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DIVORCE INTAKE INTERVIEW FORM

Date _____

Have you been served with divorce papers? yes no

Client

Spouse

Full name _____

Full name _____

Birth date _____

Birth date _____

Age _____

Age _____

Birthplace _____

Birthplace _____

Address _____

Address _____

Work phone _____

Work phone _____

Home telephone _____

Home phone _____

Fax _____

Fax _____

Social Security no. _____

Social Security no. _____

Driver's License no. _____

Driver's License no. _____

State _____

State _____

Armed Forces status _____

Armed Forces status _____

Next of kin _____

Next of kin _____

Relation _____

Relation _____

Address _____

Address _____

Physical Description:

Race _____ Height ____ Weight ____

Race _____ Height ____ Weight ____

Eye color _____ Hair color _____

Eye color _____ Hair color _____

Glasses

Glasses

Yes Worn all the time? Yes No

Yes Worn all the time? Yes No

Mustache/beard

Mustache/beard

Yes Color _____

Yes Color _____

No

No

Distinguishing scars or tattoos

Distinguishing scars or tattoos

MARRIAGE

Place _____
<City / Village / Township> <County> <State / Foreign country>

Date of marriage _____ Still living together yes no Date of separation _____

Have you Lived in Michigan 180 days? _____ County 10 days? _____

No. of previous marriages: yours _____ spouse _____

How terminated: yours: Divorce death date _____ spouse: Divorce death date _____

County _____ Judge _____

Maiden name _____

Name before this marriage _____

Does wife desire name change?
 Yes To what? _____
 No

Has either spouse previously filed for divorce, custody, etc.?
 Yes Indicate when and where filed, status of case, and case number. _____
 No

Is there a prenuptial or postnuptial agreement?
 Yes Please attach a copy of the agreement.
 No

CHILDREN

1. Name _____ Birth date _____ Age _____

Living with Client Spouse Social Security no. _____

School _____ Grade _____

2. Name _____ Birth date _____ Age _____

Living with Client Spouse Social Security no. _____

School _____ Grade _____

3. Name _____ Birth date _____ Age _____

Living with Client Spouse Social Security no. _____

School _____ Grade _____

4. Name _____ Birth date _____ Age _____

Living with Client Spouse Social Security no. _____

School _____ Grade _____

Residence of the children during the last five years:

<i>Where</i>	<i>With whom</i>	<i>How long</i>

Is wife pregnant?

Yes When is birth expected? _____
 No

Name of health care insurance provider for children _____
Policy, group, or contract number _____
Paid by whom? _____

Does your/spouse's health insurance require that he/she have the children as dependents to continue health insurance for them? (Check with employer benefits office.)

Child care

Yes How many weeks per year? _____
Paid by whom? _____
Cost per week During school _____ Summer _____
 No

Are you *paying* or *receiving* support for other children (circle one)?

Yes How much per week? \$_____ No. of children ____
 No

Is your spouse *paying* or *receiving* support for other children (circle one)?

Yes How much per week? \$_____ No. of children ____ Provide copies of the court support orders.
 No

CHILD CUSTODY, PARENTING AND CHILD SUPPORT

Is child custody an issue yes no

If you and your spouse have agreed on custody, describe. _____

How are the "best interests of the children" served regarding custody? (Who should have custody and why?)

Is the amount of child support agreed upon yes no If so, how much _____

Is parenting time an issue yes no

Have you agreed to a parenting time schedule yes no

Is the parenting time schedule in writing yes no

Will you and your spouse be able to agree upon parenting time after the divorce and use the following as guidance:

Plaintiff/Defendant shall have reasonable and liberal parenting time with the minor child(ren) of the parties at reasonable times as agreed upon by the parties.
 yes no

If the court ordered "reasonable rights of visitation as the parties may mutually arrange," letting you work out visitation on your own, what, if any, problems do you foresee?

Or will you need a specific written schedule? yes no

If you and your spouse have agreed on Parenting time (visitation) and it is not in writing, please describe.

Have you participated in or do you have pending any other custody litigation concerning your children?

Yes State the court, the case number, and other pertinent information.

No

Do you know of anyone else who has possession or claims custody of your children?

Yes State the person's name, address, and relationship.

No

Do you know of anyone else who claims visitation rights with your children?

Yes State the person's name, address, and relationship. _____

No

Has support been paid since separation?

Yes How much per week? \$ _____

No

If you and your spouse have agreed on child support, how much per week? \$ _____

FAMILY HEALTH AND SOCIAL ISSUES

Do you, your spouse, or your children have any serious physical or mental disability, disorder, handicap or incurable disease?

Yes Please explain. _____
 No

Do you, your spouse, or your children have any problems with substance abuse (drugs, alcohol)?

Yes What type of drugs? _____
What treatment and by whom? _____
When? _____
Place of treatment _____

No

Any extramarital relationships _____

Any problems with debts _____ Gambling _____

Has either spouse ever been arrested, convicted, imprisoned, or placed on probation?

Yes Explain. _____
 No

Are you or your spouse receiving ADC?

Yes Caseworker _____ Case no. _____
 No

PHYSICAL INJUNCTION INFORMATION

What physical abuse, if any, has occurred and on what dates? _____

Any current restraining orders or Personal protection orders? _____

EMPLOYMENT

Client
Employer _____

Spouse
Employer _____

Address _____

Address _____

Date of hire _____

Date of hire _____

Occupation _____

Occupation _____

Weekly gross pay _____

Weekly gross pay _____

Weekly take home _____

Weekly take home _____

Pension _____

Pension _____

Income last year _____

Income last year _____

Please attach a copy of your last 3 pay stubs. Indicate if any deductions are mandatory (other than taxes), for example, union dues, pension, etc. Please attach the last 2 income tax returns (personal and business) with their schedules and W-2 forms.

Previous employer _____
Address _____

Previous employer _____
Address _____

Annual income _____

Annual income _____

Other income sources (pension, retirement, public assistance or ADC, veterans' benefits, Social Security, annuity funds):

1. Type (wage/dividend) _____
Gross per year _____ In whose name _____
2. Type (wage/dividend) _____
Gross per year _____ In whose name _____
3. Type (wage/dividend) _____
Gross per year _____ In whose name _____

EDUCATION

Client

Highest degree obtained _____
High school _____
Date of diploma or GED _____

Univ./College _____
Degree _____
Date obtained _____

Univ./College _____
Degree _____
Date obtained _____

Additional training _____

Spouse

Highest degree obtained _____
High school _____
Date of diploma or GED _____

Univ./College _____
Degree _____
Date obtained _____

Univ./College _____
Degree _____
Date obtained _____

Additional training _____

Did either spouse contribute to the education of the other (Graduate degree)?

Yes Describe. _____

No

ASSETS

(Attach additional sheets if necessary.)

A. Real property

Resident address _____

Date purchased _____ Purchase price _____

Mortgage co. _____ Account no. _____

In whose name _____

Monthly payments _____ Balance due _____

Paid by Husband Wife Both

Land contract _____ In whose name _____

Home equity loan _____ Account no. _____

In whose name _____

Amount of property taxes _____

Are they included in monthly payment? _____

Additional real estate

Address _____

Date purchased _____ Purchase price _____

Mortgage co. _____ Account no. _____

In whose name _____

Monthly payments _____ Balance due _____

Paid by [] Husband [] Wife [] Both

Land contract _____ In whose name _____

Home equity loan _____ Account no. _____

In whose name _____

Amount of property taxes _____

Are they included in monthly payment? _____

Attach copies of deeds or land contracts.

B. Vehicles (car, boat, trailer, motorcycle, snowmobile, etc.)

1. Year/make _____

Vehicle identification number _____

In whose name _____ Possession _____

Purchase price _____ Monthly payments _____

Lien holder _____ Balance due _____

2. Year/make _____

Vehicle identification number _____

In whose name _____ Possession _____

Purchase price _____ Monthly payments _____

Lien holder _____ Balance due _____

3. Year/make _____

Vehicle identification number _____

In whose name _____ Possession _____

Purchase price _____ Monthly payments _____

Lien holder _____ Balance due _____

4. Year/make _____

Vehicle identification number _____

In whose name _____ Possession _____

Purchase price _____ Monthly payments _____

Lien holder _____ Balance due _____

5. Year/make _____

Vehicle identification number _____

In whose name _____ Possession _____

Purchase price _____ Monthly payments _____

Lien holder _____ Balance due _____

C. Bank accounts or credit union accounts

1. Name of bank and branch _____

Account number _____

Type of account (savings, checking, money market) _____

Signatories _____

Source of monies _____ Balance _____

2. Name of bank and branch _____

Account number _____
Type of account (savings, checking, money market) _____
Signatories _____
Source of monies _____ Balance _____
3. Name of bank and branch _____
Account number _____
Type of account (savings, checking, money market) _____
Signatories _____
Source of monies _____ Balance _____

