



CLIENT INFORMATION & INTERVIEW
Divorce

Name:

Address:

Home Phone:

Work Phone:

Date of Birth:

Occupation:

Place of birth:

Name of spouse:

Date of birth of spouse:

Address of Spouse:

Occupation of Spouse

Place of birth of the Spouse

The address where you lived as husband and wife.

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What are the names and date of birth of the children of the marriage?

Address for where the do the children live?

Please describe the accommodation for the children (3 bedroom house with 2 bathrooms)

Do the children suffer from any illness? If yes, please state name of the child and illness.

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Please list the name of the school (s) the children attends.

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Where the children go for worship? (name of Church or Mosque etc. If applicable)

When did you separate from your spouse? Please state month and year.

Circumstances leading to the breakdown of the marriage.

Date of marriage

Place of Marriage (address of where the marriage took place)

Did you seek counselling for the marriage?

Date:

Signed _____

GREAT RELIANCE IS PLACED ON THE INFORMATION YOU PROVIDE. PLEASE REVIEW THIS FORM AND **CALL IN ANY CHANGES OR ADDITIONS**. IF NEW OR CHANGED INFORMATION COMES TO MIND, BE SURE TO CALL OR WRITE. **THANK YOU.**