

Grounds:_____

Domestic Interview Sheet

Date of marriage:_____

Place of marriage:_____

CLIENT

Full Name:_____

English ☐ Spanish ☐ Other ☐_____

Address:_____

City/St/Zip:_____

Telephone:_____

Email:_____

R.I. resident since:_____

Maiden name:_____

Date & Place of Birth:_____

Employer:_____

Address:_____

City/St/Zip:_____

Occupation:_____

Work Telephone:_____

Net Weekly Income:_____

Race:_____

Religion:_____

Last school grade completed:_____

If previously married, no. of marriages:_____

How many ended in: ☐ death_____☐ divorce_____

Children of present marriage:

Full name:_____

Date of Birth:_____

Full name:_____

Date of Birth:_____

SPOUSE

Full Name:_____

English ☐ Spanish ☐ Other ☐_____

Address:_____

City/St/Zip:_____

Telephone:_____

Email:_____

R.I. resident since:_____

Date & Place of Birth:_____

Employer:_____

Address:_____

City/St/Zip:_____

Occupation:_____

Work Telephone:_____

Net Weekly Income:_____

Race:_____

Religion:_____

Last school grade completed:_____

If previously married, no. of marriages:_____

How many ended in: ☐ death_____☐ divorce_____

Full name:_____

Date of birth:_____

Full name:_____

Date of birth:_____

How many of the children of the present marriage receive public assistance?_____

Has anyone applied for public assistance of any of these children? ☐ Yes ☐ No

Is there presently in this Court any order of support, etc? ☐ Yes ☐ No

Does Petitioner/Respondent desire Family Counseling? ☐ Yes ☐ No

Is the filing of this petition influenced by the drinking of use of any drug by any family members? ☐ Yes ☐ No

Would you like information about educational seminar on helping your children cope with divorce? ☐ Yes ☐ No

Is there presently in this court any outstanding order of Support which resulted from an action brought by the Dept. of Social and Rehab. Svcs., Div. of the Bureau of Family Support under the Reciprocal Enforcement of Support Act? ☐ Yes ☐ No

List children of PREVIOUS marriage(s). Include name, date of birth, who has custody, support orders, welfare, etc._____

List PRIOR marriage(s). Include date and place, name, date, place, grounds of divorce:_____

Marital domicile: ☐ Own ☐ Rent ☐ Board If owned, title in (name[s]):_____

Automobile(s):_____Registered to:_____

Bank accounts:_____Insurance policies:_____

Blue Cross/Blue Shield, Medical Insurance Coverage:_____

FOR OFFICE USE ONLY

Date of Interview:_____

By:_____

Source of Referral: ☐ Yellow Pages_____

☐ Other:_____