



JOEL K. MITCHELL
Attorney-at-Law

MITCHELL LAW OFFICE
1318 W Main Street
Collinsville OK 74021
Phone: (918) 371-1896
Fax: (918) 371-1895

THE PROFESSIONAL CENTER
1408 S Denver Avenue
Tulsa OK 74119
Cell: (918) 230-5844
E-mail: jkm@joelkmitchell.com

CLIENT INTERVIEW FORM FOR POST-DECREE ACTIONS (e.g., modification, contempt)

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: _____

CURRENT COURT ORDER AND SITUATION

Name of Court where entered: _____ Date entered: _____

Custody/Visitation Schedule (please describe): _____

Child Support \$ _____/mo If behind, how much? \$ _____

Spousal Support Alimony \$ _____/mo If behind, how much? \$ _____

If the situation (what's really been going on and what you have really been doing) is different from how the current Court order reads, please explain in detail below:

INFORMATION REGARDING 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 you, your spouse and the minor children have lived for the past five (5) years. Give dates for each address in chronological order, with your most recent address first.

DATES (TO - FROM)	ADDRESS	CITY	STATE

Have you 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 answer is YES, please explain: _____

HEALTH

Do you or your spouse maintain health insurance on your children?

- I do
- Spouse does

Is the health insurance provided, through a private plan or through the employer?

- Provided by the me
- Provided by spouse
- Provided through my employer
- Provided through spouse's employer

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

What is the cost (premium) of the health insurance *for the children only* per month? \$_____

If the health insurance is provided by your employer or your spouse's employer, does the employer pay the employee's, i.e., your's or your spouse's health insurance premium?

- Yes No

How many individuals are covered by this health insurance policy? _____

Are there any individuals covered under this policy who are not children of this marriage?

- Yes No

If your answer is YES, how many? _____

Do you, your spouse, or children receive any health insurance through DHS or other state agency? Yes No

If your answer is YES, explain? _____

If who is carrying health insurance differs from who is Court-ordered to carry it, please explain:

CHILD CARE FOR CHILDREN

If your children are in child care, what is the name of the Child Care Center? _____

Which children are in child care? _____

What is the weekly cost of the child care? \$_____

Who currently pays for the child care? Mother Father DHS

If childcare is addressed in any current Court Order, please explain:

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, or 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		

DEBTS

If you were married (if not, this is not applicable), and you and/or your ex was ordered to pay off debts in a Decree or other subsequent Court Order, please list those debts on which you either failed to pay or continue to owe.

CREDITOR'S NAME	FOR	WHO PAYS?	BALANCE	MONTHLY PAYMENT

