

# SED LAK P.C.

Criminal + Family Law

## INITIAL INTERVIEW CHECKLIST-DOMESTIC RELATIONS

**WIFE:** \_\_\_\_\_

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

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

Length of Residence in Colorado: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Mobil: \_\_\_\_\_

Attorney \_\_\_\_\_

Physical Description for service: \_\_\_\_\_

Educational level \_\_\_\_\_

Occupation \_\_\_\_\_

Present employer \_\_\_\_\_

**HUSBAND:** \_\_\_\_\_

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

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

Length of Residence in Colorado: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Mobil: \_\_\_\_\_

Attorney \_\_\_\_\_

Physical Description for service: \_\_\_\_\_

Educational level \_\_\_\_\_

Occupation \_\_\_\_\_

Present employer \_\_\_\_\_

Check if in Military

Any major health problems/disabilities? \_\_\_\_\_

Social Security number (if there are children)

\_\_\_\_\_

Brief resume:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check if in Military

Any major health problems/disabilities? \_\_\_\_\_

Social Security number (if there are children)

\_\_\_\_\_

**BACKGROUND:**

Date of the Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Presently living with spouse? \_\_\_\_\_

Date of separation? \_\_\_\_\_

Any prior action for divorce from this spouse?  
\_\_\_\_\_

The Wife is pregnant      NOT pregnant

U.S. Citizens?    YES                  NO

Police ever been called to your house?    Yes    No

    If YES, When? \_\_\_\_\_

        What for? \_\_\_\_\_

Anyone charged?            YES                  NO

Ever had a DV, DUI, misdemeanor, or felony?  
                                  YES                  NO

Has your spouse ever had a DV, DUI,  
misdemeanor, or felony?  
                                  YES                  NO

Have your children ever had a DV, DUI,  
misdemeanor, or felony?  
                                  YES                  NO

Have you been married before? YES                  NO

Divorced when? \_\_\_\_\_

Other children? \_\_\_\_\_

Has your spouse been married before? YES                  NO

Divorced when? \_\_\_\_\_

Other children? \_\_\_\_\_

Ever been involved in a lawsuit before?    Y                  N

Ever testified in court or a deposition before?  
                                  Y                  N

Has your spouse?    Y                  N

Ever filed bankruptcy?    Y                  N

Has your spouse ever filed bankruptcy?    Y                  N

**REQUIRED NOTICE OF HUMAN SERVICES INVOLVEMENT**

Check: **YES**    OR **NO**    to the following statement:

The parents or dependent children listed on this petition have received within the last five years or are currently receiving benefits or public assistance from the state Department of Human Services or the County Department of Social Services.

If you checked **YES**, answer the following: to the following statement:

The parents or dependent children listed on this petition have received within the last five years or are currently receiving benefits or public assistance from the State Department of Human Services or the County Department of Social Services.

If you checked **YES**, answer the following:

Name of Person Receiving Benefit:

\_\_\_\_\_

Name of County or State

\_\_\_\_\_

Case No. \_\_\_\_\_

**CHILDREN**

The following children were born or adopted of this marriage: (attach a second sheet, if necessary).

NAME	ADDRESS	SEX	DATE OF BIRTH	SOCIAL SECURITY NO

- A. The children have lived at the following addresses during the last five (5) years:
  
- B. The names and present addresses of the persons with whom the children have lived during the last five (5) years are:
  
- C. I have participated, as a party or witness, in the following litigation about the children (case no., court, state):
  
- D. The following custody or allocation of parental responsibility proceedings are pending;
  
- E. The following people, not a party to this proceeding have (or claim to have) allocation of parental responsibilities, parenting time, or other visitation rights to the above children (name, address, telephone no.):
  
- F. Any exceptional needs of any child?
- G. Custody/visitation dispute expected?

The following agreements, if any, as to allocation of parental responsibilities, support, maintenance, property And payment of debts have been made:

**Client wants to obtain:**

Dissolution of Marriage                      Legal Separation                      Annulment

Allocation of parental responsibilities:

Allocation of parenting time:

Child support:

Maintenance:

Property and/or debts:

Attorney fees and costs:

The name of the \_\_\_\_\_ be restored to: \_\_\_\_\_

What are your expectations re: financial issues, children, maintenance?

Any interim agreement?