

DOMESTIC INTERVIEW FORM

DATE: _____

REFERRED BY: _____

CLIENT

Name (**including** middle name, Jr., Sr., etc.):

Other Names known by (Nicknames): _____

Complete Address (street, city, state): _____

E-Mail Address: _____

Send mail to: _____

Phone: Work: _____

Home: _____

Cell: _____

S.S. No. _____ - _____ - _____

Driver's Lic. No. _____ State _____

EMPLOYMENT

Current Employer: _____

Address: _____

Occupation: _____

Commencement date of employment: _____

Weekly Gross Pay: \$ _____

Weekly Net Pay: \$ _____

Income Last Year: \$ _____

Previous Employer: _____

Address: _____

Occupation: _____

Dates of Employment: _____

Weekly Gross Pay: \$ _____

Weekly Net Pay: \$ _____

Annual Income: \$ _____

SPOUSE

Name (**including** middle name, Jr. Sr., etc.):

Other Names known by (Nicknames): _____

Complete Address (street, city, state): _____

E-Mail Address: _____

Send mail to: _____

Phone: Work: _____

Home: _____

Cell: _____

S.S. No. _____ - _____ - _____

Driver's Lic. No. _____ State _____

EMPLOYMENT

Current Employer: _____

Address: _____

Occupation: _____

Commencement date of employment: _____

Weekly Gross Pay: \$ _____

Weekly Net Pay: \$ _____

Income Last Year: \$ _____

Previous Employer: _____

Address: _____

Occupation: _____

Dates of Employment: _____

Weekly Gross Pay: \$ _____

Weekly Net Pay: \$ _____

Annual Income: \$ _____

DOMESTIC INTERVIEW FORM

PERSONAL INFORMATION

(For use w/ FOC Verified Statement, FOC Investigation, service of process, Uniform Support forms, PPO, etc.)

CLIENT

SPOUSE

Birth Place: _____

Birth Place: _____

Birth Date: _____ Age: _____

Birth Date: _____ Age: _____

Eye Color: _____ Glasses: Yes ___ No ___

Eye Color: _____ Glasses: Yes ___ No ___

Hair Color: _____

Hair Color: _____

Mustache/Beard? No ___ Yes___, Color: _____

Mustache/Beard? No ___ Yes___, Color: _____

Height: _____ Weight: _____

Height: _____ Weight: _____

Race: _____

Race: _____

Scars/Tattoos: _____

Scars/Tattoos: _____

Years of Education Completed: _____

Years of Education Completed: _____

Degree (s): _____

Degree (s): _____

ADC Recipient? No ___ Yes ___

ADC Recipient? No___ Yes ___

Case #: _____ Amount \$ _____

Case #: _____ Amount \$ _____

Active ___ Non-Active ___

Active ___ Non-Active ___

MARRIAGE

Place: _____
(City/Village/Twp.) County State/Foreign/Country

Date of Marriage: _____ Performed by: _____

Date of Separation: _____

Cause of Breakdown: _____

Client lived in Michigan 180 days? Yes___ No___ Client lived in County in 10 days? Yes___ No___

Client: Number of previous marriages: _____ **Spouse**: Number of previous marriages: _____

How terminated: Death ___ Divorce ___ How terminated: Death ___ Divorce ___

Wife's Maiden Name: _____ Restored? Yes ___ No ___

Prior Actions? No___

Yes ___ Case Name. _____ Court _____

Case No. _____ Judge _____

DOMESTIC INTERVIEW FORM

CHILDREN

1. Name: _____

S.S. No. _____ - _____ - _____ Birth Date: _____ Age: _____

2. Name: _____

S.S. No. _____ - _____ - _____ Birth Date: _____ Age: _____

3. Name: _____

S. S. No. _____ - _____ - _____ Birth Date: _____ Age: _____

4. Name: _____

S. S. No. _____ - _____ - _____ Birth Date: _____ Age: _____

Children now living with: Name: _____ Relations: _____

Where have the children lived during the last 5 years?

