



# JOEL K. MITCHELL

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## **CLIENT INTERVIEW FORM FOR NEW DOMESTIC ACTIONS, DIVORCE AND CUSTODY**

Dated: \_\_\_\_\_ Client: Husband/Father \_\_\_\_\_; Wife/Mother \_\_\_\_\_  
(check one)

### **CONTACT INFORMATION**

*Husband/Father/Male Party*

*Wife/Mother/Female Party*

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Cell Phone No. \_\_\_\_\_

Cell Phone No. \_\_\_\_\_

Work Phone No. \_\_\_\_\_

Work Phone No. \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

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

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

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

## RESIDENCY

What State have you resided in for the last 6 months? \_\_\_\_\_

If you have been there less than 6 months, please explain. \_\_\_\_\_

What County have you resided in for the last 30 days? \_\_\_\_\_

If you have been there less than 30 days, please explain. \_\_\_\_\_

If you are married to the opposing party/person in this case, please answer the following:

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

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

## INCOME

INCOME INFORMATION	HUSBAND/FATHER	WIFE/MOTHER
Name of Employer, if any		
Address of Place of Employment		
How Long with This Employment		
How Often Paid (weekly, bi-weekly, semi-monthly, monthly)		
Typical Gross Pay per paycheck		
Typical Net (Take-Home) Pay per paycheck		

If more than one job, also feel out table below for any second employer.

INCOME INFORMATION	HUSBAND/FATHER	WIFE/MOTHER
Name of Employer, if any		
Address of Place of Employment		
How Long with This Employment		
How Often Paid (weekly, bi-weekly, semi-monthly, monthly)		
Typical Gross Pay per paycheck		
Typical Net (Take-Home) Pay per paycheck		

## EXPENSES

Rent or Mortgage Payment	
Electric	
Natural Gas or propane	
Water, Sewer and Trash	
Cellular Telephone	
Cable TV and/or Satellite TV and/or Internet	
Home Maintenance, Repair and/or Upkeep	
Food (groceries and eating out)	
Non-food hygiene, cleaning and other consumer products	
Clothing, Shoes and Accessories	
Laundry-mat and/or Dry Cleaning	
Uninsured prescriptions or medical expenses	
Transportation (gasoline and/or taxi/bus fares)	
Recreation, clubs, and other entertainment	
Charitable Contributions or Church Tithe	
Auto Insurance	
Life Insurance (don't list if deducted from paycheck)	
Health Insurance (don't list if deducted from paycheck)	
Homeowner/Renter Insurance (don't list if deducted from mrtg pymts)	
Property Tax (don't list if deducted from mrtg pymts)	
Back Income Taxes (if any, write federal or state here)	
Auto Installment Payment for Automobile #1	
Auto Installment Payment for Automobile #2	
Auto Installment Payment for Automobile #3	
Installment Payment for Motorcycle	
Installment Payment for A.T.V. / 4-wheeler	
Installment Payments for Boat	
Installment Payments for Tractor / mower	
Other Installment Payments (if any, describe here)	
Alimony and/or Child Support Payments	
Other Voluntarily Payments to Persons not living in home	
Child Care Expenses for children living in your home	
Fitness center of other club membership	
Sports, karate, or other child extracurricular activity	
Student Loan Payments	
Storage unit	
Other expense(describe) _____	
Other expense(describe) _____	
Other expense(describe) _____	
Other expense(describe) _____	
Ongoing minimum monthly payment on credit card debt	

NOTE: Complete Pages 4 and 5 ONLY IF there were minor children born or adopted in this marriage or relationship. If no children, then skip to the Page 6.

**CHILDREN**

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

List all addresses that your 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

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

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

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

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

Who do you propose be the custodial parent? \_\_\_\_ Father \_\_\_\_ Mother \_\_\_\_ Joint

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

Father \_\_\_\_\_% Mother \_\_\_\_\_%

Please express your proposed Child custody/visitation \_\_\_\_\_

**NATIVE AMERICAN/INDIAN DESCENT**

Are you of Indian descent: \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your spouse of Indian descent? \_\_\_\_\_ Yes \_\_\_\_\_ No

If your answers to both questions were NO, then skip to the next series of questions, otherwise complete the following:

If either you and/or your spouse is of Indian descent, Name of Tribe: Cherokee - both \_\_\_\_\_  
Are you or your spouse properly enrolled on the Tribal Rolls? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are the children currently enrolled on the Tribal Rolls? \_\_\_\_\_ Yes \_\_\_\_\_ No  
What is the Roll Number of each child? \_\_\_\_\_  
Are the children eligible for membership in an Indian Tribe? If so, what tribe?  
\_\_\_\_\_

**HEALTH**

Do you or your spouse maintain health insurance on your child(ren)?

