

**DOMESTIC RELATIONS INTERVIEW SHEET**

Dated: \_\_\_\_\_

Client:  Husband

Wife

**GENERAL INFORMATION**

Husband: \_\_\_\_\_

Wife: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Pager No.: \_\_\_\_\_

Pager No.: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthdate: \_\_\_\_\_

**INFORMATION NEEDED TO PREPARE PETITION/ANSWER**

Client [**Plaintiff/Defendant**] is a resident of \_\_\_\_\_ County, Oklahoma and has resided in that County for 30 days (yes/no) and the State of Oklahoma for 6 months (yes/no).

Date Married: \_\_\_\_\_ Place: \_\_\_\_\_

Date Separated: \_\_\_\_\_ If minor children, with whom have they lived since separation?

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

**SERVICE INSTRUCTIONS**

SERVE DEFENDANT THE SUMMONS AT \_\_\_\_\_

(or) PREPARE ENTRY OF APPEARANCE \_\_\_\_\_

**INFORMATION REGARDING CHILDREN**

1. Complete this section only if there are minor children born or adopted in this marriage.

CHILD'S FULL NAME	AGE	DOB	SOCIAL SECURITY NUMBER	WAS CHILD BORN OF THIS MARRIAGE OR PREVIOUS MARRIAGE	WAS CHILD ADOPTED BY YOU OR YOUR SPOUSE
1.					
2.					
3.					

2. List all addresses that you, your spouse and the minor children have lived for the past five (5) years. Give dates for each address in chronological order, with your last and current address first.

DATES (TO -FROM)	ADDRESS	CITY	STATE
1.			
2.			
3.			

3. Have either you or your spouse participated as a party, witness or in any other capacity, in any type of litigation concerning the custody of your child(ren) in this state or any other state?  
 Yes       No

a. If your answer is YES, give complete details: \_\_\_\_\_  
 \_\_\_\_\_

4. Is there any type of custody proceeding concerning your child(ren) now pending in any Court of this State or any other State to your knowledge?  Yes     No

a. If your answer is YES, give complete details: \_\_\_\_\_  
 \_\_\_\_\_

5. Is there any other person or entity who has physical custody of your child(ren) OR claims some right to have custody or visitational privileges with respect to your child(ren)?  Yes       No

6. Who do you propose be the custodial parent?  Father       Mother       Joint

7. If joint custody, what percentage of time will the children live with each parent?

- a. Father \_\_\_\_\_%
- b. Mother \_\_\_\_\_%

8. Please express your proposed Child visitation: \_\_\_\_\_  
 \_\_\_\_\_

**INDIAN DESCENT**

1. Are you of Indian descent?  Yes  No
2. Is your spouse of Indian descent?  Yes  No
3. If your answers to both of these questions were NO, then skip to the next series of questions, otherwise complete the following:
  - a. If either you and/or your spouse is of Indian descent, Name of Tribe: \_\_\_\_\_
  - b. Are you or your spouse properly enrolled on the Tribal Rolls?  Yes  No
  - c. Are the children currently enrolled on the Tribal Rolls to your knowledge?  Yes  No
  - d. What is the Roll Number of each child? \_\_\_\_\_
  - e. Are the children eligible for membership in an Indian Tribe? If so, what tribe? \_\_\_\_\_  
\_\_\_\_\_

**HEALTH INSURANCE POLICY**

1. Do you or your spouse maintain health insurance on your children?  I do  Spouse does
2. Is the health insurance provided, through a private plan or through the employer?
  - a.  Provided by the me
  - b.  Provided by spouse
  - c.  Provided through my employer
  - d.  Provided through spouse's employer
3. What is the total cost (premium) of the health insurance per month? \$ \_\_\_\_\_
4. What is the cost (premium) of the health insurance *for the children only* per month? \$ \_\_\_\_\_  
\_\_\_\_\_
5. If the health insurance is provided by your employer or your spouse's employer, does the employer pay the employee's, ie., your's or your spouse's health insurance premium?  Yes  No
6. How many individuals are covered by this health insurance policy? \_\_\_\_\_
7. Are there any individuals covered under this policy who are not children of this marriage?  
 Yes  No If your answer is YES, how many? \_\_\_\_\_
8. Do you, your spouse, or children receive any health insurance through DHS or other state

agency?

