

KINGSTON & KINGSTON
DOMESTIC INTERVIEW SHEET

Date: _____ Referred by: _____

Nature of Legal Service Sought: ____ 1) Divorce ____ 2) Legal Separation ____ 3) Nullity
____ 4) Establish or Modify: custody/visitation/support

I. GENERAL INFORMATION

A. Client's Name: _____

Nicknames (if any): _____

Birthdate: _____ Social Security #: _____

Driver's License #: _____ State: _____

Address: _____

Home phone: _____ Cell/Pager #: _____

Nearest Relative: _____ Phone #: _____

Address: _____

Employer's Name: _____

Address: _____

Work phone: _____ Position: _____

Monthly Gross: _____ Take home: _____

Work hours: _____

B. Spouse's or Other Parent's /Party's Name: _____

Nicknames (if any): _____

Birthdate: _____ Social Security #: _____

Address: _____

Home phone: _____ Cell/Pager #: _____

Employer's Name: _____

Address: _____

Work phone: _____ Position: _____

Monthly Gross: _____ Take home: _____

C. Physical description for process server:

Height: _____ Weight: _____ Color Eyes: _____ Color Hair: _____

Any other special features or characteristics for further information: _____

Time & Place where it is best to serve: _____

II. MARITAL INFORMATION

D. Marital status: Married Single Divorced

Date of Marriage/Relationship: _____ City/State _____

Date of Separation: _____ Length of Marriage/Relationship: Yrs. ___ Mos. ___ Days ___

Date of Judgment of Dissolution (Divorce): _____ City/State _____

E. Children of this Marriage/Relationship:

<u>Name</u>	<u>Date of birth</u>	<u>Social Security Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Residence requirement:

Client: How long in CA? _____, in County? _____

Spouse: How long in CA? _____, in County? _____

G. Previous marriages:

Client: Number: _____ How terminated: _____

Spouse: Number: _____ How terminated: _____

H. Education:

Client: Highest grade completed: _____

Spouse: Highest grade completed: _____

III. COUNSELING INFORMATION

Does client request marriage counseling? _____

Does spouse request family counseling? _____

IV. ORDERS REQUESTED REGARDING CHILDREN

I. Legal Custody

Client would like: Sole _____ Joint _____

J. Physical Custody

Client would like: Sole _____ Joint _____

K. Visitation

Client would like the following visitation orders:

Reasonable: _____

Other requests or restrictions requested: _____

V. SUPPORT

L. Child Support: No _____ Yes _____ \$ _____

M. Spousal Support No _____ Yes _____ \$ _____

W. RESIDENCES OF THE CHILDREN (Must be given for the last FIVE years)

a. Child's name:	Place of Birth:	Date of Birth:	Sex:
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Period of residence:	Address:	Person child lived with (name & present address)	Relationship
to present	Confidential		
to			
to			
to			
to			

For additional children, please go to next page

Note: If more than three (3) children, please copy this page and provide residence information for each additional child on the copied pages

b. Child's name: Residence information is the same as for child a. (If NOT the same, provide information below.)	Place of Birth:	Date of Birth:	Sex:
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Period of residence: to present	Address: Confidential	Person child lived with (name & present address)	Relationship
to			
to			
to			
to			

c. Child's name: Residence information is the same as for child a. (If NOT the same, provide information below.)	Place of Birth:	Date of Birth:	Sex:
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Period of residence: to present	Child's Address: Confidential	Person child lived with (name & present address)	Relationship
to			
to			
to			
to			