- \_\_\_\_\_ I do through work
- \_\_\_\_\_ Ex does through work
- \_\_\_\_\_ Native American healthcare
- \_\_\_\_\_ Soonercare through me
- \_\_\_\_\_ Soonercare through ex
- \_\_\_\_\_ Other, described as follows: \_\_\_\_\_

What is the total cost (premium) of the health insurance per month? \$ \_\_\_\_\_

How many individuals are covered by this health insurance policy? \_\_\_\_\_

If you know it, what is the cost (premium) of insurance *for the child(ren) only* per month? \$ \_\_\_\_\_

**CHILDCARE**

If your children are in childcare, what is the name and address of the childcare Center?  
\_\_\_\_\_

Which children are in childcare? \_\_\_\_\_

What is the weekly cost of the childcare? \$ \_\_\_\_\_

Who currently pays for the childcare?

*NOTE: If this action involves a child who was born out of wedlock and you never married the other parent, please skip the remainder of this form and go to the Agreement on the last page)*

**SEPARATE PROPERTY**

List all major property (automobiles, cycles, boats, accounts) 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

**MARITAL PROPERTY**

Complete information for property acquired by either you or your spouse from the date of marriage until the date of separation.

**Automobiles, Motorcycles, Boats, and other Personal Property with a Title (Year-Make):**

YEAR/MAKE	VIN No.	WHOSE NAME(S) ON TITLE	CURRENT RETAIL VALUE	BALANCE OWED & LIENHOLDER	MONTHLY PAYMENT

**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

**RETIREMENT (401(K), Roth IRA, Pension, etc.)**

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NAME OF ACCOUNT	OWNER	BALANCE ON DATE OF MARRIAGE	BALANCE ON DATE OF PETITION

**REAL ESTATE/PROPERTY**

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

Legal Description [Attach copy of Deed]	None
Street Address	
City and State	
Date of Acquisition	
Original \$ Cost	
Down Payment \$ Amount	
Where Money Came from for Down Payment	
Mortgage Holder / Creditor Name, if any	
Monthly \$ Mortgage Amount	
Estimated \$ Amount of Equity	

Date of foregoing property's most recent appraisal or refinancing? \_\_\_\_\_ Month & Year  
 \_\_\_\_\_ / \_\_\_\_\_

Please describe below any other marital property to be divided. Feel free to write on a separate sheet of paper, if necessary. If you wish, make a list of all personal property items of the marriage, including furniture, electronics, etc., and put an asterisk ( \* ) by the items which you want to be awarded to you in the divorce.

**SEPARATE DEBTS**

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

CREDITOR'S NAME	FOR	DATE ACQUIRED	BALANCE	MONTHLY PAYMENT
TOTAL				

**MARITAL DEBTS**

List all debts in excess of a thousand dollars which were acquired by either you or your spouse from the date of marriage until the date of separation and which still exist.

CREDITOR'S NAME	FOR	DATE ACQUIRED	BALANCE	MONTHLY PAYMENT
TOTAL				

Has the husband ever filed *bankruptcy* before?      Y / N    (circle one)

If so, when did you receive your discharge? \_\_\_\_\_  
 If so, where? \_\_\_\_\_ Case No.? \_\_\_\_\_

Has the wife ever filed bankruptcy before?      Y / N    (circle one)

If so, when did you receive your discharge? \_\_\_\_\_  
 If so, where? \_\_\_\_\_ Case No.? \_\_\_\_\_

**WIFE'S FORMER NAME**

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

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



I learned about Joel K. Mitchell, Attorney-at-Law from the following source [check the appropriate box]:

- |   |  |
|---|--|
| <input type="checkbox"/> Personal referral by _____         | <input type="checkbox"/> Google search             |
| <input type="checkbox"/> Word of mouth from multiple people | <input type="checkbox"/> Bing or Yahoo search      |
| <input type="checkbox"/> Instagram                          | <input type="checkbox"/> Facebook                  |
| <input type="checkbox"/> A phone book                       | <input type="checkbox"/> Other online source _____ |

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