

DIVORCE INTERVIEW SHEET

YOUR NAME: _____

DATE COMPLETED: _____

HUSBAND (Please complete the following questions with information pertaining to the husband.)

FULL NAME:	
PRESENT ADDRESS:	
RESIDENT OF NATRONA COUNTY FOR THE PAST 60 DAYS? YES NO	
TELEPHONE NUMBER: (Home)	(Work)
DATE OF BIRTH:	
AGE:	
BIRTHPLACE: (State or Foreign Country)	
SOCIAL SECURITY NO.:	
ETHNICITY (Native American, African American, Caucasian, etc.):	
EDUCATION (Please specify only highest grade completed):	
NUMBER OF THIS MARRIAGE (First, second, thirds, etc.):	
IF PREVIOUSLY MARRIED, HOW DID LAST MARRIAGE END (by death, divorce, or annulment):	
DATE LAST MARRIAGE ENDED:	
LIST OTHER NAMES EVER USED (state when and why used):	
EMPLOYED BY:	
Employer Name:	
Employer Address:	
Employer Phone:	Date first employed by company:
Rate of Pay: (Hourly)	(Monthly)
Last Year's Income:	

WIFE (Please complete the following questions with information pertaining to the wife.)

FULL NAME:	
PRESENT ADDRESS:	
RESIDENT OF NATRONA COUNTY FOR THE PAST 60 DAYS? YES NO	
TELEPHONE NUMBER: (Home)	(Work)
DATE OF BIRTH:	
AGE:	
BIRTHPLACE: (State or Foreign Country)	
SOCIAL SECURITY NO.:	
ETHNICITY (Native American, African American, Caucasian, etc.):	
EDUCATION (Please specify only highest grade completed):	
NUMBER OF THIS MARRIAGE (First, second, thirds, etc.):	
IF PREVIOUSLY MARRIED, HOW DID LAST MARRIAGE END (by death, divorce, or annulment):	
DATE LAST MARRIAGE ENDED:	
LIST OTHER NAMES EVER USED (state when and why used): Please include the wife's maiden name.	
EMPLOYED BY:	
Employer Name:	
Employer Address:	
Employer Phone:	Date first employed by company:
Rate of Pay: (Hourly)	(Monthly)
Last Year's Income:	

MARRIAGE

PLACE OF MARRIAGE:
(City)
(County)
(State)
DATE OF MARRIAGE: (month, day, year)
ARE YOU AND YOUR SPOUSE LIVING TOGETHER NOW? YES NO
DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD: (month, day, year)

CHILDREN UNDER 18 IN HOUSEHOLD AS OF DATE COUPLE LAST RESIDED IN THE SAME HOUSEHOLD:
 (List only children born to or adopted by both you and your spouse. Please do not list stepchildren here.)

CHILD'S FULL NAME	AGE	BIRTH DATE	SON or DAUGHTER	PRESENTLY RESIDES WITH

Please list ALL ADDRESSES at which the children listed above have lived in the past five (5) years:
 (for children under age 5, all addresses at which they have lived during their lifetimes)

CHILD'S NAME	ADDRESS	DATE(S)	WITH WHOM DID THE CHILD LIVE

Are there any other court orders involving your child(ren)? For example, Family Violence Protection Orders, child support orders, Juvenile Court/DFS orders, Guardianship orders, other custody orders? If so, list below:

CHILD'S NAME	TYPE OF ORDER	DATE OF ORDER	COURT IN WHICH ORDER WAS ENTERED

Is there anyone other than you and your spouse who could claim custodial rights to your child(ren)? E.g., if your child(ren) is/are in DFS custody; in the custody of a grandparent or other relative; etc. If so, list below:

CHILD'S NAME	WHO CAN CLAIM CUSTODIAL RIGHTS? (NAME)	RELATIONSHIP	REASON FOR CLAIMING CUSTODIAL RIGHTS	DOES THE CHILD CURRENTLY RESIDE WITH THIS PERSON/ENTITY?

