           \_\_\_\_\_

                              College (years)        \_\_\_\_\_

                              Degree                 \_\_\_\_\_

                              Graduate Degrees     \_\_\_\_\_

c. Address: \_\_\_\_\_

d. City, state & zip: \_\_\_\_\_

e. Residence Telephone Number: \_\_\_\_\_

f. Is former spouse remarried? \_\_\_\_\_

    If so, when: \_\_\_\_\_

g. Employer: \_\_\_\_\_

h. Gross salary per month or annually: \_\_\_\_\_

7. CHILDREN

a. Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Place of Birth (City, County & State): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Who has custody now: \_\_\_\_\_

How long: \_\_\_\_\_

School attended and grade: \_\_\_\_\_

Significant Property belonging to child: \_\_\_\_\_

b. Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Place of Birth (City, County & State): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Who has custody now: \_\_\_\_\_

How long: \_\_\_\_\_

School attended and grade: \_\_\_\_\_

Significant Property belonging to child: \_\_\_\_\_

c. Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Place of Birth (City, County & State): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Who has custody now: \_\_\_\_\_  
How long: \_\_\_\_\_  
School attended and grade: \_\_\_\_\_  
Significant Property belonging to child: \_\_\_\_\_

8. CHILD SUPPORT

- a. Do you receive \_\_\_\_\_ or pay \_\_\_\_\_, child support?  
If so, how much per month: \_\_\_\_\_
- b. Is the child support current: \_\_\_\_\_
- c. Is it paid through the child support office: \_\_\_\_\_
- d. Is it deducted from the obligor's paycheck: \_\_\_\_\_

9. CHILDREN'S DOCTOR

- a. Name of doctor: \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. Phone number: \_\_\_\_\_
- d. May attorney consult doctor: \_\_\_\_\_
- e. Does any child have special problems: \_\_\_\_\_  
If so, name of child: \_\_\_\_\_  
Nature of problem: \_\_\_\_\_  
Receiving special care: \_\_\_\_\_  
Name and address of doctor providing care: \_\_\_\_\_  
\_\_\_\_\_

10. PSYCHIATRIST/PSYCHOLOGIST

- a. Has the child(ren) been examined by a psychiatrist or psychologist:\_\_\_\_\_
- b. If so, name of child:\_\_\_\_\_
- c. Name of psychiatrist or psychologist:\_\_\_\_\_
- d. Date of last visit:\_\_\_\_\_

11. ATTORNEYS

- a. Who was your lawyer in the divorce or last court proceeding:\_\_\_\_\_
- \_\_\_\_\_
- b. If you have consulted with another attorney on this matter give that attorney's name:\_\_\_\_\_
- c. Who was the other party's lawyer in the divorce or last court proceeding:\_\_\_\_\_
- d. If the other party or former spouse has consulted with an attorney on this matter give that attorney's name:\_\_\_\_\_

13. LIVING ARRANGEMENTS

- a. Do you intend to move:\_\_\_\_\_
- b. Outside county:\_\_\_\_\_ Outside state/country:\_\_\_\_\_
- c. Does the other party seeking custody intend to move:\_\_\_\_\_
- d. Outside county:\_\_\_\_\_ Outside state/country:\_\_\_\_\_

14. VISITATION

Assuming that custody is resolved, specify actual times and places of desired visitation rights.

	<u>Client's desires</u>	<u>Other Party's Desires</u>
a. Weekends	_____	_____
b. Weekdays	_____	_____
c. Summer Vacation	_____	_____
d. Easter Vacation	_____	_____
e. Christmas	_____	_____
f. Thanksgiving	_____	_____
g. New Year's Day	_____	_____
h. Other Holidays	_____	_____
i. Child's Birthday	_____	_____
j. Parent's Birthday	_____	_____
k. Other periods	_____	_____

15. RELIGION

- a. What is your religious preference? \_\_\_\_\_
- b. The child/ren (if old enough)? \_\_\_\_\_
- c. Other party seeking custody? \_\_\_\_\_

16. HOUSING/LIVING QUARTERS

- a. Are you renting/buying \_\_\_\_\_ apt/home? \_\_\_\_\_
- b. If buying: Estimate value if sold today: \_\_\_\_\_  
Estimate mortgage loan balance: \_\_\_\_\_

17. AUTOMOBILES

	<u>MAKE MODEL</u>	<u>ESTIMATED VALUE</u>	<u>DEBT OWED</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

18. WITNESSES

Are there people with special knowledge who can/will testify regarding custody?

- a. Relatives: \_\_\_\_\_
- b. Neighbors: \_\_\_\_\_
- c. Friends: \_\_\_\_\_
- d. Police or juvenile dept. \_\_\_\_\_
- e. Others: \_\_\_\_\_

19. ANY SPECIAL ATTACHMENTS FORMED BY CHILDREN?

- a. With relatives? \_\_\_\_\_
- b. With friends? \_\_\_\_\_

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