Yes  No If your answer is YES, explain? \_\_\_\_\_

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**CHILD CARE FOR CHILDREN**

1. If your children are in child care, what is the name of the Child Care Center? \_\_\_\_\_

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2. Which children are in child care? \_\_\_\_\_

3. What is the weekly cost of the child care? \$ \_\_\_\_\_

4. Who currently pays for the child care?  Mother  Father  DHS

5. Does this amount take into consideration any "extras" (field trips, birthday parties, etc.) that the child care provider may charge?  Yes  No

a. If your answer is NO, what is the average amount per month that the child care provider charges each month? \$ \_\_\_\_\_

**PRIOR MARRIAGE**

(if applicable)

1. Former Spouse's Name: \_\_\_\_\_

2. Date of Divorce: City where divorce was granted: \_\_\_\_\_

3. Is prior spouse living?  Yes  No. If dead, date of death: \_\_\_\_\_

4. Did you live with a member of the opposite sex prior to this marriage?  Yes  No

5. Did your spouse live with a member of the opposite sex prior to this marriage?  Yes  No

6. Is it possible that either of you were in a common law marriage as a result?  Yes  No

If "yes", please explain: \_\_\_\_\_

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**MILITARY HISTORY**

(prior service/present status)

1. You: \_\_\_\_\_

2. Spouse: \_\_\_\_\_

**FAMILY'S PRESENT HEALTH**

(good/poor - explanation)

1. Yours: \_\_\_\_\_

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2. Spouse: \_\_\_\_\_

3. Children: \_\_\_\_\_

**INCOME INFORMATION**

1. Attach copies of State and Federal Income Tax Returns for last three (3) taxable years.
2. Attach wage statements from your employer for last four (4) pay periods.

	HUSBAND	WIFE
<b>INCOME INFORMATION</b>		
1. Gross monthly income from salary and wages, including commissions, bonuses, allowances and overtime		
2. Income is paid weekly, bi-weekly, or monthly		
3. Income from Pensions and Retirement		
4. Income from Social Security		
5. Income from Disability and Unemployment Insurance		
6. Income from Public Assistance (welfare, AFDC payments, etc.)		
7. Child Support from any prior marriage		
<b>INCOME INFORMATION</b>	<b>HUSBAND</b>	<b>WIFE</b>
8. All other Sources: (Specify)		
AMOUNT OF GROSS INCOME		

**DEDUCTIONS FROM GROSS INCOME**

	HUSBAND	WIFE
<b>DEDUCTIONS</b>		
1. State Income Taxes		
2. Federal Income Taxes		
3. Number of Exemptions Taken		
4. Medical Insurance Premium		
5. Life Insurance Premium		
6. Life Insurance Premium		
7. Union or Other Dues		
8. Retirement or Pension Fund		
9. Savings Plan		
10. 401K Plan		
11. Credit Union		
12. Other Deductions: (Specify)		
TOTAL DEDUCTIONS		

**NET MONTHLY INCOME**

	HUSBAND	WIFE
1. TOTAL GROSS INCOME LESS TOTAL DEDUCTIONS		

## SEPARATE PROPERTY

1. List all property which was acquired by either you or your spouse (1) prior to marriage, (2) by inheritance, or (3) since the date of separation:

ASSET	DATE ACQUIRED	SOURCE OF ACQUISITION	CURRENT POSSESSION	CURRENT VALUE
1.				
2.				
3.				

## MARITAL ASSETS

1. On attached **Schedule1: "Assets and Secured Debts Acquired During Marriage"** complete all information for all property which was acquired by either you or your spouse from the date of marriage until the date of separation.