WHOM DO YOU FEEL SHOULD BE AWARDED CUSTODY OF THE PARTIES' MINOR CHILDREN: husband, wife, joint/shared, other (Please specify): _____

BRIEFLY SPECIFY THE TERMS OF VISITATION RIGHTS YOU PROPOSE THE NONCUSTODIAL PARENT HAVE IN THIS CASE: (If you propose shared physical custody, please specify: e.g., alternating weeks, alternating months, etc.)

AFFIDAVIT OF FINANCES (Please complete the following with information pertaining to you.)

1. My occupation is:	
2. I am employed _____ hours per week by _____	
3. My other sources of income are _____	
4. I am paid (weekly, every other week, monthly)	
5. My monthly gross income from all sources is \$ _____	
6. My monthly payroll deductions with _____ exemptions being claimed are:	
a.	Federal Withholding Tax \$ _____
b.	Social Security \$ _____
c.	Other: _____
d.	My net monthly take-home pay is \$ _____
7. I have an expense account of _____	
8. My total income reported on my last federal tax return was \$ _____	
9. My occupation then was _____	
10. My estimated monthly expense for a household consisting of _____ adults and _____ children are as follows:	
a.	HOUSING
	Rent \$ _____ Own \$ _____
b.	UTILITIES
	Electricity \$ _____
	Gas \$ _____
	Water \$ _____
	Telephone \$ _____
	TV \$ _____
c.	FOOD
	Groceries \$ _____
d.	VEHICLES
	\$ _____
e.	INSURANCE
	Life \$ _____
	Health \$ _____
	Vehicle \$ _____
	Other \$ _____
f.	CREDIT CARDS
	VISA \$ _____
	Mastercard \$ _____
	American Exp \$ _____
g.	CHILD CARE \$ _____
h.	CLOTHING \$ _____
i.	LAUNDRY/CLEANING \$ _____
j.	DOCTOR BILLS \$ _____
k.	MEDICINES \$ _____
l.	MISCELLANEOUS \$ _____
TOTAL MONTHLY EXPENSES \$ _____	

ASSETS (Attach additional sheets if necessary!)

A. REAL PROPERTY (Please attach copies of deeds.)
DESCRIPTION (location)
LEGAL DESCRIPTION
FAIR MARKET VALUE \$ _____
DEBT \$ _____
NET VALUE \$ _____
AWARD TO (Husband or Wife)

ASSETS (Continued)

B. FURNITURE AND HOUSEHOLD GOODS (Please indicate husband or wife under "Award to" column.)

DESCRIPTION	VALUE	AWARD TO

C. MOTOR VEHICLES – if more than two, please list additional vehicles on the back of this sheet, and check here: _____

1. YEAR, MAKE, MODEL:	
VEHICLE IDENTIFICATION NUMBER:	
FAIR MARKET VALUE: \$	DEBT (if any): \$
2. YEAR, MAKE, MODEL:	
VEHICLE IDENTIFICATION NUMBER:	
FAIR MARKET VALUE: \$	DEBT (if any): \$

D. INSURANCE POLICIES

LIFE

COMPANY NAME:
POLICY NUMBER:
CASH SURRENDER VALUE: \$
LOANS AGAINST POLICY: \$
MONTHLY PREMIUM: \$
BENEFICIARY:
AWARD TO (husband or wife):

HEALTH

COMPANY NAME:	
POLICY NUMBER:	
PERSONS COVERED:	
IS THIS COVERAGE OFFERED THROUGH HUSBAND’S OR WIFE’S EMPLOYMENT?	
AMOUNT OF DEDUCTIBLE: \$	PERCENT OF COVEREAGE:
MONTHLY PREMIUM: \$	
WHO DO YOU FEEL SHOULD BE RESPONSIBLE FOR MONTHLY PREMIUMS (husband or wife)	

AUTOMOBILE INSURANCE

DESCRIPTION OF AUTO COVERED:
NAME OF POLICY:
POLICY NUMBER:
PERSONS COVERED:
MONTHLY PREMIUMS: \$

ASSETS (Continued)

