

INITIAL INTERVIEW - DIVORCE

Petitioner (spouse who files divorce)

Respondent (spouse who responds to divorce)

Name _____
Address _____

Name _____
Address _____

Maiden Name _____

Maiden Name _____

Social Security No: (Last 4 digits): _____

Social Security No.(Last 4 digits): _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Birth Date _____

Birth Date _____

Birth Place _____

Birth Place _____

Driver License No. _____

Driver License No. _____

Gross Income _____

Gross Income _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Service: A. Personal service at home or work: _____
If work, work address _____

B. Waiver of Service: _____

Grounds: Date of Marriage _____ Place _____
Date of Separation _____ City _____ State _____

Children:				
Name	Birth Date	Place of Birth	SEX	SSN

- A. Children residing with Petitioner/Respondent/Other: _____
- B. Do the children own any property (specify if any): _____
- C. Are the children covered by health insurance (specify coverage): _____
- D. Is health insurance provided by employer or individual(specify): _____
- E. Name of health insurance provider: _____
- E. If employer, is it husband or wife's employee coverage (specify): _____
- F. Cost for health coverage for the child(ren) only: \$ _____ per month

Conservatorship and Support:

- A. Joint Managing Conservator and support to Petitioner
- B. Joint Managing Conservator and support to Respondent
- C. Agreed Conservator and Support
- D. Contested conservatorship and support

Division of Property (explain briefly the parties' major assets):

Injunctive Relief: A. Temporary Restraining Order B. Other _____
1) Property 2) Personal

Restore maiden name or other: _____

Other:

- 1) Have you or the other parent ever received Public Assistance payments (AFDC or TANF)? ____ yes ____ no
- 2) Have you, the other parent, or the child ever been on Medicaid? ____ yes ____ no
- 3) Have you or the other parent ever made an application for services with the Office of the Attorney General? ____ yes ____ no
- 4) Have you or the other parent ever made an application for services with a child support office of another state? ____ yes ____ no
If yes, what state? _____

Opposing Counsel:

Name _____ Phone No. _____
Address _____