2. **Automobiles** (Year-Make):

AUTOMOBILE YEAR/MAKE	VIN No.	HOW IS TITLE HELD	CURRENT RETAIL VALUE	AMOUNT OWED/ LIENHOLDER	MONTHLY PAYMENT
1.					
2.					
3.					

3. **Securities – stocks, bonds:**

NAME OF COMPANY	POLICY No.	FACE AMOUNT	CASH VALUE ACCUMULATED
1.			
2.			
3.			
TOTAL			

4. **Cash and Deposit Accounts** (banks, savings & loans, credit unions – savings and checking)

BANK/CREDIT UNION	ACCOUNT No.	TYPE OF ACCOUNT	BALANCE ON DATE OF SEPARATION	BALANCE ON DATE OF PETITION
1.				
2.				

5. **Life Insurance:**

NAME OF COMPANY	POLICY No.	OWNER & BENEFICIARY	FACE AMOUNT	CASH VALUE ACCUMULATED
1.				
2.				

3.				
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6. **Profit Sharing, 401K, or Retirement:**

NAME OF ACCOUNT	OWNER	BALANCE ON DATE OF MARRIAGE	BALANCE ON DATE OF PETITION
1.			
2.			
3.			

7. **Real Estate.** Where more than one parcel of real estate owned, attach sheet with identical information for all additional property

1. Legal Description <b>[Attach copy of Deed]</b>	
2. Street Address	
3. Type of Property	
4. Date of Acquisition	
5. Original Cost	
6. Cost of Additions	
7. Total Cost	
8. Total Present Value <b>[Attach most recent Appraisal]</b>	
9. Mortgage Balance	
10. Other Liens	
11. Equity	
12. Monthly Mortgage Payment	
13. Mortgage Holder	
14. Taxes	
15. Individual Contributions	

8. **Business Interest**

NAME OF BUSINESS	SHARE	TYPE OF BUSINESS	CURRENT VALUE	DEBT
1.				
2.				

9. **Other assets not specified above:**

ASSET	DATE ACQUIRED	SOURCE OF ACQUISITION	CURRENT POSSESSION	CURRENT VALUE
1.				
2.				
3.				
4.				

**SEPARATE DEBTS**

1. List all debts which were acquired by either you or your spouse prior to marriage or since the date of separation:

CREDITOR'S NAME	FOR	DATE ACQUIRED	BALANCE	MONTHLY PAYMENT
1.				
2.				
3.				
TOTAL				

**MARITAL DEBTS**

1. On attached **Schedule 2: "Outstanding Debts Incurred During Marriage"** complete all information for all debts which were acquired by either you or your spouse from the date of marriage until the date of separation.

**BUDGET**

1. Number of Persons Living in Household: \_\_\_\_\_
2. What is each person's relationship to you? \_\_\_\_\_
3. Which party is the custodial parent? \_\_\_\_\_
4. List names and relationship of all members of the household whose expenses are included in the following budget: \_\_\_\_\_

EXPENSE	HUSBAND	WIFE
Rent or mortgage payments (residence)		
Real property taxes (residence)		
Real property insurance (residence)		
Maintenance (residence)		
Food and household supplies		
Utilities including water, electricity, gas and heat		
Telephone, mobile phone and pager		
Laundry and cleaning		
Clothing		
Uninsured medical		
Uninsured dental		
Insurance (life, health, accident, comprehensive, liability, and disability)		
Child Care		
Payment of Child Support/Spousal Support (Prior Marriage)		
School		
Entertainment (includes clubs, social obligations, travel and recreation)		
Incidentals (grooming, tobacco, alcohol, gifts and donations)		
Transportation (other than auto)		
Auto expense (gas, oil, repair, insurance, tag)		



EXPENSE	HUSBAND	WIFE
Auto payments		
Installment payments (insert total and attach an itemized schedule)		
Other expenses (insert total and attach an itemized schedule)		
TOTAL		

