

DATE: _____ CLIENT INTERVIEW INFORMATION

NAME: _____

ADDRESS: _____

Home Phone: _____

Work Phone: _____

Fax: _____

Date of Birth: _____ State Born: _____ Social Security No. _____

Type of Legal Matter: _____

Name and Address of other Party: _____

If domestic law matter, have you been served with any document(s)? Yes / No.

If YES, what and when were you served. _____

Date of Marriage: _____ Date of Separation: _____ Date of Divorce: _____

City, County and State where married: _____

Court and Date of Previous Orders: _____

Spouse's Date of Birth: _____ State born: _____ Social Security No.: _____

Children's Names and Birthdates: _____

Who should be awarded custody: _____

Visitation Restriction (if yes, explain reasons): _____

Your Employer's Name, Address and Telephone Number and Monthly Wage: _____

Your Spouse's Employer's Name, Address and Telephone Number and Monthly Wage: _____

Medical, Dental or other Insurance Policies: _____
