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**CLIENT INTERVIEW SHEET**

Date: \_\_\_\_\_

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background 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 information:

Full Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Place Of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number & State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

2. Where are you living now?

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

3. Your Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Gross salary per month or annually: \$ \_\_\_\_\_  
Length of employment: \_\_\_\_\_  
Education: \_\_\_\_\_
4. Please provide your spouse's information:  
Spouse's Full Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Driver's License Number & State: \_\_\_\_\_
5. Where is your spouse living?  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_
6. Complete the following concerning your spouse's employment.  
Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Spouse's gross salary per month or annually: \$ \_\_\_\_\_

Length of spouse's employment: \_\_\_\_\_

Education of spouse: \_\_\_\_\_

7. Please give the date and place of your marriage.

Date: \_\_\_\_\_

City, State: \_\_\_\_\_

8. Please give the following information for each child of this marriage.

A. Child's Full Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's License number: \_\_\_\_\_

B. Child's Full Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's License number: \_\_\_\_\_

C. Child's full Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's License number: \_\_\_\_\_

9. Are you now separated from your spouse? Yes / No  
If so, give date of separation: \_\_\_\_\_

10. Have you seen a marriage counselor? Yes / No  
If so, give name: \_\_\_\_\_

11. What is your religious preference? \_\_\_\_\_  
What is your spouse's religious preference? \_\_\_\_\_

12. Check as appropriate if your marital difficulties involve any of the following:

- ☐ Drugs/Alcohol
- ☐ Physical violence
- ☐ Sexual disappointment
- ☐ Religion
- ☐ Sexual infidelity
- ☐ Incompatibility
- ☐ Financial disputes
- ☐ Other: \_\_\_\_\_

13. Will there be a dispute over custody of the children? \_\_\_\_\_

If not, custody will be with whom? \_\_\_\_\_

14. Where are the children living at this time? \_\_\_\_\_

15. List all property (other than furniture and clothing) owned by the children.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. How long have you lived in Texas? \_\_\_\_\_

17. What county do you live in? \_\_\_\_\_

18. How long have you resided in that county? \_\_\_\_\_

19. Have you or your spouse ever filed for a divorce? \_\_\_\_\_

If so, who? \_\_\_\_\_

20. Does your spouse now have an attorney? \_\_\_\_\_

If so, who? \_\_\_\_\_

21. Have you been married before? \_\_\_\_\_

If so, how many times? \_\_\_\_\_

Do you have children by a previous marriage? \_\_\_\_\_

22. If so, give full name, date and place of birth, and sex of each child of your previous marriages.

A. Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's License number: \_\_\_\_\_

B. Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's License number: \_\_\_\_\_

C. Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's License number: \_\_\_\_\_

With whom do these children reside? \_\_\_\_\_

23. Do you pay/receive child support? \_\_\_\_\_

If so, how much? \$ \_\_\_\_\_ Per \_\_\_\_\_

24. Has your spouse been married before? \_\_\_\_\_

If so, how many times? \_\_\_\_\_

Does your spouse have children by a previous marriage? \_\_\_\_\_

If so, give full name, date and place of birth, and sex of each child of spouse's previous marriages:

A. Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's License number: \_\_\_\_\_

B. Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's License number: \_\_\_\_\_

C. Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's License number: \_\_\_\_\_

D. Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's License number: \_\_\_\_\_

With whom do these children reside? \_\_\_\_\_

25. Does your spouse pay/receive child support? \_\_\_\_\_

If so, how much? \$ \_\_\_\_\_ Per \_\_\_\_\_

26. If a divorce is granted, should the wife's maiden or prior name be restored? \_\_\_\_\_

If so, what name should be used? \_\_\_\_\_

27. REAL ESTATE PROPERTY:

Address: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

Estimated fair market value \$ \_\_\_\_\_

Year bought \_\_\_\_\_

Mortgage balance \$ \_\_\_\_\_

Monthly Payments \$ \_\_\_\_\_

Address: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

Estimated fair market value \$ \_\_\_\_\_

Year bought \_\_\_\_\_

Mortgage balance \$ \_\_\_\_\_

Monthly Payments \$ \_\_\_\_\_

Address: \_\_\_\_\_

Mortgage Company: \_\_\_\_\_

Estimated fair market value \$ \_\_\_\_\_

Year bought \_\_\_\_\_

Mortgage balance \$ \_\_\_\_\_

Monthly Payments \$ \_\_\_\_\_

28. Motor Vehicles, Boats, Airplanes, Cycles, Trailers

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Who Drives? \_\_\_\_\_ Mileage: \_\_\_\_\_

VIN: \_\_\_\_\_ Color: \_\_\_\_\_

Loan with: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Who Drives? \_\_\_\_\_ Mileage: \_\_\_\_\_

VIN: \_\_\_\_\_ Color: \_\_\_\_\_

Loan with: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Who Drives? \_\_\_\_\_ Mileage: \_\_\_\_\_

VIN: \_\_\_\_\_ Color: \_\_\_\_\_

Loan with: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

29. Bank Accounts, Savings Accounts, C.D.'s, Credit Union, Savings Bonds

Name of bank: \_\_\_\_\_  
Account Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Amount on deposit: \$ \_\_\_\_\_  
Names on Withdrawal Card: \_\_\_\_\_

Name of bank: \_\_\_\_\_  
Account Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Amount on deposit: \$ \_\_\_\_\_  
Names on Withdrawal Card: \_\_\_\_\_

Name of bank: \_\_\_\_\_  
Account Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Amount on deposit: \$ \_\_\_\_\_  
Names on Withdrawal Card: \_\_\_\_\_

Name of bank: \_\_\_\_\_  
Account Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Amount on deposit: \$ \_\_\_\_\_  
Names on Withdrawal Card: \_\_\_\_\_

30. Life Insurance

Name of Company: \_\_\_\_\_  
Insuring Life Of: \_\_\_\_\_

Name of Company: \_\_\_\_\_  
Insuring Life Of: \_\_\_\_\_

Name of Company: \_\_\_\_\_  
Insuring Life Of: \_\_\_\_\_

31. Stocks, Mutual Funds

Name of Stock: \_\_\_\_\_  
Estimated amount invested: \$ \_\_\_\_\_

Name of Stock: \_\_\_\_\_  
Estimated amount invested: \$ \_\_\_\_\_

Name of Stock: \_\_\_\_\_  
Estimated amount invested: \$ \_\_\_\_\_



32. Retirement, Pensions, Other Company Benefits

- A. Do you participate in any retirement plan? \_\_\_\_\_  
Does your spouse participate in any retirement plan? \_\_\_\_\_
- B. Do you participate in any company savings plan? \_\_\_\_\_  
If so, how much do you have in that savings plan? \$ \_\_\_\_\_
- C. Does your spouse participate in any company savings plan? \_\_\_\_\_  
If so, how much does your spouse have in that savings plan? \$ \_\_\_\_\_
- D. Does anyone owe you or your spouse any money? \_\_\_\_\_  
If so, how much? \$ \_\_\_\_\_  
Owed by whom? \_\_\_\_\_

33. Are you involved in any lawsuits? \_\_\_\_\_  
If so, explain. \_\_\_\_\_

34. Do you own any livestock or mineral interests? \_\_\_\_\_

35. Do you belong to any clubs with an equity interest? \_\_\_\_\_  
If so, where? \_\_\_\_\_

36. Debts: (Other than house and/or automobiles)

- A. \_\_\_\_\_ \$ \_\_\_\_\_
- B. \_\_\_\_\_ \$ \_\_\_\_\_
- C. \_\_\_\_\_ \$ \_\_\_\_\_

37. Have you filed income tax for all previous years? \_\_\_\_\_  
Prepared by whom? \_\_\_\_\_  
Refund received? \_\_\_\_\_  
If so, how much? \$ \_\_\_\_\_

38. Separate Property:

A. Do you own any separate property (property owned before marriage or property received during marriage by gift or inheritance)? \_\_\_\_\_

If so, detail your separate property. \_\_\_\_\_

B. Does your spouse own any separate property? \_\_\_\_\_

If so, detail the separate property. \_\_\_\_\_

39. Last Will and Testament:

A. Do you have a will? \_\_\_\_\_

If so, prepared by whom? \_\_\_\_\_

B. Does your spouse have a will? \_\_\_\_\_

If so, prepared by whom? \_\_\_\_\_

40. At what address do you wish to receive mail from this office?

\_\_\_\_\_  
\_\_\_\_\_

41. Is the Attorney General part of your case? YES or NO

42. Are you or your spouse in bankruptcy? YES or NO

43. Do you have a prenuptial agreement? YES or NO

44. Who may we thank for your referral to our office? \_\_\_\_\_

I understand that there will be an initial \$150.00 consultation fee regardless of whether I decide to take any legal action or not.

\_\_\_\_\_  
Your signature