Address: _____

With Whom: _____ Dates at this address: _____

Address: _____

With Whom: _____ Dates at this address: _____

Address: _____

With Whom: _____ Dates at this address: _____

Other minor children of either party:

1. Name: _____

S.S. No. _____ - _____ - _____ Birth Date: _____ Age: _____

2. Name: _____

S.S. No. _____ - _____ - _____ Birth Date: _____ Age: _____

Is Wife Pregnant? No ___

Yes __, and expected date of delivery is: _____

Child/Day Care? No ___

Yes __, and the amount is \$ _____ per _____ Paid by: _____

DOMESTIC INTERVIEW FORM
HEALTH CARE COVERAGE FOR MINOR CHILDREN

Insurance Company Name: _____ Insured/Policyholder: _____

Policy, Group, Contact or ID No.: _____

Paid by: _____

Other health care available? No ___

Yes ___, if so

Insurance Company Name: _____

Insured/Policyholder: _____

Policy, Group, Contact or ID No.: _____ Paid by: _____

ASSETS/LIABILITIES

Marital home:

Address: _____

In whose name(s): _____

Monthly payments: \$ _____ Paid by: Husband ___ Wife ___ Both ___

Date purchased: _____ Purchase Price: \$ _____ Down payment: \$ _____

Mortgage Amount: \$ _____ Balance Due: \$ _____ Value: \$ _____

Mortgage held by: _____

Rent? _____

Land Contract? _____

Other terms: _____

Other real estate (1):

Address: _____

In whose name(s): _____

Monthly payments: \$ _____ Paid by: Husband ___ Wife ___ Both ___

Date purchased: _____ Purchase Price: \$ _____ Down payment: \$ _____

Mortgage Amount: \$ _____ Balance Due: \$ _____

Mortgage held by: _____

Rent? _____

Land Contract? _____

Other terms: _____

DOMESTIC INTERVIEW FORM

ASSETS/LIABILITIES (cont'd)

Other real estate (2)

Address: _____

In whose name(s): _____

Monthly payments: \$ _____ Paid by: Husband ___ Wife ___ Both ___

Date purchased: _____ Purchase Price: \$ _____ Down payment: \$ _____

Mortgage Amount: \$ _____ Balance Due: \$ _____

Mortgage held by: _____

Rent? _____

Land Contract? _____

Other terms: _____

Home Equity Loan? No ___

Yes ___ Amount: \$ _____ Balance Due: \$ _____

Held by: _____ Account No.: _____

Vehicles:

1. Year/Make: _____ VIN: _____

In whose name(s): _____

Purchase price: \$ _____ Monthly payments: \$ _____

Balance due: \$ _____ Value: \$ _____

Lease? No ___ Yes ___ Monthly payments: \$ _____

2. Year/Make: _____ VIN: _____

In whose name(s): _____

Purchase price: \$ _____ Monthly payments: \$ _____

Balance due: \$ _____ Value: \$ _____

Lease? No ___ Yes ___ Monthly payments: \$ _____

3. Year/Make: _____ VIN: _____

In whose name(s): _____

Purchase price: \$ _____ Monthly payments: \$ _____

Balance due: \$ _____ Value: \$ _____

Lease? No ___ Yes ___ Monthly payments: \$ _____

DOMESTIC INTERVIEW FORM

ASSETS/LIABILITIES (cont'd)

Vehicles (cont'd)

4. Year/Make: _____ VIN: _____

In whose name(s): _____

Purchase price: \$ _____ Monthly payments: \$ _____

Balance due: \$ _____ Value: \$ _____

Lease? No ___ Yes ___ Monthly payments: \$ _____

Credit Cards:

1. Credit Card Name: _____ Account No.: _____

In whose name(s): _____

Outstanding balance: \$ _____

Paid by: Husband ___ Wife ___ Both ___

2. Credit Card Name: _____ Account No.: _____

In whose name(s): _____

Outstanding balance: \$ _____

Paid by: Husband ___ Wife ___ Both ___

3. Credit Card Name: _____ Account No.: _____

In whose name(s): _____

Outstanding balance: \$ _____

Paid by: Husband ___ Wife ___ Both ___

4 Credit Card Name: _____ Account No.: _____

In whose name(s): _____

Outstanding balance: \$ _____

Paid by: Husband ___ Wife ___ Both ___

5. Credit Card Name: _____ Account No.: _____

In whose name(s): _____

Outstanding balance: \$ _____

Paid by: Husband ___ Wife ___ Both ___

DOMESTIC INTERVIEW FORM

ASSETS/LIABILITIES (cont'd)

Bank Accounts:

1. Name and address of institution: _____
Address: _____
In whose name(s): _____
Type of account: _____ Account No.: _____ Present balance: \$ _____

2. Name and address of institution: _____
Address: _____
In whose name(s): _____
Type of account: _____ Account No.: _____ Present balance: \$ _____

3. Name and address of institution: _____
Address: _____
In whose name(s): _____
Type of account: _____ Account No.: _____ Present balance: \$ _____

4. Name and address of institution: _____
Address: _____
In whose name(s): _____
Type of account: _____ Account No.: _____ Present balance: \$ _____

Retirement Accounts:

Client

Spouse

IRA's

In whose Name: _____

In Whose Name: _____

Financial Institution: _____

Financial Institution: _____

Address: _____

Address: _____

Account No.: _____

Account No.: _____

Balance: \$ _____

Balance: \$ _____

DOMESTIC INTERVIEW FORM

ASSETS/LIABILITIES (cont'd)

Retirement Accounts (cont'd.)

Client

Spouse

Pensions, Profit-Sharing, Keoghs, 401(k), etc:

- | | |
|--|--|
| 1. In Whose Name: _____ | In Whose Name: _____ |
| Employer or Financial Institution: _____ | Employer or Financial Institution: _____ |
| _____ | _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| Name or Type of Plan: _____ | Name or Type of Plan: _____ |
| Value: \$ _____ | Value: \$ _____ |
| Vested: \$ _____ | Vested: \$ _____ |
| 2. In Whose Name: _____ | In Whose Name: _____ |
| Employer or Financial Institution: _____ | Employer or Financial Institution: _____ |
| _____ | _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| Name or Type of Plan: _____ | Name or Type of Plan: _____ |
| Value: \$ _____ | Value: \$ _____ |
| Vested: \$ _____ | Vested: \$ _____ |

Life Insurance:

Client

Spouse

- | | |
|-------------------------------------|-------------------------------------|
| 1. Name of Insurer: _____ | Name of Insurer: _____ |
| Name of Insured: _____ | Name of Insured: _____ |
| Beneficiary: _____ | Beneficiary: _____ |
| Type (term, whole life, etc): _____ | Type (term, whole life, etc): _____ |
| Amount of Policy: \$ _____ | Amount of Policy: \$ _____ |
| Policy No.: _____ | Policy No.: _____ |
| Cash surrender value: \$ _____ | Cash surrender value: \$ _____ |
| Loans? _____ | Loans? _____ |

DOMESTIC INTERVIEW FORM

ASSETS/LIABILITIES (cont'd)

Life Insurance:

Client

Spouse

2. Name of Insurer: _____

Name of Insurer: _____

Name of Insured: _____

Name of Insured: _____

Beneficiary: _____

Beneficiary: _____

Type (term, whole life, etc): _____

Type (term, whole life, etc): _____

Amount of Policy: \$ _____

Amount of Policy: \$ _____

Policy No.: _____

Policy No.: _____

Cash surrender value: \$ _____

Cash surrender value: \$ _____

Loans? _____

Loans? _____

Annuities: _____

Stocks: _____

Bonds: _____

Inheritances: _____

Safe deposit box: _____ Location: _____

Jewelry: _____

Art work: _____

Antiques/Coins/Collectibles: _____

Other: _____

Relief Requested:

_____ Absolute Divorce

_____ Annulment/Separate Maintenance

_____ Custody
if Yes, specify type of custody arrangement desired: _____

_____ Temporary/Permanent Child Support

_____ Temporary/Permanent Alimony/Spousal Support

_____ Maintenance of status quo

_____ Other: _____

DOMESTIC INTERVIEW FORM

INVESTMENTS

1. Name of institution: _____

Address: _____

In whose name(s): _____

Type of account: _____ Account No.: _____ Present balance: \$ _____

2. Name of institution: _____

Address: _____

In whose name(s): _____

Type of account: _____ Account No.: _____ Present balance: \$ _____