D. Individual retirement accounts

1. Financial institution _____
Account number _____ Balance _____
In whose name _____
2. Financial institution _____
Account number _____ Balance _____
In whose name _____

E. Retirement plans, pensions, Keoghs, 401(k) plans, profit-sharing plans, stock bonus or option plans, etc.
(attach copies of plan descriptions and annual reports for each)

1. Employer or financial institution _____
Name and type of plan _____ Vested _____
Value _____ Account no. _____
In whose name _____
2. Employer or financial institution _____
Name and type of plan _____ Vested _____
Value _____ Account no. _____
In whose name _____
3. Employer or financial institution _____
Name and type of plan _____ Vested _____
Value _____ Account no. _____
In whose name _____

F. Corporate stocks, bonds, notes, securities, bills, brokerage accounts

1. Name of broker and firm holding investments _____
Type of investment _____
Account no. _____ In whose name _____
Type of account (savings, checking, money market) _____
Purchase price _____ Current value _____
What was source of stock or funds to purchase? _____
2. Name of broker and firm holding investments _____
Type of investment _____
Account no. _____ In whose name _____
Type of account (savings, checking, money market) _____
Purchase price _____ Current value _____
What was source of stock or funds to purchase? _____

G. Patents, inventions, copyrights, etc.

H. Life insurance

<i>Client</i>	<i>Spouse</i>
Name of insurer _____	Name of insurer _____
Name of insured _____	Name of insured _____

Name of beneficiary _____

Type of insurance (term, whole Life, etc.) _____

Policy no. _____

Amount of policy _____

Cash surrender value _____

Loans against policy _____

Name of beneficiary _____

Type of insurance (term, whole life, etc.) _____

Policy no. _____

Amount of policy _____

Cash surrender value _____

Loans against policy _____

I. Business interests (corporations, partnerships, sole proprietorships, etc.)

Name and type of business interest _____

Type of ownership interest _____

Value of interest _____

Initial investment and when _____

Additional amounts invested and when _____

J. Community property (property acquired with your spouse)

Have you ever lived in a state which has a community property law (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin)?

Yes Provide details and the status of assets brought into this state. _____

No _____

K. Miscellaneous assets

Jewelry _____ Value _____

Art work _____ Value _____

Antiques _____ Value _____

Coin and other collections _____ Value _____

Inheritances _____ Value _____

Annuities _____ Value _____

Safe deposit box _____ Location _____

Accounts receivable _____

L. Gifts

Have you or your spouse made any substantial gifts in the past or placed property in joint names with anyone other than the spouse?

Yes Provide details. _____

No _____

M. Trust beneficiaries

Are you or your spouse the beneficiary under any trust?

Yes Provide details. _____

No _____

N. Assets held at time of marriage

O. Are you aware of assets being given away, sold, or hidden from you?

Yes Briefly explain. _____

[] No

LIABILITIES

Please indicate with an asterisk any accounts that you have reason to believe are delinquent.
Indebtedness (i.e., credit cards, educational loans, personal loans, etc.)

1. Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? [] Yes [] No
Present balance due _____
Monthly payment _____ Named borrowers _____
Who will pay until the divorce judgment? _____
2. Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? [] Yes [] No
Present balance due _____
Monthly payment _____ Named borrowers _____
Who will pay until the divorce judgment? _____
3. Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? [] Yes [] No
Present balance due _____
Monthly payment _____ Named borrowers _____
Who will pay until the divorce judgment? _____
4. Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? [] Yes [] No
Present balance due _____
Monthly payment _____ Named borrowers _____
Who will pay until the divorce judgment? _____
5. Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? [] Yes [] No
Present balance due _____
Monthly payment _____ Named borrowers _____
Who will pay until the divorce judgment? _____
6. Creditor _____ Account no. _____
Type of indebtedness (credit card, etc.) _____
Is the account current? [] Yes [] No
Present balance due _____
Monthly payment _____ Named borrowers _____
Who will pay until the divorce judgment? _____

DELINQUENT INDEBTEDNESS

Mortgage _____	How much? _____	How long overdue? _____
Property _____	How much? _____	How long overdue? _____
Income taxes _____	How much? _____	How long overdue? _____
Vehicle loan _____	How much? _____	How long overdue? _____
Other _____	How much? _____	How long overdue? _____

Business debts

What kind? _____ How much? _____ How long overdue? _____

Other obligations (for example, spousal support to a former spouse)

Is anyone other than the spouse and identified children financially dependent on you?

[] Yes Give details. _____
[] No

On your spouse?

[] Yes Give details. _____
[] No

Have you spoken to another attorney about your divorce? yes no

Name _____

Reason for not hiring this attorney _____

When do you expect to begin your divorce? _____

Do you have money to pay for attorney fees? _____

What do you expect at the end of your divorce? (i.e. custody, child support amount, property settlement, alimony/spousal support)

Please complete this section keeping in mind what general living expenses and other debts (loans, credit cards, etc.) you anticipate will be your responsibility should you and your spouse divorce.

Rent/Mortgage _____	Car Payment _____
Food _____	Car Insurance _____
Heat _____	Medical Insurance _____
Electric _____	Life Insurance _____
Phone _____	Home Insurance _____
Water _____	Day Care _____
Other Utilities _____	School Expenses _____
Church/Clubs _____	Allowance _____
Transportation _____	Extracurricular _____
Medical _____	Miscellaneous _____
Total Monthly Expenses \$ _____	

Additional Information

General cause for the breakdown of this marriage : _____

Are you and/or your spouse interested in counseling? yes no

Are you or your spouse currently receiving counseling? yes no

Name of counselor you _____ spouse _____

Will your spouse begin or continue counseling? yes no

Would you sign a waiver of confidentiality so that we may have access to your records? yes no

Attitudes (yours/spouse's) toward reconciliation _____

Are you ____ or your spouse ____ in the Military Service? (check if yes)

Have you or has your spouse been involved in a bankruptcy within the past year? yes no

Do you or your spouse plan to file for bankruptcy? yes no

Will you and your spouse agree to any of the listed items:

Division of assets yes no----- Is it in writing yes

Division of debt yes no Is it in writing yes

Is spousal support an issue yes no

Is spouse support amount at issue yes no How much _____

Are there any other unresolved issues: yes no If so, please explain _____

OFFICE USE ONLY
RELIEF TO BE REQUESTED

- Divorce
- Separate maintenance
- Annulment
- Custody of children _____
- Visitation rights _____
- Child support payments _____
- Spousal support _____
- Spouse to vacate home _____
- Contribution to your attorney fees _____
- Restoration of former name _____
- Procurement of \$_____ in life insurance to secure child support
- Property division
- Property injunction
- Domestic abuse injunction
- Health insurance for children or yourself _____
- Home utility payments _____
- Home insurance (Plaintiff/Defendant) _____
- Mortgage payments _____
- Debts _____
- Other _____
- Attorney fee arrangement _____

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The items checked below are needed to complete your divorce case file. Please collect the items that have been checked and bring in copies or originals to my office as soon as possible.

<i>Items needed</i>	<i>Date given to paralegal</i>
<input type="checkbox"/> Tax returns with schedules and W-2s? last two years	_____
<input type="checkbox"/> Paycheck stubs? last two months <input type="checkbox"/> You <input type="checkbox"/> spouse	_____
<input type="checkbox"/> Mortgage statement	_____
 Document showing legal description	
<input type="checkbox"/> Marital home	_____
<input type="checkbox"/> Vacation property	_____
<input type="checkbox"/> Income property	_____
 <input type="checkbox"/> Pension or retirement account statement <input type="checkbox"/> You <input type="checkbox"/> Your spouse	_____
<input type="checkbox"/> Car titles <input type="checkbox"/> You <input type="checkbox"/> Your spouse	_____
<input type="checkbox"/> Life insurance cash value statement	_____
<input type="checkbox"/> Savings account statements	_____
<input type="checkbox"/> Investment account balance statements	_____
<input type="checkbox"/> Appraisal for _____	_____
<input type="checkbox"/> Appraisal for _____	_____
<input type="checkbox"/> Prenuptial or postnuptial agreement	_____
<input type="checkbox"/> Address for children's residences for the last 5 years (This is required before the complaint can be filed)	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

Client Signature _____ Date _____