

RFTA | Rise From the Ashes

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CONFIDENTIAL- DOMESTIC RELATIONS INTERVIEW FORM

Today's Date: _____

Referred by: _____

PLEASE ANSWER THESE QUESTIONS AS COMPLETELY AS POSSIBLE.

CLIENT

Spouse/Former Spouse or Other Parent

NAME _____

NAME _____

AGE _____ DATE OF BIRTH _____

AGE _____ DATE OF BIRTH _____

ADDRESS _____

ADDRESS _____

CITY _____

CITY _____

STATE, ZIP _____

STATE, ZIP _____

RESIDENT OF IL. SINCE _____

RESIDENT OF IL. SINCE _____

PHONE _____

PHONE _____

CELL _____

CELL _____

EMAIL _____

EMAIL _____

WORK PHONE _____

WORK PHONE _____

OCCUPATION _____

OCCUPATION _____

EMPLOYER _____

EMPLOYER _____

INCOME LAST YEAR _____

INCOME LAST YEAR _____

YEARS AT JOB _____

YEARS AT JOB _____

SOCIAL SECURITY # _____

(FORMER) SPOUSE'S S.S. # _____

CONTACT INFORMATION:

HOW OFTEN DO YOU CHECK YOUR E-MAIL ADDRESS? _____

HOW WOULD YOU PREFER TO BE CONTACTED? (CIRCLE) E-MAIL TELEPHONE REGULAR MAIL

WOULD YOU PREFER TO RECEIVE ALL CORRESPONDENCE VIA E-MAIL? YES () NO ()

IF PREVIOUSLY MARRIED TO OTHER PARTY:

DATE OF MARRIAGE _____
LOCATION OF MARRIAGE (CITY, COUNTY, STATE) _____
DATE OF DISSOLUTION _____
LOCATION OF DISSOLUTION (COUNTY, STATE) _____

NAMES OF CHILDREN: **Birth Date** **Name of Other Parent** **Custody with:**

DO YOU INTEND TO ASK FOR CUSTODY? Yes / No / Not Applicable

EDUCATIONAL BACKGROUND: **YOURSELF** **OTHER PARTY**
Highest Level of Education Grade Schl/High Schl/College Grade Schl/High Schl/College/More
Degree or Certification _____ _____
Special Trade / Skill _____ _____

HEALTH INFORMATION:
How is your health? _____ How is other party's health? _____
What medical condition(s) do you have? _____
What medical condition(s) does the other have? _____

If You Own Real Estate Please Complete the Following:

Address _____ City _____ Zip _____
Is It Marital Property? Yes _____ No _____ Was this Purchased Prior to Marriage? Y / N
Who presently Lives There? _____
Date Purchased _____ Current Market Value _____
Current Monthly Paymt _____ Current Total Mortgage _____
Does Your Monthly Payment Include Taxes and Insurance? Yes _____ No _____

VEHICLES:

Your Car: YEAR _____ MAKE _____ MODEL _____
Other Party's Car: YEAR _____ MAKE _____ MODEL _____
Add'l Cars _____
Boats/RV's/Motorcycles _____

OTHER PROPERTY OWNED:

DO YOU OR THE OTHER PARTY HAVE ANY OTHER REAL ESTATE? YES () NO ()
DO YOU FEEL THE OTHER PARTY
MAY HAVE ANY ASSETS OF WHICH YOU ARE NOT AWARE? YES () NO ()

BUSINESS INTERESTS:

DO YOU HAVE ANY BUSINESS INTERESTS OTHER THAN YOUR JOB? YES () NO ()
DOES OTHER PARTY HAVE ANY BUSINESS INTERESTS BEYOND THEIR JOB? YES () NO ()

SECURITIES - STOCKS - BONDS - CERTIFICATES OF DEPOSIT:

Do You or Other Party Own: 401K, 403B, or Similar? Me () Other Party () Both ()
Stocks, Bonds, or C/D? Me () Other Party () Both ()
An IRA? Me () Other Party () Both ()
A Safe Deposit Box? Me () Other Party () Both ()
A PENSION PLAN? Me () Other Party () Both ()

BANK ACCOUNTS:

PLEASE IDENTIFY BY NAME ANY / ALL BANKS AT WHICH YOU OR OTHER PARTY HAS AN ACCOUNT & THE MANNER IN WHICH EACH ACCOUNT IS HELD (Jointly / Individually / By whom):

NAME: _____
NAME: _____
NAME: _____
NAME: _____

LIFE INSURANCE:

TYPE OF POLICY: WHOLE () TERM () ANNUITY () OTHER ()
NAME OF COMPANY / COMPANIES _____
WHOSE IS THE INSURED LIFE? _____
WHO IS THE BENEFICIARY? _____

PERSONAL DEBTS YOU OWE:

DO YOU OWE ANY PERSONAL DEBTS? YES () NO ()
PLEASE IDENTIFY DEBT & THE ESTIMATED AMOUNT OF SAID DEBT? (IF APPLICABLE)

DO YOU KNOW OR HAVE ANY INDICATION OF WHAT YOU WANT AS A SETTLEMENT?

ARE THERE ANY ISSUES OR CONCERNS THAT YOU MAY HAVE OR WOULD LIKE TO MAKE OUR OFFICE AWARE OF AT THIS TIME?

NAME: _____

DATE: _____