### TEMPORARY ORDERS

1. If you want a temporary order for support or restraining order, please indicate if, while this proceeding is pending, you want the court to give you:

REQUEST OF THE COURT	YES	No
1. Possession of the marital residence		
2. Custody of the minor children		
3. Temporary Child Support		
4. Temporary Spousal Support		
5. Possession of Vehicle (Describe)		
6. Temporary attorney fees and court costs		
7. Order directing your spouse to:		
(a) Leave the home immediately	(a)	(a)
(b) Remain away from you and/or children	(b)	(b)
(c) Restrain from selling or disposing of any asset	(c)	(c)

### TEMPORARY SUPPORT

1. Since the date of your separation, have you received OR paid any Child Support to your spouse?  Yes  No If your answer is YES, how much have you received or paid, give dates and amounts:

DATE	AMOUNT	RECEIVED OR PAID

2. Since the date of your separation, have you received OR paid any support to your spouse?  Yes  No If your answer is YES, how much have you received or paid, give dates and amounts:

DATE	AMOUNT	RECEIVED OR PAID

3. If your answer is **NO**, to either child support or support for your spouse, why has no support been paid? \_\_\_\_\_

**CONTESTED ISSUES**

1. Will your spouse contest this divorce action as to the **custody of the child(ren)**?

a.  Yes  No

b. If your answer is YES, state the reasons: \_\_\_\_\_

\_\_\_\_\_

2. Will your spouse contest this divorce action as to the **division of property**?

a.  Yes  No

b. If your answer is YES, state the reasons: \_\_\_\_\_

\_\_\_\_\_

3. Will your spouse execute a WAIVER to avoid cost of service of summons?  Yes  No

4. If your spouse will NOT sign a waiver, where is the best place to have him/her served with

the Divorce Petition (address)? \_\_\_\_\_

5. Have you or your spouse ever filed for Divorce from the other?

Yes  No

a. If your answer is YES, in what State and County was the action filed: \_\_\_\_\_

b. Date the action was filed: \_\_\_\_\_

**WIFE'S FORMER NAME**

1. **Wife Only:** At the time of the final Decree, do you wish to be restored to a former name?

Yes  No Former name: \_\_\_\_\_

**COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have read the above and foregoing document and have provided the information as requested. The information is true and correct to the best of my knowledge and belief.

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

\_\_\_\_\_  
Client Signature

**SCHEDULE "1"**

**ASSETS and SECURED DEBTS ACQUIRED DURING MARRIAGE**

List *all* Household Furnishings, Furniture, Appliances, Equipment, Jewelry, Furs, etc. acquired during the marriage which are not specifically listed in Schedules 3 through 9 above.

<b>ASSET</b>	<b>DATE ACQUIRED</b>	<b>PURCHASE PRICE</b>	<b>CURRENT VALUE</b>	<b>AMOUNT OF DEBT OR ENCUMBRANCE</b>	<b>SECURED CREDITOR</b>	<b>REQUEST COURT TO AWARD TO HUSBAND OR WIFE</b>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

**SCHEDULE "2"**

**OUTSTANDING DEBTS INCURRED DURING MARRIAGE**

- a. List all outstanding debts whether (a) account is held solely in husband's name (b) account is held solely in wife's name or (c) account is held jointly
  - b. Attach to this sheet a copy of the most recent bill from each creditor.
  - c. If the debt is based on a promissory note, attach a copy of the promissory note and mortgage or security agreement.
  - d. If the debt is based on a written agreement to repay, indicate if both or just one of you signed the written agreement.
  - e. Your comments or explanation: \_\_\_\_\_
- 

CREDITOR	ACCOUNT NUMBER	PURPOSE OF DEBT	COLLATERAL GIVEN	TOTAL AMOUNT DUE	MONTHLY PAYMENT	REQUEST COURT AWARD TO HUSBAND OR WIFE
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
TOTALS						