

FORM A

Date of Interview:

Recommending Person:

CLIENT

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

Maiden name (if applicable): \_\_\_\_\_

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

\_\_\_\_\_

Length of time in Georgia: \_\_\_\_\_ County of residence \_\_\_\_\_

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

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

Work phone: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Salary (gross and net): \_\_\_\_\_

Income for previous calendar year: \_\_\_\_\_

Position: \_\_\_\_\_

Work hours: \_\_\_\_\_

Other sources of compensation: \_\_\_\_\_

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

Highest education level: \_\_\_\_\_

Church attendance: \_\_\_\_\_

Number of previous marriages: \_\_\_\_\_

Reason for dissolution(s): \_\_\_\_\_

Length: \_\_\_\_\_

Health problems: \_\_\_\_\_

SPOUSE

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

Maiden name (if applicable): \_\_\_\_\_

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

\_\_\_\_\_

Length of time in Georgia: \_\_\_\_\_ County of residence \_\_\_\_\_

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

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

Work phone: \_\_\_\_\_ Length of employment \_\_\_\_\_

Salary (gross and net): \_\_\_\_\_

Income for previous calendar year: \_\_\_\_\_

Position: \_\_\_\_\_

Work hours: \_\_\_\_\_

Other sources of compensation: \_\_\_\_\_

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

Highest education level: \_\_\_\_\_

Church attendance: \_\_\_\_\_

Number of previous marriages: \_\_\_\_\_

Reason for dissolution(s): \_\_\_\_\_

Length: \_\_\_\_\_

Health problems: \_\_\_\_\_

\_\_\_\_\_

CHILDREN

Names and birth dates: \_\_\_\_\_

\_\_\_\_\_

Health problems: \_\_\_\_\_

Health insurance: \_\_\_\_\_

Special expenses ( e.g. private school): \_\_\_\_\_

Present support: \_\_\_\_\_

Duration: \_\_\_\_\_

Amount: \_\_\_\_\_

Custody: \_\_\_\_\_

Visitation: \_\_\_\_\_

Quality of relationship: \_\_\_\_\_

Children of previous marriages: \_\_\_\_\_

Location: \_\_\_\_\_

Support: \_\_\_\_\_

Average Monthly Expense for children's extracurricular activities: \_\_\_\_\_

Children's portion of health, dental, and vision insurance: \_\_\_\_\_

MARITAL RELATIONSHIP

Date and location of wedding: \_\_\_\_\_

Date and circumstances of separation: \_\_\_\_\_

\_\_\_\_\_

Last sexual intercourse: \_\_\_\_\_

Counseling: \_\_\_\_\_

Reason(s) for seeking divorce: \_\_\_\_\_

Grounds for divorce: \_\_\_\_\_

Alimony: \_\_\_\_\_

REAL PROPERTY

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

Purchase date: \_\_\_\_\_

Purchase price: \_\_\_\_\_

Grantee(s): \_\_\_\_\_

Amount and source of down payment: \_\_\_\_\_

First mortgage: \_\_\_\_\_

Balance: \_\_\_\_\_

Monthly payment: \_\_\_\_\_

Mortgagee: \_\_\_\_\_

Second mortgage: \_\_\_\_\_

Balance: \_\_\_\_\_

Monthly payment: \_\_\_\_\_

Mortgagee: \_\_\_\_\_

Fair market value: \_\_\_\_\_

Manner of determination: \_\_\_\_\_

Other real property: \_\_\_\_\_

\_\_\_\_\_

HOUSEHOLD FURNITURE AND FURNISHINGS

Items brought into marriage or inherited: \_\_\_\_\_

\_\_\_\_\_

Valuable items and estimated value: \_\_\_\_\_

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Collectibles: \_\_\_\_\_

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Present division: \_\_\_\_\_

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Who wants what and why: \_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

AUTOMOBILES

Car: \_\_\_\_\_

Name on title (if paid for): \_\_\_\_\_

Driver: \_\_\_\_\_

Balance owed: \_\_\_\_\_

Monthly payment: \_\_\_\_\_

Condition: \_\_\_\_\_

Car: \_\_\_\_\_

Name on title (if paid for): \_\_\_\_\_

Driver: \_\_\_\_\_

Balance owed: \_\_\_\_\_

Monthly payment: \_\_\_\_\_

Condition: \_\_\_\_\_

BANK ACCOUNTS

Type of account(s): \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Bank(s): \_\_\_\_\_

Balance: \_\_\_\_\_

STOCKS AND BONDS

Company: \_\_\_\_\_

Name(s) on instrument: \_\_\_\_\_

Number of shares: \_\_\_\_\_

Value: \_\_\_\_\_

Circumstance of acquisition: \_\_\_\_\_

CDs/MONEY MARKET ACCOUNTS

Value: \_\_\_\_\_

In whose name: \_\_\_\_\_

INVESTMENT ACCOUNTS

Value: \_\_\_\_\_

In whose name: \_\_\_\_\_

RETIREMENT ACCOUNTS

Retirement pensions, IRAs: \_\_\_\_\_

Value: \_\_\_\_\_

In whose name: \_\_\_\_\_

401ks or profit sharing accounts: \_\_\_\_\_

Value: \_\_\_\_\_

In whose name: \_\_\_\_\_

LIFE INSURANCE

Type(s): \_\_\_\_\_

Amount(s): \_\_\_\_\_

DEBTS

Creditor: \_\_\_\_\_

Balance: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Monthly payment: \_\_\_\_\_

Reason for debt: \_\_\_\_\_

Creditor: \_\_\_\_\_

Balance: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Monthly payment: \_\_\_\_\_

Reason for debt: \_\_\_\_\_

Creditor: \_\_\_\_\_

Balance: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Monthly payment: \_\_\_\_\_

Reason for debt: \_\_\_\_\_

What does client want from case: \_\_\_\_\_

\_\_\_\_\_

## ADDITIONAL NOTES