

James Scott Family Law

Domestic Interview Form

(please print)

Date: _____

1. Referred to this firm by: _____
2. Ever married before? _____ How many times? _____
3. How terminated? _____ When? _____
(Death-Dissolution-Annulment)
4. Does either party have an attorney? _____ Have papers been served? _____
5. Has either party lived in California 6 months? _____ San Diego County 3 months? _____

PART I **HUSBAND**

Name: _____
(First, Middle, Last)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Age: _____

Cell Phone: _____

Email Address: _____

Occupation: _____

Social Security No. _____

Employer: _____

Address: _____

Phone # of Employer: _____

Date of Birth: _____

Education:

High School Diploma or Equivalent Yes
If no, highest grade completed: _____

Number of Years of College completed: _____

Professional/Occupational License Yes
(specify) _____

Vocational Training Yes
(specify) _____

Married on: _____

Married at: _____
(City, County and State)

Separated on: _____ at _____
(City, County and State)

PART I **WIFE**

Name: _____
(First, Middle, Last)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Age: _____

Cell Phone: _____

Email Address: _____

Occupation: _____

Social Security No. _____

Employer: _____

Address: _____

Phone # of Employer: _____

Date of Birth: _____

Education:

High School Diploma or Equivalent Yes
If no, highest grade completed: _____

Number of Years of College completed: _____

Professional/Occupational License Yes
(specify) _____

Vocational Training Yes
(specify) _____

PART II

LIST ALL CHILDREN OF THIS MARRIAGE

<u>Full Name</u>	<u>Birth Date</u>	<u>Age</u>	<u>Sex</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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LIST ALL OTHER CHILDREN RESIDING IN THE HOME AND AMOUNT OF SUPPORT, IF ANY

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Is Wife now pregnant? _____ If so, when due? _____

PART III

ALL COMMUNITY PROPERTY OWNED

1. Cash: _____	\$ _____	7. Stocks & Bonds:	
2. Savings Acct: _____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
3. Checking Acct: _____	\$ _____	8. Real Property:	
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
4. Credit Union: _____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
5. Retirement or Pension Funds:		9. Boats:	
Husband: _____	\$ _____	_____	\$ _____
Wife: _____	\$ _____	_____	\$ _____
6. Automobiles, Motorcycles, Trailers:		10. Other: _____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
11. Business: _____			

12. Life Insurance Policies: _____			

PART IV DOES EITHER SPOUSE CLAIM ANY PROPERTY AS YOUR SEPARATE PROPERTY?

IF SO, LIST BELOW

Husband: _____	\$ _____
_____	\$ _____
Wife: _____	\$ _____
_____	\$ _____

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PART V

INCOME STATEMENT

a) Gross month income from:	Husband	Wife
Salary and wages (including commissions and overtime) Payable: _____ (weekly, monthly, etc.)	\$	\$
Pensions and retirement	\$	\$
Social Security	\$	\$
Disability and Unemployment Insurance	\$	\$
Public Assistance (welfare, AFDC payments, etc.)	\$	\$
Child/spousal support re prior marriage	\$	\$
Dividends and interest	\$	\$
Rents	\$	\$
All other sources (Specify)	\$	\$
TOTAL MONTHLY INCOME	\$	\$
b) Itemize deductions from gross income:	Husband	Wife
Income taxes (State and Federal)	\$	\$
Social Security	\$	\$
Unemployment Insurance	\$	\$
Medical or other insurance	\$	\$
Union or other dues	\$	\$
Retirement or pension fund	\$	\$
Savings plan	\$	\$
Other: (Specify)	\$	\$
TOTAL DEDUCTIONS	\$	\$
NET MONTHLY INCOME	\$	\$

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PART VI

TOTAL MONTHLY EXPENSES

List your total monthly living expenses for yourself and all dependents who you expect to be living with you after the Dissolution is filed.

	HUSBAND	WIFE
Rent or mortgage payments (residence)	\$	\$
Real property taxes (residence)	\$	\$
Real property insurance (residence)	\$	\$
Maintenance (residence)	\$	\$
Food and household supplies	\$	\$
Utilities	\$	\$
Telephone	\$	\$
Laundry and cleaning	\$	\$
Clothing	\$	\$
Medical	\$	\$
Dental	\$	\$
Insurance (life, health, accident, etc.)	\$	\$
Child care	\$	\$
Payment of child/spousal support re prior marriage	\$	\$
School	\$	\$
Entertainment	\$	\$
Incidentals	\$	\$
Transportation	\$	\$
Auto expenses (insurances, gas, oil repair)	\$	\$
Auto payments	\$	\$
Installment payments-Insert total and itemize below	\$	\$
Haircuts	\$	\$
Gifts	\$	\$
Vacations	\$	\$

Creditor's Name	For	Monthly Payment	Balance
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Other: (Specify)		
	\$	\$
	\$	\$
	\$	\$
	\$	\$

TOTAL EXPENSES	\$	\$
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