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FAMILY LAW INTERVIEW FORM

NAME: _____

DATE: _____

INSTRUCTIONS: Please complete this questionnaire. If you take the time to complete this form, you will be bringing with you to your consultation information that may be useful to our ability to provide you with a general overview of your case and information necessary to begin to understand the complexity of the personal aspects of your family law problem. All information will be held in strict confidence.

1. Please provide your name, date and place of birth, Social Security number, and driver's license number:

- a. Name : _____
Maiden Name : _____
- b. Date of Birth : _____
- c. Place of Birth : _____
- d. Social Security No. : _____
- e. Driver's License No. : _____

2. Where is your current home address?

- a. Address : _____
- b. How long in State : _____
- c. County of residence : _____
- d. How long in county : _____
- e. Residence telephone : _____
- f. Mobile telephone : _____
- g. Email address : _____

3. Please complete the following employment information for you:

- a. Employer : _____
- b. Job title : _____
- c. Address : _____
- d. Telephone number : _____
- e. Gross salary/monthly \$ _____

- f. Annual gross (including bonuses, stock options, etc.) \$ _____
- g. Length of employment : _____
- h. Education/Training : _____

4. Please provide your spouse's name, date and place of birth, Social Security number, driver's license number:

- a. Name : _____
Maiden Name : _____
- b. Date of Birth : _____
- c. Place of Birth : _____
- d. Social Security No. : _____
- e. Driver's License No. : _____

5. What is the current home address of your spouse or significant other?

- a. Address : _____
- b. How long in state : _____
- c. County of residence : _____
- d. How long in County : _____

6. What is the employment history of your spouse or your significant other?

- a. Employer : _____
- b. Job title : _____
- c. Address : _____
- d. Telephone number : _____
- e. Gross salary/monthly \$ _____
- f. Annual gross (including bonuses, stock options, etc.) \$ _____
- g. Length of employment: _____
- h. Education/Training : _____

7. Please provide the following dates, if applicable: date of your marriage:

- a. Date of marriage : _____
- b. Date of separation : _____

8. If there are any children of this relationship, please provide all requested information:

	Name:	Sex:	D.O.B.:	S.S.N.:	Place of Birth:	Residence:
1						
2						
3						
4						

9. Do you or the child(ren) have health insurance? _____

- a. Name of insurance company: _____
- c. Party responsible for premium: _____

- d. Monthly cost of premium \$ _____
- e. Is the insurance covered through a parent's employment? _____
10. Will there be a dispute over custody of the child(ren)? _____
If not, who will have custody? _____
11. Special circumstances of children and/or spouses:
- a. special needs: _____
- b. religious issues: _____
- c. personal injury claims: _____
- d. other needs: _____
12. Have you or your spouse ever filed for a divorce? _____
If so, when and where? _____
13. Name of your spouse's attorney, if any: _____
14. If you have been married before, how many times? _____
If there are children from a previous marriage or other relationship, please provide all requested information:

	Name:	Sex:	D.O.B.:	S.S.N.:	Place of Birth:	Residence:
1						
2						
3						
4						

15. Do you or your spouse pay or receive child support? _____
Describe child support payments: \$ _____ per _____
16. If your spouse has been married before, how many times? _____
If there are children from the previous marriage or other relationship, please provide all the requested information:

	Name:	Sex:	D.O.B.:	S.S.N.:	Place of Birth:	Residence:
1						
2						
3						
4						

ASSETS

17. Please list all Real Estate Property:
- Real Estate Property #1
- a. Address : _____

- b. Year bought : _____
- c. Estimate current mkt. value \$ _____
- d. Current amount owing: \$ _____
- e. Monthly payments \$ _____
- g. How is title held, if known: _____
- h. How is responsible for loan: _____
- i. General comments : _____

Real Estate Property #2

- a. Address : _____
- b. Year bought : _____
- c. Estimate current mkt. value \$ _____
- d. Current amount owing: \$ _____
- e. Monthly payments \$ _____
- g. How is title held, if known: _____
- h. How is responsible for loan: _____
- i. General comments : _____

20. What are your Bank Accounts, Savings Accounts, C.D.'s, Credit Union, Savings Bonds:

Account #1

- a. Name of bank : _____
- b. Account type (checking, savings, IRA, etc.): _____
- c. Account number : _____
- d. Amount on deposit \$ _____
- e. Name(s) on Account : _____
- f. Authorized user(s) : _____

