

Date: \_\_\_\_\_ Initial Consultation  
\_\_\_\_\_ Follow-up Meeting

Retainer quoted \$ \_\_\_\_\_  
Retainer Letter issued \_\_\_\_\_  
Generating Attorney: \_\_\_\_\_

**MARITAL INTERVIEW FORM**

**CERTAIN BASIC INFORMATION IS NEEDED IN A FAMILY RELATIONS MATTER**  
**WE ASK THAT YOU COMPLETE THIS FORM FOR YOUR FILE**

YOUR FULL NAME: \_\_\_\_\_

If wife, your maiden name: \_\_\_\_\_

YOUR HOME ADDRESS: \_\_\_\_\_  
(Street, Town & Zip Code)

PREFERRED MAILING ADDRESS: \_\_\_\_\_  
(other than marital home) (Street, Town & Zip Code)

TELEPHONE NOS. HOME: \_\_\_\_\_ CELL: \_\_\_\_\_  
(include Area Codes) WORK: \_\_\_\_\_ OTHER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

YOUR DATE OF BIRTH: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(City & State)

YOUR SOCIAL SECURITY NO. \_\_\_\_\_

**HOW DID YOU HEAR OF OUR FIRM? Please specify below.**

Referral by (name) \_\_\_\_\_

Yellow Pages/Yellow Book \_\_\_\_\_

Internet/Website \_\_\_\_\_

\*\*\*\*\*

SPOUSE'S FULL NAME: \_\_\_\_\_

If wife, her maiden name: \_\_\_\_\_

SPOUSE'S CURRENT ADDRESS: \_\_\_\_\_

TELEPHONE NOS. HOME: \_\_\_\_\_ CELL: \_\_\_\_\_  
(include Area Codes) WORK: \_\_\_\_\_ OTHER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SPOUSE'S DATE OF BIRTH: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SPOUSE'S SOCIAL SECURITY NO. \_\_\_\_\_

DATE OF THIS MARRIAGE: \_\_\_\_\_

PLACE OF MARRIAGE (City and State): \_\_\_\_\_

FIRST MARRIAGE? FOR YOU: YES \_\_\_\_\_ NO \_\_\_\_\_ (if no, # of this marriage \_\_\_\_\_)  
FOR SPOUSE: YES \_\_\_\_\_ NO \_\_\_\_\_ (if no, # of this marriage \_\_\_\_\_)

IF THERE WAS A PRIOR MARRIAGE, HOW WAS IT TERMINATED?  
FOR YOU: Death of Spouse \_\_\_\_\_ Dissolution \_\_\_\_\_  
FOR SPOUSE: Death of Spouse \_\_\_\_\_ Dissolution \_\_\_\_\_

REASON FOR DISSOLUTION OF MARRIAGE (check item below):  
\_\_\_\_\_ IRRETRIEVABLE BREAKDOWN (No Fault Divorce)  
\_\_\_\_\_ SEPARATION FOR 18 MONTHS  
\_\_\_\_\_ STATUTORY CAUSE (i.e.: Adultery, Fraudulent Contract, Desertion, 7-year Absence, Habitual Intemperance, Intolerable Cruelty, 5-Yr. Confinement to Mental Institution)

DATE OF SEPARATION, IF CURRENTLY LIVING APART: \_\_\_\_\_

LENGTH OF CONNECTICUT RESIDENCE: Client \_\_\_\_\_ Spouse \_\_\_\_\_

HAS ANY DISSOLUTION (Divorce) OR OTHER ACTION BEEN COMMENCED?: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES: 1. NAME OF OPPOSING COUNSEL: \_\_\_\_\_

2. COURT LOCATION: \_\_\_\_\_

ARE THERE CHILDREN OF THIS MARRIAGE?: YES \_\_\_\_\_ NO \_\_\_\_\_

**Note: Include children up to the age of 23**

FULL NAME & Social Security No.	DATE OF BIRTH & AGE NOW	SCHOOL ATTENDING NOW (Include college if applicable)
SSN _____	_____	_____
SSN _____	_____	_____
SSN _____	_____	_____
SSN _____	_____	_____

**EDUCATIONAL BACKGROUND**

CLIENT

SPOUSE

HIGH SCHOOL: _____	_____
YEAR GRADUATED: _____	_____
COLLEGE: _____	_____
YEAR GRADUATED: _____	_____
DEGREE(S): _____	_____
OTHER: _____	_____

**PRESENT EMPLOYMENT INFORMATION**

CLIENT

SPOUSE

EMPLOYER: _____	_____
ADDRESS: _____ (Street Address)	_____ (Street Address)
_____	_____
(City, State, Zip Code)	(City, State, Zip Code)
POSITION (TITLE): _____	_____
LENGTH OF EMPLOYMENT: _____	_____
YEARLY GROSS: _____	_____
WEEKLY GROSS: _____	_____
WEEKLY NET: _____	_____
PRIOR EMPLOYMENT, IF ANY (same information as above): _____	
_____	
_____	
_____	
_____	

**EMPLOYMENT BENEFITS (Retirement, Medical, Life Insurance)**

CLIENT

SPOUSE

RETIREMENT: \_\_\_\_\_  
(Indicate type of plan: i.e., profit-sharing, deferred compensation,  
pension, retirement account, IRA, 401(k), annuity or other)

\_\_\_\_\_

HEALTH INSURANCE: \_\_\_\_\_

\_\_\_\_\_

LIFE INSURANCE: \_\_\_\_\_  
(Provider name & amount)

\_\_\_\_\_ (Provider name & amount)

OTHER: \_\_\_\_\_

\_\_\_\_\_

**OTHER BENEFITS**

CHECK HERE IF YOU AND/OR YOUR FAMILY ARE COVERED BY HUSKY INSURANCE: \_\_\_\_\_

IF SO, INDICATE AMOUNT YOU PAY: \_\_\_\_\_

CHECK HERE IF YOU DO NOT PAY ANYTHING: \_\_\_\_\_

WHO IS COVERED BY HUSKY? \_\_\_\_\_

CHECK HERE IF YOU AND/OR YOUR SPOUSE ARE RECEIVING ANY FINANCIAL SUPPORT  
FROM THE STATE OF CONNECTICUT, OR A CITY OR TOWN IN CONNECTICUT, FOR ANY  
REASON: \_\_\_\_\_

IF SO, INDICATE WHAT FOR: \_\_\_\_\_

\_\_\_\_\_

AMOUNT/EXTENT OF ASSISTANCE: \_\_\_\_\_

DATE SUPPORT COMMENCED: \_\_\_\_\_

**REAL PROPERTY**

COMPLETE ADDRESS: \_\_\_\_\_

TITLE IN FOLLOWING NAME(S): \_\_\_\_\_

**Indicate here how title is held:** \_\_\_\_\_ **Jointly,** \_\_\_\_\_ **Tenants in Common, or** \_\_\_\_\_ **Solely**

DATE ACQUIRED: \_\_\_\_\_ PURCHASE PRICE: \_\_\_\_\_

MORTGAGEE(S): \_\_\_\_\_

MONTHLY PAYMENTS: \_\_\_\_\_

BALANCE(S) DUE (**approximate**): \_\_\_\_\_

ANNUAL REAL ESTATE TAXES: \_\_\_\_\_

**Check here if real estate taxes are included in your mortgage payments:** \_\_\_\_\_

APPRAISED VALUE OF PROPERTY: \_\_\_\_\_

**Check here if there was a formal appraisal prepared for this property:** \_\_\_\_\_

ANY LIENS ON PROPERTY?: \_\_\_\_\_

**If yes, by whom?** \_\_\_\_\_

ADDITIONAL INFORMATION REGARDING THE REAL PROPERTY ABOVE: \_\_\_\_\_

**DO YOU OR YOUR SPOUSE OWN ANY OTHER REAL PROPERTY?  
IF SO, INDICATE THE FOLLOWING:**

COMPLETE ADDRESS: \_\_\_\_\_

TITLE IN FOLLOWING NAME(S): \_\_\_\_\_

**Indicate here how title is held:** \_\_\_\_\_ **Jointly,** \_\_\_\_\_ **Tenants in Common, or** \_\_\_\_\_ **Solely**

DATE ACQUIRED: \_\_\_\_\_ PURCHASE PRICE: \_\_\_\_\_

MORTGAGEE(S): \_\_\_\_\_

MONTHLY PAYMENTS: \_\_\_\_\_

BALANCE(S) DUE (**approximate**): \_\_\_\_\_

ANNUAL REAL ESTATE TAXES: \_\_\_\_\_

**Check here if real estate taxes are included in your mortgage payments:** \_\_\_\_\_

APPRAISED VALUE OF PROPERTY: \_\_\_\_\_

**Check here if there was a formal appraisal prepared for this property:** \_\_\_\_\_

ANY LIENS ON PROPERTY?: \_\_\_\_\_

**If yes, by whom?** \_\_\_\_\_

**OTHER INFORMATION**

**Have you or your spouse ever been arrested and/or convicted of any criminal offense, including any that involve your spouse? If yes, please provide date, type of criminal charge and outcome.**

For you: \_\_\_\_\_  
\_\_\_\_\_

For spouse: \_\_\_\_\_  
\_\_\_\_\_

**Have you or your spouse taken any prescribed medication(s) during this marriage?  
If yes, please provide type of medication(s), dates taken and reason for taking it.**

For you: \_\_\_\_\_  
\_\_\_\_\_

For spouse: \_\_\_\_\_  
\_\_\_\_\_

**Have you or your spouse entered personal information on any internet website (i.e., MySpace, Facebook, match.com or other), or do either of you have an internet blog?  
If so, please provide specific information relative thereto.**

For you: \_\_\_\_\_  
\_\_\_\_\_

For spouse: \_\_\_\_\_  
\_\_\_\_\_

