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Date: _____
Referred by: _____

Interview Sheet

I. General Information

CLIENT:

SPOUSE:

Name: _____

Name: _____

Mailing address (include city, state,
and zip code):

Mailing address (include city, state,
and zip code):

County of residence: _____

County of residence: _____

Home Telephone: _____

Home Telephone: _____

Business Telephone: _____

Business Telephone: _____

Age: _____

Age: _____

Date of Birth: _____

Date of Birth: _____

Social Security No: _____

Social Security No: _____

Born at: _____

Born at: _____

Grew up at: _____

Grew up at: _____

Religious and church or synagogue
affiliation, if any:

Religious and church or synagogue
affiliation, if any:

Education:

Education:

Specify highest degree and school attended:

Specify highest degree and school attended:

CLIENT:

Number of previous marriages: _____

Approximate dates of marriage and termination (indicate by death or divorce):

List the names and ages of any children by previous marriage:

List the names of children of previous marriage currently living at home or being supported by you:

SPOUSE:

Number of previous marriages: _____

Approximate dates of marriage and termination (indicate by death or divorce):

List the names and ages of any children by previous marriage:

List the names of children of previous marriage currently living at home or being supported by you:

II. INFORMATION CONCERNING PRESENT MARRIAGE

A. Date of marriage: _____ City, County, & State where marriage took place: _____

B. Date of separation: _____ (This is ordinarily the last time you slept in the same room and/or had sexual intercourse, whichever occurred last. If you are living in the same residence, state any plans to move:

C. Children of this marriage:

Name	Sex	Assets	Date of Birth	Age
------	-----	--------	---------------	-----

D. List the names of the persons with whom the children lived during the past five years and the addresses where they lived during the past five years:

Parties:

Addresses:

E. List any health problems of the children:

III. WORK EXPERIENCE

CLIENT:

Current of last employer:

Position:

Dates of employment: _____

Past Employment and approximate dates:

Your current salary and/or other forms of compensation:

List perquisites and amounts:

List all amounts and sources of other income:

SPOUSE:

Current of last employer:

Position:

Dates of employment: _____

Past Employment and approximate dates:

Spouse's current salary and/or other forms of compensation:

List perquisites and amounts:

List all amounts and sources of other income:

IV. ASSETS

A. Home:
Address: _____ City and State _____

Year of purchase: _____ Purchase Price: _____

Down payment: _____ Out of funds from: _____

Balance owed:

First mortgage: _____ Second Mortgage: _____

Name of bank or other lender: _____ Name of bank or other lender: _____

List any other financing:

Property is in the name(s) of:

Current value of home and lot: _____

B. Previous Homes:

List how each was titled and approximate equity received:

C. Other real estate:

1. Address: _____ City and State _____

Year of purchase: _____ Purchase Price _____

Down Payment: _____ Out of funds from: _____

Balance owed

First mortgage: _____ Second Mortgage: _____

Name of bank or other lender: _____ Name of bank or other lender: _____

List any other financing: _____

Property is in the name(s) of: _____

Current value of home and lot: _____

2. Address: _____ City and State _____

Year of purchase: _____ Purchase Price _____

Down Payment: _____ Out of funds from: _____

Balance owed

First mortgage: _____ Second Mortgage: _____

Name of bank or other lender: _____ Name of bank or other lender: _____

List any other financing: _____

Property is in the name(s) of: _____

Current value of home and lot: _____

List any other real estate holdings: _____

E. Stocks, bonds, and other securities:

List holdings by account, names, and approximate values or approximate value of each and how titled:

F. IRAs and Retirement Plans:

List all retirement plans, pension, and profit sharing plans, 401k plans, Keough plans, and all IRAs, providing the names of each, how titled, and approximate value:

G. Other:

List all other assets, including boats, certificates of deposit, coins, etc.:

V. PRE-MARTIAL ASSETS

List all real estate, stocks, bonds, securities, cash, and any other assets of significant value that you or your spouse owned prior to your current marriage, the value of each, and show whether it was yours or your spouse's pre-marital asset:

VI. AUTOMOBILES

1. Year _____ Make and model: _____ How titled: _____

Purchase price: _____ Financed ___ Leased ___ through: _____

2. Year _____ Make and model: _____ How titled: _____

Purchase price: _____ Financed ___ Leased ___ through: _____

3. Year _____ Make and model: _____ How titled: _____
 Purchase price: _____ Financed ___ Leased ___ through: _____

VII. BANK ACCOUNTS

1. Checking account: _____
 Joint ___ Separate ___ Balance: _____ Account No. _____
 In the name of: _____

2. Checking account: _____
 Joint ___ Separate ___ Balance: _____ Account No. _____
 In the name of: _____

3. Savings account: _____
 Joint ___ Separate ___ Balance: _____ Account No. _____
 In the name of: _____

VIII. DEBTS

<u>Creditor</u>	<u>Current Balance</u>	<u>Monthly Payment</u>	<u>Purpose of debt</u>	<u>Party Responsible</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IX. INSURANCE

A. On house: Company &/or Agent _____

B. On household goods & furnishings: Company &/or agent: _____

C. On automobiles: Company &/or agent: _____

D. Medical Coverage:

Yours: _____ Spouse's: _____

Policy No. _____ Policy No. _____

Group No. _____ Group No. _____

Insurance Co. _____ Insurance Co. _____

Name of dependents: _____ Name of dependents: _____

D. Life Insurance:

List the Owner, the insured, all companies, policy numbers, amounts, cash value (if any) and beneficiaries:

1. _____

2. _____

3. _____

4. _____

5. _____

X. COUNSELING

A. Name and address of any counselor (psychiatrist, psychologist, MSW, M.Ed., clergy, etc.)

Yourself

Spouse

1. _____

1. _____

2. _____

2. _____

B. Purpose of counseling:

C. Specific recommendations of counselor:

D. Time period and frequency of visits (weekly, bi-weekly, etc.)

1. _____

1. _____

2. _____

2. _____

XI. HEALTH

Describe each party's health and any operations, hospitalizations, major drugs used, which you deem to be significant:

XII. CAUSES OF SEPARATION

Detail why you are seeking a divorce and/or causes of the separation.

XIII. CUSTODY

Are you seeking custody of your children? yes____ no____

Do you believe there will be a contest over custody/visitation rights? yes____ no____

If yes, describe reasons why you should have custody or unrestricted visitation and why your spouse should not have custody or why spouse's visitation should be limited:
