

Date: _____

CLIENT INTERVIEW INFORMATION

Name:

Address:

House Phone: _____

Work Phone: _____

Fax: _____

Birth Date: _____ Birth State: _____

Social Security Number _____

Type of legal matter:

Name and address of other party:

If national law matter, have you been served with any document (s)?:

Yes / No

If so, what and when it served.

Date of Marriage: _____ Date of Discharge: _____ Date of
Divorce: _____

City, County and State where married:

Court and date of previous orders:

Date of birth of spouse: _____ State of Birth: _____ Social Security #: _____

Children's names and birth dates:

Who should have custody:

There restricted visits (if yes, explain why):

Name of employer, address and telephone number and monthly salary:

Name of your spouse's employer, address and telephone number and monthly salary:

Medical, dental and other types of insurance:
