

**CLIFTON DODSON SORTINO, LLP**  
Attorneys at Law

**CLIENT DIVORCE INTERVIEW FORM**

Please fill out this questionnaire and return it as soon as possible. It is important that you answer each question fully.

It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A". If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet: Refer to the question number to which your answer applies, and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress.

Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

**NOTICE OF CONFIDENTIALITY**

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT.

THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

CLIFTON DODSON SORTINO, LLP  
Attorneys at Law

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**Personal**

**About you:**

1. Please give your *full* name, date and place of birth, and Social Security number.

Full name: \_\_\_\_\_ Maiden Name:  
\_\_\_\_\_

Birth date: \_\_\_\_\_ State, City and County where born:  
\_\_\_\_\_

Social Security number:  
\_\_\_\_\_

Driver's license number:  
\_\_\_\_\_

2. Where are you living now, and what is your phone number?

Address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

3. At what address do you wish to receive mail from this office?

\_\_\_\_\_  
\_\_\_\_\_

4. How do you prefer that we contact you?

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Pager: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

5. Have you consulted or retained any other attorneys on this matter before coming to this

office?

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If so, please state who and when: \_\_\_\_\_

6. Please complete the following information concerning your employment.

Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, state, zip \_\_\_\_\_

Telephone number: \_\_\_\_\_

May we call you at work? \_\_\_\_\_

Gross salary per month or annually? \_\_\_\_\_

Length of employment: \_\_\_\_\_

Education: \_\_\_\_\_

**About your spouse or ex-spouse:**

7. Please give your spouse's or ex-spouse's *full* name, date and place of birth, and Social Security number.

Full name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ State and County where born: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's license #: \_\_\_\_\_

8. Where is your spouse or ex-spouse living now, and what is his or her phone number?

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home phone: \_\_\_\_\_

9. Please complete the following information concerning your spouse's or ex-spouse's employment.

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

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

Length of employment: \_\_\_\_\_

Education: \_\_\_\_\_

**About your children:**

10. Please give the full name, date and place of birth, sex, and Social Security number of each child of this marriage:

Name: \_\_\_\_\_

Sex (M/F): \_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Name: \_\_\_\_\_

Sex (M/F): \_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Name: \_\_\_\_\_

Sex (M/F): \_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

11. Will there be a dispute over the children? \_\_\_\_\_

If *not*, with whom will custody be? \_\_\_\_\_

12. Where and with whom are the children living now?

\_\_\_\_\_

**About your marriage and separation:**

13. Please give the date and place of your marriage:

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Are you now separated from your spouse? \_\_\_\_\_

If so, please state date of separation: \_\_\_\_\_

14. Check as appropriate if your marital difficulties involve any of the following:
- Drugs/alcohol                       Sexual disappoint                       infidelity  
 financial dispute                       physical violence                       religion  
 incompatibility                       other \_\_\_\_\_
15. How long have you lived in Texas? \_\_\_\_\_
16. How long have you lived in the county you are now living in? \_\_\_\_\_
17. Have you or your spouse ever filed for divorce?  
 \_\_\_\_\_  
 If so, when and where? \_\_\_\_\_
18. Does your spouse or ex-spouse have an attorney?  
 \_\_\_\_\_  
 If so, who? \_\_\_\_\_
19. Have you ever been married before? \_\_\_\_\_  
 If so, how many times? \_\_\_\_\_
20. Do you or your spouse or ex-spouse have any other children from whom a duty of support is owed? \_\_\_\_\_  
 If so, please give the full name, date and place of birth, sex, and Social Security number of each such child:
- Name: \_\_\_\_\_  
 Sex (M/F): \_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_  
 Social Security number: \_\_\_\_\_
- Name: \_\_\_\_\_  
 Sex (M/F): \_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_  
 Social Security number: \_\_\_\_\_
- Name: \_\_\_\_\_  
 Sex (M/F): \_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

21. Where and with whom do these children live?

\_\_\_\_\_

22. Do you pay/receive child support? \_\_\_\_\_

If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_

23. Does your spouse or ex-spouse pay/receive child support? \_\_\_\_\_

If so, how much? \$ \_\_\_\_\_ per \_\_\_\_\_

24. If a divorce is granted, should the wife's maiden name be restored? \_\_\_\_\_

If so, what name should be used? \_\_\_\_\_

**“Skeletons in the Closet” and Sensitive Topics:**

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST IN ANSWERING THESE QUESTIONS, IT COULD BE ABSOLUTELY DISASTROUS TO YOUR CASE

Will anyone allege that you or your spouse or ex-spouse has done any of the following:

	You	Your spouse or ex-spouse
1. Committed a crime?	_____	_____
2. Been arrested?	_____	_____
3. Been in jail or prison?	_____	_____
4. Used illegal drugs?	_____	_____
5. Been hospitalized for using illegal drugs?	_____	_____
6. Abused prescription drugs?	_____	_____
7. Been hospitalized for abusing prescription drugs?	_____	_____
8. Abused alcohol?	_____	_____
9. Been hospitalized for abusing alcohol?	_____	_____

You

Your spouse or

ex-spouse

- 10. Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)? \_\_\_\_\_
- 11. Engaged in gambling activities (legal or illegal)? \_\_\_\_\_
- 1. Engaged in other illegal activities? \_\_\_\_\_
- 13. Attempted suicide? \_\_\_\_\_
- 14. Been hospitalized for an emotional or psychiatric disorder? \_\_\_\_\_
- 15. Suffered from or received treatment for an emotional or psychiatric condition? \_\_\_\_\_
- 16. Abused own spouse? \_\_\_\_\_
- 17. Been accused of child abuse? \_\_\_\_\_
- 18. Had a sexual relationship during the marriage with someone other than own spouse? \_\_\_\_\_
- 19. Had a sexual relationship (during or not during the marriage) with someone other than own spouse of which the children were aware? \_\_\_\_\_

If so, describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship.

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- 20. Had a homosexual/bisexual relationship? \_\_\_\_\_
- 21. Engaged in unusual sexual practices? \_\_\_\_\_
- 22. Had a pregnancy outside of marriage? \_\_\_\_\_
- 23. Had a sexually transmitted disease? \_\_\_\_\_
- 24. Drunk to excess? \_\_\_\_\_
- if so, what and how often? \_\_\_\_\_
- 25. Other? \_\_\_\_\_

If so, describe:

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26. If you or your spouse or ex-spouse has a relationship with a person whom the children see frequently and that person would answer “yes” to one or more of the preceding “skeleton-in-the-closet” questions, describe the situation:

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27. Do you or your spouse or ex-spouse suffer from any physical disability that would interfere with being able to care for the children?

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28. Have you or your spouse or ex-spouse made any photographs or audio or visual recordings of the other party?

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29. If so, describe the content:

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