

Date: _____ Initial Consultation
_____ Follow-up Meeting

Retainer quoted \$ _____
Retainer Letter issued _____
Generating Attorney: _____

MARITAL INTERVIEW FORM

CERTAIN BASIC INFORMATION IS NEEDED IN A FAMILY RELATIONS MATTER
WE ASK THAT YOU COMPLETE THIS FORM FOR YOUR FILE

YOUR FULL NAME: _____

If wife, your maiden name: _____

YOUR HOME ADDRESS: _____
(Street, Town & Zip Code)

PREFERRED MAILING ADDRESS: _____
(other than marital home) (Street, Town & Zip Code)

TELEPHONE NOS. HOME: _____ CELL: _____
(include Area Codes) WORK: _____ OTHER: _____

E-MAIL ADDRESS: _____

YOUR DATE OF BIRTH: _____ Place of Birth: _____
(City & State)

YOUR SOCIAL SECURITY NO. _____

HOW DID YOU HEAR OF OUR FIRM? Please specify below.

Referral by (name) _____

Yellow Pages/Yellow Book _____

Internet/Website _____

SPOUSE'S FULL NAME: _____

If wife, her maiden name: _____

SPOUSE'S CURRENT ADDRESS: _____

TELEPHONE NOS. HOME: _____ CELL: _____
(include Area Codes) WORK: _____ OTHER: _____

E-MAIL ADDRESS: _____

SPOUSE'S DATE OF BIRTH: _____ Place of Birth: _____

SPOUSE'S SOCIAL SECURITY NO. _____

DATE OF THIS MARRIAGE: _____

PLACE OF MARRIAGE (City and State): _____

FIRST MARRIAGE? FOR YOU: YES _____ NO _____ (if no, # of this marriage _____)
FOR SPOUSE: YES _____ NO _____ (if no, # of this marriage _____)

IF THERE WAS A PRIOR MARRIAGE, HOW WAS IT TERMINATED?
FOR YOU: Death of Spouse _____ Dissolution _____
FOR SPOUSE: Death of Spouse _____ Dissolution _____

REASON FOR DISSOLUTION OF MARRIAGE (check item below):
_____ IRRETRIEVABLE BREAKDOWN (No Fault Divorce)
_____ SEPARATION FOR 18 MONTHS
_____ STATUTORY CAUSE (i.e.: Adultery, Fraudulent Contract, Desertion, 7-year Absence, Habitual Intemperance, Intolerable Cruelty, 5-Yr. Confinement to Mental Institution)

DATE OF SEPARATION, IF CURRENTLY LIVING APART: _____

LENGTH OF CONNECTICUT RESIDENCE: Client _____ Spouse _____

HAS ANY DISSOLUTION (Divorce) OR OTHER ACTION BEEN COMMENCED?: YES _____ NO _____

IF YES: 1. NAME OF OPPOSING COUNSEL: _____

2. COURT LOCATION: _____

ARE THERE CHILDREN OF THIS MARRIAGE?: YES _____ NO _____

Note: Include children up to the age of 23

FULL NAME & Social Security No.	DATE OF BIRTH & AGE NOW	SCHOOL ATTENDING NOW (Include college if applicable)
SSN _____	_____	_____
SSN _____	_____	_____
SSN _____	_____	_____
SSN _____	_____	_____

EDUCATIONAL BACKGROUND

CLIENT

SPOUSE

HIGH SCHOOL: _____	_____
YEAR GRADUATED: _____	_____
COLLEGE: _____	_____
YEAR GRADUATED: _____	_____
DEGREE(S): _____	_____
OTHER: _____	_____

PRESENT EMPLOYMENT INFORMATION

CLIENT

SPOUSE

EMPLOYER: _____	_____
ADDRESS: _____ (Street Address)	_____ (Street Address)
_____	_____
(City, State, Zip Code)	(City, State, Zip Code)
POSITION (TITLE): _____	_____
LENGTH OF EMPLOYMENT: _____	_____
YEARLY GROSS: _____	_____
WEEKLY GROSS: _____	_____
WEEKLY NET: _____	_____
PRIOR EMPLOYMENT, IF ANY (same information as above): _____	

EMPLOYMENT BENEFITS (Retirement, Medical, Life Insurance)

CLIENT

SPOUSE

RETIREMENT: _____
(Indicate type of plan: i.e., profit-sharing, deferred compensation,
pension, retirement account, IRA, 401(k), annuity or other)

HEALTH INSURANCE: _____

LIFE INSURANCE: _____

(Provider name & amount)

(Provider name & amount)

OTHER: _____

OTHER BENEFITS

CHECK HERE IF YOU AND/OR YOUR FAMILY ARE COVERED BY HUSKY INSURANCE: _____

IF SO, INDICATE AMOUNT YOU PAY: _____

CHECK HERE IF YOU DO NOT PAY ANYTHING: _____

WHO IS COVERED BY HUSKY? _____

CHECK HERE IF YOU AND/OR YOUR SPOUSE ARE RECEIVING ANY FINANCIAL SUPPORT
FROM THE STATE OF CONNECTICUT, OR A CITY OR TOWN IN CONNECTICUT, FOR ANY
REASON: _____

IF SO, INDICATE WHAT FOR: _____

AMOUNT/EXTENT OF ASSISTANCE: _____

DATE SUPPORT COMMENCED: _____

REAL PROPERTY

COMPLETE ADDRESS: _____

TITLE IN FOLLOWING NAME(S): _____

Indicate here how title is held: _____ **Jointly,** _____ **Tenants in Common, or** _____ **Solely**

DATE ACQUIRED: _____ PURCHASE PRICE: _____

MORTGAGEE(S): _____

MONTHLY PAYMENTS: _____

BALANCE(S) DUE (**approximate**): _____

ANNUAL REAL ESTATE TAXES: _____

Check here if real estate taxes are included in your mortgage payments: _____

APPRAISED VALUE OF PROPERTY: _____

Check here if there was a formal appraisal prepared for this property: _____

ANY LIENS ON PROPERTY?: _____

If yes, by whom? _____

ADDITIONAL INFORMATION REGARDING THE REAL PROPERTY ABOVE: _____

DO YOU OR YOUR SPOUSE OWN ANY OTHER REAL PROPERTY?

IF SO, INDICATE THE FOLLOWING:

COMPLETE ADDRESS: _____

TITLE IN FOLLOWING NAME(S): _____

Indicate here how title is held: _____ **Jointly,** _____ **Tenants in Common, or** _____ **Solely**

DATE ACQUIRED: _____ PURCHASE PRICE: _____

MORTGAGEE(S): _____

MONTHLY PAYMENTS: _____

BALANCE(S) DUE (**approximate**): _____

ANNUAL REAL ESTATE TAXES: _____

Check here if real estate taxes are included in your mortgage payments: _____

APPRAISED VALUE OF PROPERTY: _____

Check here if there was a formal appraisal prepared for this property: _____

ANY LIENS ON PROPERTY?: _____

If yes, by whom? _____

OTHER INFORMATION

Have you or your spouse ever been arrested and/or convicted of any criminal offense, including any that involve your spouse? If yes, please provide date, type of criminal charge and outcome.

For you: _____

For spouse: _____

**Have you or your spouse taken any prescribed medication(s) during this marriage?
If yes, please provide type of medication(s), dates taken and reason for taking it.**

For you: _____

For spouse: _____

**Have you or your spouse entered personal information on any internet website (i.e., MySpace, Facebook, match.com or other), or do either of you have an internet blog?
If so, please provide specific information relative thereto.**

For you: _____

For spouse: _____

FOR USE BY INTERVIEWING ATTORNEY

ADDITIONAL NOTES & INFORMATION:
