## Domestic Interview Checklist

Date of Interview:	Referre	ed By:		
Attorney:				
·	Place:(City/State)			
*** Please be advised that, pursuant to NRS	S 125B.055, all i	nformation	request	ed below must
be provided in order in order for the Court t	o consider grant	ting a decre	e of dive	orce or making
an order re: child support, custody or visita	ation.			
***PLAINTIFF:				
Name:			P. W. C. H. L. H. L.	
Address:				**
Social Security Number:				•
Driver's License Number:				
Phone (home):	Work:			
Cellular/Pager:	Fax:			· · · · · · · · · · · · · · · · · · ·
Employed By:				-
Length of Time at Current Employer:		710		
Address of Employer:				
Gross Monthly Income:				
*** DEFENDANT:				
Name:				
Address:				
Social Security Number:	-		•	
Driver's License Number:	•			

·Phone (home):	Work:		77.1.
Cellular/Pager:	Fax:		
Employed By:			
Length of Time at Current Employer: _			
Address of Employer:			
Gross Monthly Income:			
***CHILDREN:			
Name:	Date of Birth:		
Social Security #	_		•
Name:	Date of Birth:		44.4
Social Security #	<u>.                                     </u>		
Name:	Date of Birth:		
Social Security #			
Name:	Date of Birth:	,	
Social Security #			
Presently living with:			
Custody to:	Legal:	Physical:	
Child Support:			
Children's Medical Insurance & Expens	ses:		
Tax Exemptions for: Child	Wife:	Husband	
			,
Life Insurance:	, and the second		
ALIMONY:	·		
JOINT TENANCY PROPERTY:			· · · · · · · · · · · · · · · · · · ·
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DIVISION OF COMMUNITY PROPERTY			
Client's	Spouse's		
	<u> </u>		
FURN	ITURE		
-			
	<u> </u>		
REAL PR	COPERTY		

DIVISION OF COMMUNITY PROPERTY			
Client's	Spouse's		
AUTOM	OBILES		
BANK AC	COUNTS		
INSUR	ANCE		
INOUN	ANCE		
RETIREMENT, PENSION or	PROFIT SHARING TRUST		

M	IISCELL	ANEOUS	
·			
DIVISION O	F COMM	MUNITY PROPERTY	***
Client's		Spouse's	
GED.	1. D. 4. (200.)		
SEPA	ARATE	PROPERTY	
DIVISION	OF COM	IMUNITY DEBTS	
	1		
			:
<u> </u>			
Answer in Proper Person:		•	
MISCELLANEOUS:	-		
Resume maiden or Former Name:			

Power of Attorney?			
Property Settlement Agreement?:		•	
RESIDENT WITNESS:			
Name:			
Address:			
Phone:	How long in LV?:		
How often Resident Witness sees client?: _			
FEE AGREEMENT:		•	
Retainer:	Balance prior to Court:		
Hourly Rate Code:			
Minimum fee uncontested:	•		
Publish?:			
Request attorney's fees and costs in prayer?		Yes	No
Date fee agreement sent to client for signatu	ıre:		
MOTION			
Exclusive possession:		_Yes	No
Temporary fees/allowance:		Yes	No
Temporary custody:	· · · · · · · · · · · · · · · · · · ·	Yes	No
Temporary restraining order		Yes	No
Joint Preliminary Injunction	· · · · · · · · · · · · · · · · · · ·	Yes	No
OTHER REMARKS:			
	· · · · · · · · · · · · · · · · · · ·		-