Account #2

- a. Name of bank : _____
- b. Account type (checking, savings, IRA, etc.): _____
- c. Account number : _____
- d. Amount on deposit \$ _____
- e. Name(s) on Account : _____
- f. Authorized user(s) : _____

Account #3

- a. Name of bank : _____
- b. Account type (checking, savings, IRA, etc.): _____
- c. Account number : _____
- d. Amount on deposit \$ _____
- e. Name(s) on Account : _____
- f. Authorized user(s) : _____

21. List all Motor Vehicles, Boats, Airplanes, Motorcycles, Trailers:

Vehicle #1

- a. Year and model : _____
- b. Vehicle ID number : _____
- c. Car driver : _____
- d. Estimated value/condition \$ _____
- e. Loan balance \$ _____
- f. How is title held, if known: : _____

Vehicle #2

- a. Year and model : _____
- b. Vehicle ID number : _____
- c. Car driver : _____
- d. Estimated value/condition \$ _____
- e. Loan balance \$ _____
- f. How is title held, if known : _____

22. List all Retirement, Pensions, and Savings Plans:

- a. Do you participate in any retirement plan or company savings plan? _____
If so, describe the plan(s): _____

- b. Does your Spouse participate in any retirement plan or company savings plan? _____
If so, describe the plan(s): _____

23. List any other Deferred Compensation Benefits: (e.g., workers' compensation, disability benefits, bonuses and other "special payments," employee stock options, and other forms of compensation)

- a. Name or type of your benefit: _____
Please describe the benefit: _____

- b. Name or type of your Spouse's benefit: _____
Please describe the benefit: _____

24. List all Life Insurance or Annuities:

Insurance #1

- a. Insurance company : _____
- b. Policy number : _____
- c. Insuring life of : _____
- d. Beneficiary : _____

- e. Type of policy (Whole Life) (Term) (Universal)
- f. Cash value \$ _____
- g. Loans against policy : _____

Insurance #2

- a. Insurance company : _____
- b. Policy number : _____
- c. Insuring life of : _____
- d. Beneficiary : _____
- e. Type of policy (Whole Life) (Term) (Universal)
- f. Cash value \$ _____
- g. Loans against policy : _____

25. List any Brokerage or Mutual Fund Accounts:

Account #1

- a. Name of account : _____
- b. Estimate amount invested \$ _____

Account #2

- a. Name of account : _____
- b. Estimate amount invested : _____

27. List all Stocks, Bonds, and Other Securities (include securities not previously disclosed):

Investment #1

- a. Name of stock : _____
- b. Estimate amount invested \$ _____

Investment #2

- a. Name of stock : _____
- b. Estimate amount invested \$ _____

28. Does anyone owe you or your spouse money? _____

- a. How much is owed? \$ _____
- b. Owed by whom? : _____
- c. For what purpose? : _____

29. If you are involved in any lawsuits, please explain: _____

31. List any and all Other Assets or property not named above:

DEBTS

32. Debts: (Other than house and/or automobiles; e.g., Charge Cards, Personal Loans, etc....)

- a. _____ \$ _____
- b. _____ \$ _____
- c. _____ \$ _____
- d. _____ \$ _____
- e. _____ \$ _____
- f. _____ \$ _____
- g. _____ \$ _____

36. Separate Property:

Do you own any separate property (property owned before marriage, owned after separation or property received during marriage as a gift or inheritance)? _____

What do you claim is your separate property? _____

37. Does your spouse own separate property? _____

If so, describe property: _____

The initial consultation *does not* create an attorney-client relationship. This initial conference is meant as an educational process for the person appearing for the consultation so that he/she may obtain a general understanding of the issues he/she is facing and the costs that may be involved. This conference gives the attorney the opportunity to meet with the person seeking the consultation and to determine whether this office will accept the case. Specific strategies and litigation plans will not be discussed at the initial consultation. The attorney will not review this form at the consultation and will not give any instruction as to how to complete the form during the consultation. However, your preparation of this form will prepare you for your initial consultation with the firm so that your consultation is productive and educational for you.

THE CONSULTATION DOES NOT CREATE AN ATTORNEY-CLIENT RELATIONSHIP.

Upon being retained, however, this office will receive and review this form, and we will provide additional documentation for completion, as deemed necessary on a case by case basis.