

DOMESTIC INTERVIEW FORM

<i>Please complete all sections to the best of your ability.</i>		Date: _____
1. Referred to this firm by: <input type="checkbox"/> Friend or Relative (Name): _____		
<input type="checkbox"/> Publication (Name): _____		
<input type="checkbox"/> Internet: Search Engine used:		
<input type="checkbox"/> Google	<input type="checkbox"/> Yahoo	<input type="checkbox"/> Bing
<input type="checkbox"/> Christian Lawyers	<input type="checkbox"/> Lawyers.com	
<input type="checkbox"/> James D. Scott Website	<input type="checkbox"/> Martindale-Hubbell	
<input type="checkbox"/> YellowPages.com		
Search Terms used: _____		
2. This case is regarding?		
3. Ever married before?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, how many times? _____
4. How was marriage terminated?	<input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> Annulment	When? _____
5. Does either party have an attorney?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Have papers been served? <input type="checkbox"/> YES <input type="checkbox"/> NO
6. Has either party lived in California for at least 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO		
7. Has either party lived in San Diego County for at least 3 months? <input type="checkbox"/> YES <input type="checkbox"/> NO		

PART I YOUR INFORMATION

Name			
	<i>(First, Middle, Last)</i>		
Address			
City			
State		Zip	
Home Phone			
Cell Phone			
Work Phone			
Which is your daytime phone number? <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
Email Address			
Age		Date of Birth	
Social Security No.:			

OPPOSING PARTY INFORMATION

Name			
	<i>(First, Middle, Last)</i>		
Address			
City			
State		Zip	
Home Phone			
Cell Phone			
Work Phone			
If opposing party does not have an attorney, which is their daytime phone number? <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
Email Address			
Age		Date of Birth	
Social Security No.:			

YOUR INFORMATION

Occupation	
Employer	
Address	
Phone	
Date job started:	
If unemployed, date job ended:	

OPPOSING PARTY INFORMATION

Occupation	
Employer	
Address	
Phone	
Date job started:	
If unemployed, date job ended:	

High School Diploma or Equivalent <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, highest grade completed:	
Number of Years of College completed:	
Professional/Occupational License <input type="checkbox"/>	
(Please specify)	
Vocational Training <input type="checkbox"/>	
(Please specify)	

High School Diploma or Equivalent <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, highest grade completed:	
Number of Years of College completed:	
Professional/Occupational License <input type="checkbox"/>	
(Please specify)	
Vocational Training <input type="checkbox"/>	
(Please specify)	

Married on:			
Married at:	<i>(City, County and State)</i>		
Separated on:	<i>(Date)</i>	at	<i>(City, County and State)</i>

PART II

LIST ALL CHILDREN OF **THIS** MARRIAGE

Full Name	Birth Date	Age	Sex

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

	\$	
	\$	

Is Wife now pregnant? Yes No 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:		/	9. Boats:	
	\$			\$
	\$			\$
	\$			\$
5. Retirement or Pension Funds:				
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:	
	\$
	\$
	\$
	\$

PART V

INCOME STATEMENT

a) Gross month income from:

Salary and wages (including commissions and overtime) Payable: <input type="checkbox"/> weekly, <input type="checkbox"/> monthly, <input type="checkbox"/> other
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

Husband	Wife
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$

b) Itemize deductions from gross income:

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

Husband	Wife
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$

NET MONTHLY INCOME

\$

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.

	<u>HUSBAND</u>	<u>WIFE</u>
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: (Please specify)		
	\$	\$
	\$	\$
	\$	\$
	\$	\$

TOTAL EXPENSES	\$	\$
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