

THE LAW OFFICES OF
KENNETH R. KLINE
ATTORNEY AT LAW | M.B.A.
OSBA CERTIFIED FAMILY RELATIONS LAW SPECIALIST

250 Civic Center Drive, Suite 630
Columbus, OH 43215
(614) 484-0177
Email: ken@krkfamilylaw.com

**CLIENT INITIAL INTERVIEW
INFORMATION SHEET**

| | |
|--|--|
| Date _____ | Social Security No. _____ |
| Full Legal name _____ | Nickname _____ |
| Residence _____ | Age _____ Birthdate _____ |
| Address _____ | Home Phone _____ |
| Street _____ Apt. # _____ | |
| City/County/State/Zip Code _____ | |
| How long at this address? _____ | Driver's License Number _____ |
| Mailing (If you do not want us to send any mail to your home) Address _____ | Phone Number _____ |
| Street _____ Apt. # _____ | (Where a message can be left) |
| City/County/State/Zip Code _____ | Fax Number _____ |
| | May we fax without prior telephone authorization? _____ |
| E-mail Address _____ | |
| May we E-mail without prior telephone authorization? _____ | Cellular/Pager Number _____ |
| Employed by _____ | From _____ to _____ |
| (Or last employed by) | |
| Position _____ | Business Phone _____ |
| Gross per Pay _____ Net per Pay _____ | How Often Paid _____ |
| Employment Address _____ | Total Gross Income Last Calendar Year _____ |
| Referred By _____ | Highest Education Obtained _____ |
| | Year Education Completed? _____ |
| Name of Present Spouse (If different than Other Party) _____ | |

OTHER PARTY

(If divorce or dissolution, this refers to present spouse. If this is a matter after a divorce or dissolution, this refers to your former spouse.)

Full Legal name _____ Social Security Number _____

Nickname _____

Residence Age _____ Birthdate _____

Address _____

Street Apt. # Home Phone _____

City/County/State/Zip Code _____

How long at this address? _____ Driver's License Number _____

Employed by _____ From _____ To _____
(Or last employed by)

Position _____ Business Phone _____

Gross per Pay _____ Net per Pay _____ How Often Paid _____

Employment Address _____ Total Income Last Calendar Year _____

Highest Education Obtained _____ Year Education completed? _____

Attorney for Other Party _____

MARITAL HISTORY

Date Married (and/or Divorced) _____ Pre-Nuptial Agreement? _____

Date Separated _____ Signed? _____ yes _____ no

City, County and State of Marriage or Divorce _____

Is Wife Pregnant? _____ If yes, state due date _____
(Not Applicable for Problem After Divorce)

CHILDREN BY THIS MARRIAGE (or former marriage if this matter relates to a previous divorce) (indicate if adopted)

Name _____ Age _____ D.O.B. _____ SSN _____

Name _____ Age _____ D.O.B. _____ SSN _____

Name _____ Age _____ D.O.B. _____ SSN _____

Name _____ Age _____ D.O.B. _____ SSN _____

RESIDENCES OF ABOVE CHILDREN FOR LAST FIVE YEARS

From _____ To _____ Address _____

From _____ To _____ Address _____

From _____ To _____ Address _____

From _____ To _____ Address _____

CHILDREN BY OTHER MARRIAGES (Include yours and other party's)

Name _____ Parents' names _____ Age _____ Date of Birth _____
Child residing at _____ With _____
Name _____ Parents' names _____ Age _____ Date of Birth _____
Child residing at _____ With _____
Name _____ Parents' names _____ Age _____ Date of Birth _____
Child residing at _____ With _____

HEALTH INSURANCE

Name of Health Insurance Company _____
Address _____ Phone Number _____
City, State, Zip Code _____
Policy Number _____
Participant Card Available ___ Yes ___ No Prescription Card Available _____ Yes ___ No
Is Insurance Provided through _Your Employer _____ Spouse's Employer _____
Names of Family members Covered _____
Are Premiums Deducted From Salary __ Yes _____ No
Additional Policies through Different Source? (List All Pertinent Information)

ADDITIONAL PRELIMINARY INFORMATION

Marriage problems (or problems after divorce or dissolution). _____

Please state your goals, in order of importance, including assets desired _____

List all previous marriages for both parties. _____

Have you received or paid spousal support? If yes, please specify. _____

List any health problems for either party and/or children. _____

Have you consulted any therapists? _____ Whom, when, who attended the sessions, and what advice or results? _____

Have you previously consulted any attorneys within the last year? _____ If so, who, when, and for what? _____

What position is taken by the other party in this matter? _____

Please give a brief description of your education, training and job history. _____
