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Client Information

Client Initial Interview Form in Original Suit Affecting the Parent-Child Relationship

*****Personal and Confidential*****

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your family law matter. All information will be held in strict confidence. Many of your answers provide information that must be included in court required forms.

1. CLIENT

Full Name: _____ Age: _____

DOB: _____ Original Surname: _____

Social Security Number: _____ Driver's Lic. No.: _____

Birth Place (State or Foreign Country): _____

Home Address: _____

Mailing Address: _____

Occupation: _____

Employer's Name & Address: _____

Work Phone No.: _____ Home Phone No.: _____

Cellular Phone No.: _____

Fax Phone No.: _____ Specific Faxing Instructions: _____

E-Mail address: _____

Have you been served with a lawsuit? _____

If so, on what date were you served? _____

2. **OPPOSING PARTY:**

Full Name: _____ Age: _____

DOB: _____ Original Surname: _____

Social Security Number: _____ Driver's Lic. No.: _____

Birth Place (State or Foreign Country): _____

Home Address: _____

Mailing Address: _____

Occupation: _____

Employer's Name & Address: _____

Work Phone No.: _____ Home Phone No.: _____

Cellular Phone No.: _____

If applicable please provide any additional information to assist us in locating and serving the opposing party with the lawsuit:

If opposing party has retained counsel, please provide name of counsel: _____

3. **CHILD(REN) (that is/are subject(s) of the lawsuit)**

Name: _____ Sex: _____ DOB: _____

Place of Birth: _____ Social Security No.: _____

Current Residence: _____

Name: _____ Sex: _____ DOB: _____

Place of Birth: _____ Social Security No.: _____

Current Residence: _____

Name: _____ Sex: _____ DOB: _____

Place of Birth: _____ Social Security No.: _____

Current Residence: _____

Name: _____ Sex: _____ DOB: _____

Place of Birth: _____ Social Security No.: _____

Current Residence: _____

If you have consulted with another attorney on this matter give that attorney's name:

WHO REFERRED YOU TO OUR OFFICE? _____

I UNDERSTAND that a consultation fee of \$_____ will be charged.

I ACKNOWLEDGE that a consultation fee will be paid upon my initial consultation.

Date: _____ Signature: _____

Consultation fee received by: _____

Method of Payment: _____