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DIVORCE INTERVIEW SHEET

Date: _____

Client: Husband ____ Wife ____

GENERAL INFORMATION

Husband: _____	Wife: _____
Home Phone No. _____	Home Phone No. _____
Work Phone No. _____	Work Phone No. _____
Mobile No. _____	Mobile No. _____
E-mail Address: _____	E-mail Address: _____
Address: _____	Address: _____
_____	_____
Soc. Sec. No.: _____	Soc. Sec. No.: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Employer's Address: _____	Employer's Address: _____
_____	_____
Birthdate: _____	Birthdate: _____

INFORMATION NEEDED TO SERVE THE OTHER PARTY

Height: _____ Weight: _____ Eye Color: _____
 Hair Color: _____ Hair Length: _____ Tattoos: _____
 Description of Automobile: _____
 Best Time & Place to Serve Papers: _____
 Other Adults Living In Home: _____
 Special instructions regarding service: _____

INFORMATION REQUIRED TO PREPARE PETITION/ANSWER

Client **Petitioner/Respondent** is a resident of _____ County, Oklahoma
 and has resided in that County for 30 days (yes/no) and the State of Oklahoma for 6
 months (yes/no).
 Date of Marriage: _____ Location of Marriage: _____
 Date of Separation: _____

MILITARY HISTORY

(prior service/present status)

You: _____
 Your spouse: _____

DOMESTIC VIOLENCE

Have either you or your spouse been arrested for domestic violence? _____
 If yes please give details: _____

Have either you or your spouse been the subject of a VPO? _____

If yes please give details: _____

Have the police ever been called to your residence because of a domestic disturbance? _____

If yes please give details: _____

ALIMONY – COMPLETE IF EITHER SPOUSE MAY SEEK ALIMONY

Are you requesting temporary alimony? _____

Will your spouse request temporary alimony? _____

If you answered yes to either question, please provide a budget of your net monthly income and expenses and provide proof of income and expenses.

What is your level of education? _____

What is your spouse’s level of education? _____

Do you have any special training or skills: _____

Does your spouse have any special training or skills: _____

Details of the previous five years employment:

Your Employment History

EMPLOYER	POSITION	DATES	SALARY	REASON FOR LEAVING

Your Spouse’s Employment History

EMPLOYER	POSITION	DATES	SALARY	REASON FOR LEAVING

MARTIAL DEBTS

Please list all marital debts along with who you propose should pay those debts:

LENDER	BALANCE OF DEBT AT SEPARATION	PURPOSE OF DEBT	DATE DEBT INCURRED	MONTHLY PAYMENT	WHO SHOULD PAY

RETIREMENT, PENSIONS, STOCKS AND BONDS

List all stocks, bonds as well as any retirement, pension, IRA, 401k or other retirement benefits which you or your spouse may have an interest in:

Type of Account	Name on Account	Account #	Value at Date of Separation	Account Holder (ie Bank of Oklahoma; Electrical Workers Union)

Do you own your home? _____
 If yes when did you purchase the home: _____
 Will either spouse claim the home is separate property: _____
 If yes, why: _____
 If there is a mortgage, who is the mortgage holder and what was the balance as of the date of separation: _____
 Is the mortgage current as of today? _____
 Do you want to stay in the marital home? _____
 Does your spouse want to stay in the marital home? _____
 Who is currently living in the marital home? _____

List any business interests owned by you or your spouse:

**THE FOLLOWING SECTIONS RELATE TO MINOR CHILDREN
 IF THERE ARE NO MINOR CHILDREN PLEASE SKIP TO PAGE 9.**

INFORMATION REGARDING CHILDREN OF THIS RELATIONSHIP

CHILD'S FULL NAME	MALE OR FEMALE	AGE	DOB	SOCIAL SECURITY NUMBER	WAS CHILD ADOPTED BY YOU OR YOUR PARTNER
1.					

CHILD'S FULL NAME	MALE OR FEMALE	AGE	DOB	SOCIAL SECURITY NUMBER	WAS CHILD ADOPTED BY YOU OR YOUR PARTNER
2.					
3.					

2. List all addresses where the minor children have lived for the past five (5) years. Give dates for each address in chronological order, with the current address first. Continue on the back of this page if necessary.

DATES (TO - FROM)	ADDRESS	CITY/STATE	WITH WHOM
1.			
2.			
3.			

3. Have either you or the other parent participated as a party, witness or in any other capacity, in any type of litigation concerning the custody of your child(ren) in this state or any other state? Yes No
a. If your answer is YES, give complete details: _____

4. Is there any type of custody proceeding concerning your child(ren) now pending in any Court of this State or any other State to your knowledge? Yes No
a. If your answer is YES, give complete details: _____

5. Is there any other person or entity who has physical custody of your child(ren) OR claims some right to have custody or visitation privileges with respect to your child(ren)?
 Yes No
a. If your answer is YES, give complete details: _____

6. Who do you propose be the custodial parent? Father Mother Joint
7. If joint custody, what percentage of time will the children live with each parent?
a. Father _____%
b. Mother _____%
8. Who do your children want to live with, if you know _____
9. What is your proposed child visitation schedule _____

INDIAN DESCENT

1. Are you of Indian descent: Yes No
2. Is the other parent of Indian descent? Yes No

3. If your answers to both of these questions were NO, then skip to the next series of questions, otherwise complete the following:
 - a. If either you and/or the other parent is of Indian descent, Name of Tribe: _____
 - b. Are you or the other parent properly enrolled on the Tribal Rolls? Yes No
 - c. Are the children currently enrolled on the Tribal Rolls to your knowledge?
 Yes No What is the Roll Number of each child? _____
 - d. Are the children eligible for membership in an Indian Tribe? If so, what tribe?

HEALTH INSURANCE POLICY

1. Do you or the other parent maintain health insurance on your children? I do other parent does
2. Is the health insurance provided, through a private plan or through the employer?
 - a. Provided by me
 - b. Provided by other parent
 - c. Provided through my employer
 - d. Provided through other parent's employer
3. What is the total cost (premium) of the health insurance per month? \$ _____
4. What is the cost (premium) of the health insurance *for the children only* per month?
\$ _____
5. If the health insurance is provided by your employer or the other parent's employer, does the employer pay the employee's, ie., your's or the other parent's health insurance premium? Yes No
6. How many individuals are covered by this health insurance policy? _____
7. Are there any individuals covered under this policy who are not children of this union? Yes No If your answer is YES, how many? _____
8. Do you, or the other parent, or the children receive any health insurance through DHS or other state agency? Yes No If your answer is YES, explain? _____

CHILD CARE FOR CHILDREN

1. Name of the Child Care Provider: _____
2. Which children are in child care? _____
3. What is the weekly cost of the child care? \$ _____
4. Who currently pays for the child care? Mother Father DHS
5. Does this amount take into consideration any "extras" (field trips, birthday parties, etc.) that the child care provider may charge? Yes No
 - a. If your answer is NO, what is the average amount per month that the child care provider charges each month? \$ _____

DHS ASSISTANCE

1. To your knowledge, are any of the children now receiving or have the children ever received assistance from DHS, including TANF, Daycare Assistance or Sooner Care? Yes No If your answer is YES, list the type of assistance and the dates received:_____

INCOME INFORMATION

1. Attach copies of State and Federal Income Tax Returns for last three (3) taxable years.
 2. Attach wage statements from your employer for last three (3) pay periods.

INCOME INFORMATION	FATHER	MOTHER
1. Gross monthly income from salary and wages, including commissions, bonuses, allowances and overtime		
2. Income is paid weekly, bi-weekly, or monthly		
3. Income from Pensions and Retirement		
4. Income from Social Security		
5. Income from Disability and Unemployment Insurance		
6. Income from Public Assistance (welfare, AFDC payments, etc.)		
7. Child Support for other children		
8. All other Sources of income: (Specify)		
AMOUNT OF GROSS INCOME		

TEMPORARY CHILD SUPPORT

1. Since the date of your separation, have you received OR paid any Child Support to the other parent? Yes No If your answer is YES, how much have you received or paid, give dates and amounts:

DATE	AMOUNT	RECEIVED OR PAID

2. If your answer is **NO**, why has no child support been paid?_____

FAMILY'S PRESENT HEALTH

(good/poor - explanation)

1. Yours: _____
2. The other parent: _____
3. Children: _____

CHILDREN'S MEDICAL BILLS

1. Do you have any medical bills you have paid out of pocket since separation? _____
2. If yes please provide copies of such bills and payments.
3. Has the other parent provided any payments for the above listed bills? _____
4. If yes please list how much was paid and when.

OTHER LEGAL ACTIONS

1. Has a VPO ever been filed or granted against you, the other parent or anyone currently living in either parent's home? _____
If YES please explain what happened: _____
2. Do you, the other parent or anyone living in either parent's home have any criminal convictions or charges? _____
If YES please list the charges and dates: _____

CONTESTED CHILD ISSUES

1. Will the other parent contest this action as to the **custody or visitation of the child(ren)**?
 - a. Yes No
 - b. If your answer is YES, state the reasons: _____

CHILDREN FROM OTHER RELATIONSHIPS

Do you have any children from **other** relationships? _____
If so please provide the following information:

CHILD'S FULL NAME	DOB	Who Currently Has Custody Of The Child	Do You Pay Child Support For This Child And If So How Much	Do You Receive Child Support For This Child And If So How Much
1.				
2.				
3.				

AREAS OF AGREEMENT

Are there any things you believe you and your spouse are in agreement about? _____
If yes, what do you believe you are in agreement about: _____

TEMPORARY ORDER REQUEST

Are you requesting that the Court give temporary orders while the divorce is pending? _____

If yes please list your requested temporary orders:

1. Possession of the marital residence to: _____
2. Temporary Support Alimony: _____
3. Custody of the Children: _____
4. Visitation with the Children: _____
5. Husband should pay the following marital debts: _____

6. Wife should pay the following marital debts: _____

7. Husband should have possession of the following assets: _____

8. Wife should have possession of the following assets: _____

9. No overnight guests while children are present: _____

10. Request for release of pension or bank accounts: _____

11. Other Requests: _____

COMMENTS

What is the worst thing your spouse may say about you, even if it is not true:

Other Comments:

I have read the above and foregoing document and have provided the information as requested. The information is true and correct to the best of my knowledge and belief.

Date: _____

Client Signature