E. PENSION OR RETIREMENT PLANS (Please attach copies of any plans.)

1. NAME OF PLAN:
PLAN NUMBER:
AMOUNT INVESTED: \$
VALUE: \$
MONTHLY PREMIUM: \$
IS THIS COVERAGE OFFERED THROUGH HUSBAND'S OR WIFE'S EMPLOYMENT?
2. NAME OF PLAN:
PLAN NUMBER:
AMOUNT INVESTED: \$
VALUE: \$
MONTHLY PREMIUM: \$
IS THIS COVERAGE OFFERED THROUGH HUSBAND'S OR WIFE'S EMPLOYMENT?

F. STOCKS AND BONDS

1. COMPANY NAME:
NUMBER OF SHARES:
NAMES IN WHICH HELD:
MARKET VALUE: \$
DATE OF VALUATION:
2. COMPANY NAME:
NUMBER OF SHARES:
NAMES IN WHICH HELD:
MARKET VALUE: \$
DATE OF VALUATION:

G. BANK ACCOUNTS – if more than two, please list additional accounts on the back of this sheet and check here: _____

1. NAME AND LOCATION OF BANK:
CHECKING, SAVINGS, CD:
NAMES ON ACCOUNT:
AMOUNT IN ACCOUNT (as of separation date): \$
AMOUNT IN ACCOUNT (as of today's date:) \$
PLEASE INDICATE WHO SHOULD BE AWARDED THE ACCOUNT (husband or wife)
2. NAME AND LOCATION OF BANK:
CHECKING, SAVINGS, CD:
NAMES ON ACCOUNT:
AMOUNT IN ACCOUNT (as of separation date): \$
AMOUNT IN ACCOUNT (as of today's date:) \$
PLEASE INDICATE WHO SHOULD BE AWARDED THE ACCOUNT (husband or wife)

H. CASH ON HAND

\$ _____

J. MISCELLANEOUS

DEBTS (Please indicate husband or wife under "Award to" column.) Please include mortgages and vehicle loans, as well as other debts such as credit cards, student loans, medical bills, etc.

DESCRIPTION	DEBT AS OF SEPARATION	DEBT AS OF TODAY	AWARD TO

WITNESSES (List any names, addresses, and telephone numbers of any person who may be of assistance in testifying about your case.)

NAME	ADDRESS	TELEPHONE (work and home)	PROPOSED TESTIMONY

DOCUMENTS YOU NEED TO PROVIDE OUR OFFICE

(Please locate and bring with you, or have available for review, as many of the following documents as you can locate.)

1. Copies of tax returns for the last five (5) years.
2. Copies of all banking or financial account documents which related to the parties funds including, change of account forms, monthly statements, deposit forms, check registers, canceled checks, ledgers, and stock and brokerage account statements.
3. Copies of all saving accounts, retirement plans, pension plans, IRA, stock or brokerage account statements.
4. Copies of all current debt statements including credit cards, utilities, mortgages, installment or other open accounts.
5. Copies of all financial statements and loan applications.
6. Copies of all deeds to real property, lease or rental agreements, utility applications, insurance contracts for the property in which you currently reside.
7. Copies of all life, health, and liability insurance policies.
8. Copies of health and liability benefit explanation materials.
9. Copies of any reports or findings from any health or mental health professional, including physicians, psychologists, counselors or psychiatrists concerning you, your spouse or your child or children.
10. Copies of all written appraisals, market analyses or opinions of value for any of the parties' properties.
11. Copies of profit and loss statements, balance sheets, asset lists, debt lists.
12. Copies of all phone bills, including cellular phone bills.
13. List of property in your spouse's possession.
14. An itemization of property the Plaintiff claims is marital and non-marital.
15. Copies of corporate records, notes, mortgages, financial statements, bank statements or other business records for any private corporation, partnership, or business venture in which you or your spouse are involved or have an ownership interest.
16. Any other writings including letters or cards, photographs, videotapes, computer disks, or information that you believe will provide information helpful to your case.